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#### DLN: 93493129006337

## OMB No 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/foim990</u>

**Return of Organization Exempt From Income Tax** 

Open to Public Inspection

A F	or the 20	015 cal	endar year, or tax year be	ginning 07-01-2015 , and ending	06-30-2016	5	_		
_	eck if appl		C Name of organization ST EDWARDS UNIVERSITY				D Emp	loyer ider	ntification number
_	ddress cha	_					74-	110964	l
_	lame chang nitial return	-	Doing business as						
F	ınal		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10 / 1		E Telep	hone num	ber
_	/terminate nended ret		3001 S Congress Avenue	ox if mail is not delivered to street addres	ss) Room/suit	е	(512	2)448-8	400
	plication p		City or town, state or province Austin, TX 787046489	e, country, and ZIP or foreign postal code			<b>G</b> Gross	s receints s	\$ 203,460,350
			<b>F</b> Name and address of p	ringinal officer				•	
			Dr George Martin	rincipal officer		H(a) Is t	this a grou ordinates		for Yes 🗸
			CO St Edwards University 3001 South Congress Av			No	)		l les l <b>∢</b>
			Austin, TX 78704	C		<b>н(ь)</b> Аге	all subor Iuded?	dınates	□Yes □ No
<b>I</b> Ta	x-exempt	status	<b>✓</b> 501(c)(3)	) ◀ (insert no ) 4947(a)(1) or	527			:h a lıst	(see instructions)
J W	ebsite: I	► http	//www.stedwards.edu		-	H(c) Gr	oup exem	ption nur	mber ▶
<b>K</b> For	m of orgar	nization	Corporation Trust	Association Other ►		L Year of	formation	1969 <b>M</b>	State of legal domicile TX
Pa	rt I	Sumi	mary						
Governance	To p	rovide ession	a culturally diverse stude	ssion or most significant activitie nt body with an education that ach irough training in critical and crea ible decisions	nieves a bal				
Ġ G	<b>2</b> Ch	eck thi	s box ▶ ☐ If the organizat	ion discontinued its operations or	disposed o	f more thar	1 25% of I	ts net as	ssets
<b>න්</b> ග	<b>3</b> Nu	mber o	of voting members of the go	verning body (Part VI, line 1a) .			_	3	33
Activities &			_	pers of the governing body (Part V				4	33
ÇĘ.			·	d in calendar year 2015 (Part V , I	•			5	2,354
ď	<b>6</b> Tot	tal nun	nber of volunteers (estimat	e ıf necessary)				6	12
				om Part VIII, column (C), line 12				7a	0
	<b>b</b> Net	unrela	ted business taxable incor	ne from Form 990-T, line 34 .		<u> </u>		7b	(
						Pr	ior Year		Current Year
(I)			butions and grants (Part V	•			8,115		9,768,891
ën uë Aë		_	m service revenue (Part V				159,589	-	170,850,060
Rav				olumn (A), lines 3, 4, and 7d) .			3,366		405,412 154,198
	12	Total r		n (A), lines 5, 6d, 8c, 9c, 10c, and gh 11 (must equal Part VIII, colui			171,184	1,643	181,178,561
	+	12) Cranto	and cimilar amounts haid	(Part IX, column (A), lines 1-3)		+	53,907	7 880	61,161,695
			•	Part IX, column (A), line 4)			33,307	0	01,101,095
			·	nployee benefits (Part IX, column			70.64		
8		5-10)	· ·	· · · · · · · · · · · · · · · · · · ·	( , , , , , , , , , , , , , , , , , , ,		70,644	1,012	70,177,045
Expenses				rt IX, column (A), line 11e)			13	3,703	(
Ä	Ь	Total fui	ndraising expenses (Part IX, colu	mn (D), line 25) ▶ <mark>3,002,233</mark>					
				(A), lines 11a-11d, 11f-24e) .			39,151		39,586,493
			•	' (must equal Part IX, column (A),	•		163,716		170,925,233
× %	19	keveni	ue iess expenses. Subtract	t line 18 from line 12		<u> </u>	7,467		10,253,328
Net Assets or Fund Balances						Beginning	of Curren	t Year	End of Year
Asse Bak	20	Total a	assets (Part X, line 16) .				320,194	1,780	366,572,049
절	21	Total I	iabilities (Part X, line 26)				106,220		145,676,205
				tract line 21 from line 20			213,973	3,844	220,895,844
Unde my k	er penaltı nowledge	es of p		re examined this return, including d complete Declaration of prepare		_			•
							2017-05-09	)	
Sigr		7 Signa	ture of officer				Date		
Her	e		erly Kvaal VP for Finance and Ac or print name and title	Iministration					
			nnt/Type preparer's name	Preparer's signature	Da	te T		PTIN	
Pai	h	'	, ., p. proparer o name			l c	heck if elf-employe		
	u parer	Fi	rm's name				rm's EIN 🟲		
	Parer Only	Fi	ırm's address 🕨			P	hone no		
USE	Uilly								

Yes No

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

	1990 (2013)		rage -
Pai	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	22	

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

**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

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV . . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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," 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

Р	ag

Pag

Yes

Yes

Yes

23

24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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35a

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Yes

Yes

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Yes

Yes

Form 990 (2015)

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Νo

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Nο

Nο

Nο

Νo

Nο

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this R		N/			_
		Check if Schedule o contains a response of note to any line in this r	art	<u>v</u>	• •	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	235			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	vend	dors and reportable	<b>1</b> c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	2,354			
b	If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the	/ear?	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>		-	3b	Yes	
4a	over, a	y time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc nt)?			4a	Yes	
b		s," enter the name of the foreign country ▶FR istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank })	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10		•	5c 6a		No
b	If"Ye	zation solicit any contributions that were not tax deductible as charitable conti s," did the organization include with every solicitation an express statement th iot tax deductible?		•	6b		
7		izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution es provided to the payor?		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pr	ovide	d?	7b		
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal propertrm 8282?	٠.	which it was required to	<b>7</b> c		No
d	If "Ye:	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a po	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		No
g	If the require	organization received a contribution of qualified intellectual property, did the or ed?	ganız • •	ation file Form 8899 as	<b>7</b> g		No
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd i	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus i the year?	ines:	s holdings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson <sup>7</sup>	9b		
10	Sectio	on 501(c)(7) organizations. Enter					
			10a				
b	Gross facılıtı	· · · · · · · · · · · · · · · · L	10b				
11	Sectio	on 501(c)(12) organizations. Enter					
		F	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	<b>12</b> a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	organization licensed to issue qualified health plans in more than one state? <b>No</b> conal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
	ın whic	en the organization is needsed to issue qualified health plans	13b				
		the amount of reserves on hand	<b>13</b> c				
		e organization receive any payments for indoor tanning services during the tax $s$ ," has it filed a Form 720 to report these payments? If "No," provide an explanate	•	-	14a 14b		No
		·					

(512)448-8400

Dart VI	Governance	Management	and Disclosure
Part VI	Governance,	manauement,	allu Disclosule

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check If Schedule O contains a response or note to any line in this Part VI	•		<u>~</u>
Se	ection A. Governing Body and Management	ı		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\cdot$	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		100	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Vaa	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b L2a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b L2a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b L2a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes Yes Yes	
b L2a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b L2a b c L3	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes Yes Yes	
b L2a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b L2a b c L3 L4 L5 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b L2a b c L3 L4 L5 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b L2a b c L3 L4 L5 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b L2a b c L3 L4 L5 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b L2a b c L3 L4 L5 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b L2a b c L3 L4 L5 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b L2a b c L3 L4 L5 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

▶St Edwards University Att Kimberly Kvaal VP Finance and Administration 3001 S Congress Ave Austin, TX 787046489

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

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

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

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

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	A verage Position ( hours per more than o week (list person is b any hours and a dire						( <b>D</b> ) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

art VII	Section A. Officers	, Directors,	Trustees,	Key Emp	loyees	, and High	est Com	pensated Em	ployees	(continued)
---------	---------------------	--------------	-----------	---------	--------	------------	---------	-------------	---------	-------------

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	A verage hours per week (list any hours and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)				unles s officer	3	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
						<b>&gt;</b>				
c Total from continuation sho d Total (add lines 1b and 1c)	•				٠.			4,102,645	0	437,951

- Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Yes For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the  $organization\ and\ related\ organizations\ greater\ than\ \$150,000\?\ \textit{If\ "Yes," complete Schedule\ J for\ such the property of the proper$ 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person . . . . . . . . . . . . . 5 Νo

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

\$100,000 of compensation from the organization > 35

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

compensation from the organization Report compensation for the cale	ndar year ending with or within the organizatior	n's tax year
(A) Name and business address	( <b>B</b> ) Description of services	<b>(C)</b> Compensation
Bon Appetit	Food Services	4,583,898
91337 Collections Drive PO Box 91337 Chicago, IL 60693		
Jo's Campus Coffee LLC	Food Services	969,536
1101 Music Lane Suite 303 Austin, TX 78704		
JM Mitchell Group Inc	Marketing	906,254
6202 Ledge Mountain Dr Austin, TX 78731		
Echelon Holding Ltd	Real Estate Leasing	643,607
1005 Congress Ave Suite 150 Austin, TX 78701		
FreshForm Interactive Inc	Software, Consulting, WEB Site Maintenance	546,675
2150 West Washington Suite 112 San Diego, CA 92110	Prunteriune	
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

Becoming   Comparison   Compa	Form 99								Page <b>9</b>
Test Province   Test Provinc	Part \	/###				and the Dank Will			_
Page			Check if Schedi	uie O contains a respo	nse or note to any III	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Page	रे र्ह	1a	Federated cam	paigns 1a					
Page	rant	b	Membership du	es <b>1b</b>					
Page	s. G	С	Fundraising eve	ents <b>1</b> 0	0				
Page	Siffs	d	Related organiz	zations 1d					
Page	ıs, (	е	Government grant	s (contributions) <b>1e</b>	1,673,497				
Page	itior er S	f			8,095,394				
Page	iber Officer	g		ons included in lines	49,236				
Page	ont nd (	h		s 1a-1f		9,768,891			
Page	C	<u> </u>	- I Julian Mad Miles		Business Code	, ,			
170,850,000   170,850,000   3   170,850,000	R.	2a		liary Services		170,850,060	170,850,060	0	0
170,850,000   170,850,000   3   170,850,000	<u>بر</u>	ь	Revenues						
170,850,000   170,850,000   3   170,850,000	ر ۳								
170,850,000   170,850,000   3   170,850,000	Ę.	d	-						
170,850,000   170,850,000   3   170,850,000	S E	е	1						
170,850,000   170,850,000   3   170,850,000	ogra	f	All other progra	am service revenue		0	0	0	0
and other similar amounts) .	ΔŤ	g	Total. Add lines	s 2a-2f	•	170,850,060			
Second   S		3				2,486,835	0	0	2,486,835
10   10   10   10   10   10   10   10		4		·			0	0	
Description   Control		5	Royalties		🔸	0	0	0	0
Description			_	` '					
Repair   104,198		6a	Gross rents	231,302	U				
Net rental income or (loss)   104,198   104,198   0   0		b		127,104	0				
10   10   10   10   10   10   10   10		С		104,198	0				
7a Griss amount from sales of assets other than inventory  b Less cost or other basis and sales expenses		d	Net rental inco		-	104,198	104,198	0	0
100   100		7a	from sales of assets other						
d Net gain or (loss)		b	other basis and	22,154,685	0				
Ba Gross income from fundraising events (not including s of contributions reported on line 1c) See Part IV, line 18		С			0			_	
Gross income from gaming activities See Part IV, line 19	er Revenue		Gross income f events (not inc \$	rom fundraising luding 0 s reported on line 1c) ne 18		-2,001,423	ū	0	-2,061,423
Gross income from gaming activities See Part IV, line 19	ŧ	ь	Less direct ex	penses b					
b Less direct expenses b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a  b Less cost of goods sold . b  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a Other Income 900099 50,000 50,000 0 0  b  c  d All other revenue	O		Gross income f	rom gaming activities ne 19					
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances . a  b Less cost of goods sold . b  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a Other Income 900099 50,000 50,000 0  b C  d All other revenue		ь	Less direct ex						
returns and allowances .  a  b Less cost of goods sold . b  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue  Business Code  11a Other Income 900099 50,000 0 0  All other revenue		С	Net income or (	(loss) from gamıng act	ivities				
b Less cost of goods sold b  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue  Business Code  11a Other Income 900099 50,000 50,000 0 0 0 0 0 0 0 0 0 0 0 0 0		10a		owances .	•				
11a       Other Income       900099       50,000       50,000       0         c       d       All other revenue				oods sold <b>b</b>	entory ▶				
b c d All other revenue				s Revenue		E0 000	E0 000	0	_
c       0			Other Income		PEROODE	30,000	50,000	U	
d All other revenue									
12 Total revenue. See Instructions			All other reven	ue		0	0	0	0
12 Total revenue. See Instructions		e	Total. Add lines	s 11a-11d		50 000			
		12	Total revenue.	See Instructions .		·	171.004.258	n	405,412

#### 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)

	<u> </u>				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	61,161,695	61,161,695		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,821,102	1,463,354	1,092,661	265,087
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	53,061,468	43,593,248	7,744,590	1,723,630
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,794,090	2,334,639	363,067	96,384
9	Other employee benefits	7,794,585	6,243,070	1,272,675	278,840
10	Payroll taxes				
		3,705,800	2,669,025	884,803	151,972
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	121,039	0	118,539	2,500
C	Accounting	164,210	0	164,210	0
d	Lobbying	0			0
e •	Professional fundraising services See Part IV, line 17	0	170 246	0	0
f	Investment management fees	178,246	178,246	U	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	1,794,758	1,708,966	41,895	43,897
13	Office expenses	5,908,362	5,083,192	735,026	90,144
14	Information technology	691,767	683,284	8,483	0
15	Royalties	0	0	0	0
16	Occupancy	3,716,330	3,551,608	164,722	0
17	Travel	2,949,180	2,673,456	218,921	56,803
18	state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	509,241	322,072	162,388	24,781
20	Interest	4,252,487	4,177,337	75,150	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	9,485,488	8,516,931	968,557	0
23 24	Insurance	906,885	64,024	842,861	0
а	Contract, Technical, Other Labor Expenses	7,020,116	6,414,739	453,032	152,345
b	Special Projects and Events	652,074	332,295	204,207	115,572
c	Bad Debt Expnese	651,511	651,511	0	0
d	Allocate Information Technology Expenses	0	4,357,879	-4,357,879	0
e	All other expenses	584,799	485,071	99,450	278
25	<b>Total functional expenses.</b> Add lines 1 through 24e	170,925,233	156,665,642	11,257,358	3,002,233
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

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Net Assets or Fund Balances

(B)

End of year

43,870,878

2,726,031

2,905,502

2.208.542

2,710,629

176,316,370

84,204,130

12,719,563

38,910,404

366,572,049

7 781 200

4,732,787

112 506 000

20,656,218

145,676,205

136,755,391

17,072,300

67,068,153

220,895,844

366,572,049 Form 990 (2015)

(A)

Beginning of year

37,926,614

2.273.187

5,466,957

2.082.082

3,378,715

177,874,296

82,220,784

8,465,637

320, 194, 780

9.239.898

5,010,476

83,137,500

8,833,062

106,220,936

132,716,168

19,294,716

61,962,960

213,973,844

320, 194, 780

506,508

271 110 904

94,794,534

10a

10b

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**10**c

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PaitA	Dalance	JIIE
	Check if So	hedu

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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 instructions) Complete Part

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

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

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

**Total liabilities.**Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

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

Pledges and grants receivable, net

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Net unrealized gains (losses) on investments .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

otal revenue (must equal Part VIII, column (A), line 12)	•	•		•	•		•
otal expenses (must equal Part IX, column (A), line 25)							
Revenue less expenses Subtract line 2 from line 1				•			

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Cash 🗸 Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4

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Page 12

181,178,561

170,925,233

10,253,328

213,973,844

-2,121,104

-1,210,224

220,895,844

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

 $\overline{\mathbf{v}}$ 

No

Νo

**Software ID:** 15000352

**Software Version:** v1.00

**EIN:** 74-1109641

Name: ST EDWARDS UNIVERSITY

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	check on the compensated entry of the Highest compensated	ess er	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Carolyn Lewis Chair Board Member	1 0	x						0	0	(
Graham Hughes Abell Vice Chair Board Member	1 0	×						0	0	(
Timothy F Gavin Secretary Board Member	1 0	x						0	0	(
Martin Rose Treasurer Board Member	1 0	x						0	0	(
Kevin J Koch Board Member	1 0	х						0	0	(
Manlyn L ONeill Board Member	1 0	x						0	0	(
Theodore R Popp Board Member	1 0	х						0	0	(
J William Sharman Jr Board Member	1 0	×						0	0	(
F Gary Valdez Board Member	1 0	x						0	0	(
Brother Richard Daly Board Member	0	×						0	0	(

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

Compensated Employees, and Inde	penaent co	a c		•				1	I	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
		individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former			organization and related organizations
John H Bauer Board Member	1 0	×						0	0	0
Steve D Shadowen Board Member	0	x						0	0	0
Debbie Adams Board Member	1 0	x						0	0	0
Peter Winstead Board Member	0	x						0	0	0
Patncia Berner Munday Board Member	0	×						0	0	0
Sister Amata Miller Board Member	1 0	×						0	0	0
Brother Richard Gilman Board Member	1 0	х						0	0	0
	1	<b>-</b>		l -	$\vdash$	$\vdash$				

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Monsignor Elmer Holtman

Duncan Knapp Underwood

Board Member

Board Member

Edward E Leyden Board Member

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

(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
Donna VanFleet Board Member	1 0	×						0	0	0	
Ian J Turpin Board Member	1 0	x						0	0	0	
Melba Whatley Board Member	1 0	×						0	0	0	
Margaret Crahan Board Member	1 0	×						0	0	0	
Sharon Daggett Board Member	1 0	×						0	0	0	
Brother James Branigan Board Member	1 0	×						0	0	0	
Thomas Carter Board Member	1 0	x						0	0	0	

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Joseph Lucci III

Board Member

Regina L Lewis

Board Member

Ellie Ghaznavi Board Member

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

7,224

27,019

8,559

143,470

0

Compensated Employees, and Inde	pendent Co	ntrac	tor	s <sup>′</sup>		•		, <u>,</u>	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles	ore tl ss pe	than ersoi icer tor/t	not one on is and trust	an	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Frank Martin Moore Board Member	0	x					0	0	0
Fowler Thomas Carter Board Member	0	x					0	0	0
Brother William Zaydak Board Member	0	x					0	0	C
Katherine Paige Booth  VP Marketing & Enrollment Management	40			x			284,680	0	38,281
Mary Boyd Vice President for Academic Affairs	40			×			260,371	0	30,867
Jose Edward DeMedeiros Vice President University Advancement	40			x			181,793	0	26,116
Donna M Jurick SND	40			ſ			_		

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40

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169,682

269,594

1,376,482

Exec Vice President

Lisa Lynne Kirkpatrick

Kımberly Kvaal

George E Martin

President

Vice President Student Affairs

Vice President Finance and Administration

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

11,696

12,701

21,642

201,953

144,871

177,089

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Compensated Employees, and Inde	pendent co	ntrac	.tor	5				ì	i	i i	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersor icer a	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
David Waldron Vice President Information Technology	40			x				235,770	0	32,808	
William Clabby  Assoc Vice President for Global Initiatives	40					х		202,778	0	37,610	
Frank Krafka Jr Professor of Business Administration	40					х		226,107	0	13,144	
Paul T Newton Professor University Studies	40					x		188,051	0	8,015	
Nancy Schreiber Dean Bill Munday School of Business	40					х		183,424	0	18,799	
					,	1 '					

40

0 40

40

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Raymond J Spinhirne

Michael Larkin

Sandra L Pacheco

Staff Enterprise Information Systems

Vice President University Advancement

Vice President Student Affairs

.....

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

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

organization You must complete Part IV, Sections A and B.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

**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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

Open to Public Inspection

DLN: 93493129006337 OMB No 1545-004

**Employer identification number** 

Treasury Internal Revenue Service Name of the organization ST EDWARDS UNIVERSITY

(Form 990 or

990EZ)

Part I

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3

11

Department of the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

74-1109641

b	<ul> <li>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.</li> <li>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its</li> </ul>											
С	Γ	Type III functionally i supported organization						grated with, its				
d e f g	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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization  Enter the number of supported organizations											
Nan	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)						
					Yes	No						
Tota	utal											
			_		•							

763,343,316

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.)

Section	A. Public	Support

S	ection A. Public Support						
/01	Calendar year fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	20,366,920	25,651,422	6,596,570	8,115,781	9,768,891	70,499,584
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	20,366,920	25,651,422	6,596,570	8,115,781	9,768,891	70,499,584
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						36,718,968
6	Public support. Subtract line 5						33,780,616
	from line 4						33,760,010
S	ection B. Total Support						
10)	Calendar year fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4	20,366,920	25,651,422	6,596,570	8,115,781	9,768,891	70,499,584
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,732,280	1,841,300	1,757,314	1,982,919	2,718,137	10,031,950
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	60,553	74,353	36,901	100,000	50,000	321,807
11	<b>Total support.</b> Add lines 7 through 10						80,853,341

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . . . .

Section C. Computation of Public Support Percentage

#### Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

box and stop here. The organization qualifies as a publicly supported organization

**12** Gross receipts from related activities, etc. (see instructions.)

17	rubile support percentage for 2013 (fine 0, column (1) divided by fine 11, column (1))	14	41 /80 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	44 871 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

▶▽ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•		•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>		,	,,,	,		<b>▶</b> □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					<b>▶</b> □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

#### Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	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  Did the organization support any foreign supported organization that does not have an IRS determination under	15		 
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
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)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

Part IV	Supporting	Organizations	(continued

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Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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				
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp			
2 Amounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
a Applied to underdistributions of prior years			-
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

Page 8

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10	Fiscal Year Ended June 30, 2016 - \$50,000 is a distribution to the university from the Catholic Cemetery Association of Austin related to the university's exempt function and revenue excluded from tax under Sections 512-514. Fiscal Year Ended June 30, 2015 - \$100,000 is a distribution to the university from the Catholic Cemetery Association of Austin related to the university's exempt function and revenue excluded from tax under Sections 512-514. Fiscal Year Ended June 30, 2014 - \$36,901 includes distribution to the university from the Catholic Cemetery Association of Austin, \$50,000, change in the value of split interest agreements, expense \$13,099 related to the university's exempt function and revenue excluded from tax under Sections 512-514. Fiscal Year Ended June 30, 2013 - \$74,353 includes distribution to the university from the Catholic Cemetery Association of Austin, \$100,000, Insurance recoveries, \$19,038, change in value of split interest agreements, expense \$44,685 related to the university's exempt function and revenue excluded from tax under Sections 512-514. Fiscal Year Ended June 30, 2012 - \$60,553 includes distribution to the university from the Catholic Cemetery Association of Austin, 100,000, Insurance recoveries, \$56,634, change in value of split interest agreements, expense of \$96,081 related to the university's exempt function and revenue excluded from tax under Sections 512-514.

Schedule A (Form 990 or 990-EZ) 2015

**SCHEDULE D** (Form 990)

Department of the

Treasury

# **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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Open to Public

DLN: 93493129006337

Inspection

Inter	nal Revenue Service	` '			ZIIS PECCIOII
Na	me of the organization EDWARDS UNIVERSITY				oyer identification number
	A	Addison Bridge College			109641
Pe	Organizations Maintaining Donor Complete if the organization answere			nas c	or Accounts.
	Complete if the organization answers	·	, iiile o.	/h\	Condo and other accounts
1	Total number at end of year	(a) Donor advised funds		(D)	Funds and other accounts
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 a funds are the organization's property, subject to			or advis	eed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advis	or, or for an	y other	Yes No
Pa	rt II Conservation Easements. Comple	ete if the organization answere	ed "Yes" or	n Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that appl	у)		
	Preservation of land for public use (e g , recreducation)		vation of an	histor	ically important land area
	Protection of natural habitat	Preser	vation of a d	ertifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contr	ribution in th	ne form	of a conservation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme	ents		2b	
c	Number of conservation easements on a certified	, ,		<b>2</b> c	
d	Number of conservation easements included in (only in the National Register in the National Register	c) acquired after 8/17/06, and not	on a	2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, o	r terminated	by the	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ection, hand	ling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations,	and enforcır	ng cons	ervation easements during the
	A mount of expenses incurred in monitoring, inspe	octing handling of welstions	anforcing co	ncerve	tion assements during the ver-
7	\$	ecting, handing of violations, and e	emoreing co	iiseiva	tion easements during the year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the requirem	ents of sect	ion 17	0(h)(4)
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization			
Pai	organizations Maintaining Collect Complete if the organization answere			or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report assets held for public exhibition, (	ın its reven education, o	r resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, e			
	(i) Revenue included on Form 990, Part VIII, line :	L		<b>&gt;</b> \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**▶** \$ \_

Par	(continued)	ntaining Collections of	Art, His	storic	caiire	easures, or C	otner Similar	ASSE	ets	
3	Using the organization's acqui collection items (check all tha		ecords, cl	neck a	ny of th	e following that	are a significant i	ise of	its	
а	Public exhibition		d		Loan o	r exchange prog	grams			
b	Scholarly research		e	$\Gamma$	Other					
c	Preservation for future g	enerations								
4	Provide a description of the or		xplain ho	w thev	further	the organization	n's exempt purpos	se in		
	Part XIII	gamzation's concettons and c	xpiaiii iio	,, ,,,	rarener	the organization	To exempt purpos	, c III		
5	During the year, did the organ assets to be sold to raise fund						_	es	□ No	<b>,</b>
Pa		dial Arrangements.					<u>'</u>			
	Part X, line 21.	anization answered "Yes" o						unt o	n Forn	n 990, ———
1a	Is the organization an agent, t included on Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	ermediary	for co	ntributi	ons or other ass	sets not	es	┌ No	•
b	If "Yes," explain the arrang	ement in Part XIII and compl	ete the fo	llowing	table		А	moun	t	
c	Beginning balance					<b>1</b> c				
d	Additions during the year					1d				
e	Distributions during the yea	ır				1e				
f	Ending balance					1f				
<b>2</b> a	Did the organization include a	n amount on Form 990, Part X	, line 21,	for es	crow or	custodial accou	int liability? <b></b>	es	☐ No	)
							·		•	_
b	IT Test explain the arrangen									
Pa	ert V Endowment Funds	Complete if the organiza								
1.	Pographing of year halance	(a)Current year 95,017,043		or year 94,630,:	_	80,509,468	(d)Three years back 54,169,154	+		ars back 4,848,981
1a b	Beginning of year balance .  Contributions	5,491,207	-	4,453,		3,676,232	21,331,26	_		1,398,998
D	· · · · · · ·	3,132,237		1, 100,		3,070,232	21,331,20			1,000,000
c	Net investment earnings, gair losses	-1,726,291		-832,6	574	12,781,769	6,897,27	7		1,022
d	Grants or scholarships	2,253,661		1,708,	714	906,939	486,72	5		645,480
е	Other expenditures for facilities and programs	es 1,449,409		1,347,8	344	1,242,634	1,222,52	0	:	1,275,492
f	Administrative expenses .	178,246		177,3	382	187,770	178,98	7		158,875
g	End of year balance	94,900,643	Ġ	95,017,0	043	94,630,126	80,509,46	3	5-	4,169,154
2	Provide the estimated percent	age of the current year end ba	alance (lır	ne 1g,	 column	(a)) held as				
а	Board designated or quasi-en	dowment ▶ 192%								
b	Permanent endowment <b>&gt;</b>	70 7 %								
c		ment ▶ 101%								
	The percentages on lines 2a,		6							
За	Are there endowment funds no	t in the possession of the org	anızatıon	that a	re held a	and administere	d for the			
	organization by						Г		Yes	No
	(i) unrelated organizations .						_	3a(i) 3a(ii)	Yes	No
b	(ii) related organizations .  If "Yes" on 3a(ii), are the rela		· · ·	 Schad	 D2 ماري	•	L	3b	Yes	<u> </u>
4	Describe in Part XIII the inte	-						30	103	<u> </u>
Pa	rt VI Land, Buildings, a									
		anization answered 'Yes' to	Form 9							
	Description of pro	perty		(a) st or oth (investr	ner basıs	(b) Cost or other bas (other)	Accumulated (c) depreciation		(d)Book	k value
<b>1</b> a	Land				0	3,479,8	83			3,479,883
b	Buildings				0	220,144,3	50 62,511,6	67	15	7,632,683
c	Leasehold improvements .		_		0	<u> </u>	0	0	13	7,032,063
	Equipment				0	-	-	_		6,759,914
	Other		-  -			33,011,0	23,231,7	+		-,,,,,,,
					0	17,475,0	01 9,031,1	11	1	8,443,890

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

176,316,370

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.  (a) Description of security or category		(b)Book value	(c)Method of valuation
(including name of security)	y	(b)book value	Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
<b>(3)</b> O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related.  Complete if the organization answere	d 'Yes' on Form 990	, Part IV, line 11c. <sub>See</sub>	e Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Bond Issue Proceeds Construction & Cap Int		37,283,519	F
(2)University Maintenance Fund (3)Other Investments		967,248 659,637	F F
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX  Other Assets. Complete if the organizati	on answered 'Yes' on F	38,910,404 Form 990, Part IV, line 1	 1d See Form 990, Part X, line 15
(a) Desc	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the org	•		art IV line 11e or 11f
See Form 990, Part X, line 25.	_	1	
1. (a) Description of liability	(b) Book value		
Federal income taxes		0	
Fair Value Interest Rate Swap	4,716,0	88	
Annuities Payable	6,714,1	73	
Govt Grants Refundable	2,103,9	73	
Unamortized Bond Premium	5,915,2		
Capital Leases Payable	223,8		
Other Liabilities	982,9	17	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) <b>2.</b> Liability for uncertain tax positions In Part XIII, provi	20,656,2		financial statements that
organization's liability for uncertain tax positions under f  XIII			

Schedule D (Form 990) 2015

1

2

2e

3

1	Amounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII	) 4b		
c	Add lines <b>4a</b> and <b>4b</b>		. 4c	
5	Total revenue Add lines 3 an	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part		xpenses per Audited Financial Statements With nization answered 'Yes' on Form 990, Part IV, line 12:		Return.
L	Total expenses and losses pe	er audited financial statements	1	
2	A mounts included on line 1 b	ut not on Form 990, Part IX, line 25		
а	Donated services and use of	facilities 2a		
b	Prior year adjustments	2b		
c	Otherlosses	2c		
d	Other (Describe in Part XIII	)		
e	Add lines <b>2a</b> through <b>2d</b>	<del></del>	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	
1	Amounts included on Form 99	00, Part IX, line 25, but not on line <b>1:</b>		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII	) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	<del></del>	4c	
5	Total expenses Add lines <b>3</b> a	nd <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	
Pari	XIII Supplemental In	formation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lii , lines 2d and 4b, and Part XII, lines 2d and 4b Also comple		de any additional
	Return Reference	Explanation		
chec	lule D, Part V, Line 1b	For the fiscal year ended June 30, 2016, contributions include the university's endowment from university operating resou		ng of \$1,080,000 to

2a

2b

2c

2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . .

Recoveries of prior year grants . . . . .

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d . . . . .

Subtract line 2e from line 1 . . .

OMB No 1545-0047

**2015** 

Open to Public Inspection

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

omplete if the organization answered "Vec" on F

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

► Attach to Form 990 or Form 990-EZ.

**Schools** 

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** ST EDWARDS UNIVERSITY 74-1109641 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Page 2

Schedule E (Form 990 or 990EZ) (2015)

Return Reference	Explanation
Schedule E, Part I, Line 3	All responses to public inquiry concerning admissions and financial aid requirements are met with literature, such as catalogues, brochures and applications that have the organization's non-discriminatory policy clearly stated. Advertisements for the organization typically are for course offerings of the current semester. A statement of non-discriminatory policy is stated in each advertisement.
Schedule E, Part I, Line 6	The university administers various student financial aid programs including SEOG. College Work Study and National Direct Student Loans. The university is

### also involved in various educational programs for which funds are received from both State and Federal agencies

efile GRAPHIC pr	GRAPHIC print - DO NOT PROCESS As Filed Data - DLN:				93493129006337				
SCHEDULE F (Form 990)	Stat	tement of	f Activities Outside the United States						
► Complete if the organization answered "Yes" to Form 990,  Part IV, line 14b, 15, or 16.  ► Attach to Form 990.							2015 Open to Public		
Internal Revenue Service	▶ Informati	on about Schedu	ile F (Form 990) a	and its instructions is at w	ww.irs.gov/forms	990.	Inspection		
Name of the organizati ST EDWARDS UNIVER						yer ident 109641	ification number		
				<b>he United States.</b> orm 990, Part IV, line	14b.				
_	stance, the gra	antees' eligibil		s to substantiate the nts or assistance, and		_	├ Yes ├ No		
2 For grantmake assistance outs			rganızatıon's p	rocedures for monitor	ing the use of	ıts grant	ts and other		
3 Activites per Re	gion (The follov	ving Part I, line	3 table can be d	uplicated if additional sp	ace is needed )				
<b>(a)</b> Regio	n	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed program service, specific type service(s) in i	describe e of	(f) Total expenditures for and investments in region		
(1) Europe (includin Greenland)	g Iceland and	1	6	I .	Educational and cultura activities for the organization's students and local residence students		537,244		
(2)									
(3)									
(4)									
(5)									
3a Sub-total b Total from contint to Part I			6				F27.244		
c Totals (add lines For Paperwork Reduction		the Instructions			No 50082W	Schedi	537,244 ule F (Form 990) 2015		

Schedule F (Form 990) 2015

	applicable)		disbarsement	assistance	assistance	appraisal, other)
(1)						
(2)						
( 3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

(14) (15) (16) (17) (18)

Schedule F (Form 990) 2015							Page <b>3</b>
	ther Assistance duplicated if addit			ed States. Complete i	if the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)				1			
( 3)		1				<del></del>	
(4)		+				<u></u>	
(5)							
(6)							
(7)							
(8)							
(9)							
( 10)							
(11)				,		1	1

(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
( 13)				

8621)

Yes

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

Yes 5713, do not file with Form 990) Νo

IJ No

Page 5

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation							
Schedule F, Part I, Line 3	Column [e] Europe (France) Only-Educational and cultural activities for the organization's students and local residence students. Column [f] The University uses the accrual metho d of accounting. For the European region, cash disbursements are made by cash payment, check, credit/debit card, wire transfer and direct charges against funds on deposit at a France.							
	ce financial institution. For the other regions, cash disbursements are made by cash payme nt, check, credit card and wire transfers from the United States. The university has no in vestments in this region, only the expenditures as shown on Part I, Line 3, Column [f]							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organization

Treasury

Internal Revenue Service

Name of the organization

ST EDWARDS UNIVERSITY

## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

**DLN: 93493129006337**OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

						74-1109641	
Part I General Information	n on Grants an	d Assistance					
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or a	ssistance?				tance, and	<b>√</b> Yes
Part II Grants and Other Assistation that received more than s		_		plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
		+					
<ul><li>Enter total number of section 50</li><li>Enter total number of other orga</li></ul>	. , . ,	-					
For Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

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

	<u> </u>				
(a)Type of grant or assistance	ce (b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships to Students	3452	61,161,695	0	Fair Market Value	<u>                                     </u>
		·			
		<del></del>	'		
		<u> </u>			
- <del> </del>					
I		!			
l		!			
I		, ,	1		
l					
1		,	1		
		<u>                                       </u>	<u> </u>		
Part IV Supplemental In	<b>nformation.</b> Provide the infori	mation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Potum Potoroneo	Evalenation				

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

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(Form 990)

**Compensation Information** 

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

OMB No 1545-0047

DLN: 93493129006337

2015

epartment of the reasury  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .  Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .							Open to Public Inspection					
Na	me of the organi	zation			Employer identificat	tion nu	mber					
ST I	EDWARDS UNIVERS	ΣΠΥ			74-1109641							
Pa	rt I Quest	ions Regarding Compensation		I	74-1109641							
	- Curan						Yes	No				
<b>1</b> a		proplate box(es) if the organization prov , Section A , line 1a Complete Part III t										
	First-clas	ss or charter travel	<b>✓</b>	Housing allowance or residence for	personal use							
	Travel fo	r companions		Payments for business use of person	onal residence		'					
	┌ Tax idem	inification and gross-up payments		Health or social club dues or initiat	ion fees		'					
Discretionary spending account Personal services (e.g., maid, chauffeur, chef)												
b												
2												
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?											
3	organization's	n, if any, of the following the filing organi CEO/Executive Director Check all tha ted organization to establish compensa	it apply	Do not check any boxes for method	ds							
	✓ Compens	ation committee	<b>✓</b>	Written employment contract								
	✓ Independent compensation consultant ✓ Compensation survey or study											
	<b>✓</b> Form 990	of other organizations	<b>✓</b>	Approval by the board or compensa	ation committee		'					
4	During the yea or a related or	ar, did any person listed on Form 990, P ganization	art VII	(, Section A , line 1a with respect to 1	he filing organizatio	n						
а	Receive a sev	erance payment or change-of-control p	aymen	t?		4a	Yes					
b	Participate in,	or receive payment from, a supplement	al none	qualified retirement plan?		4b	Yes					
C	•	or receive payment from, an equity-base, of lines 4a-c, list the persons and pro		<u> </u>	n Part III	4c		No				
		), 501(c)(4), and 501(c)(29) organizati		·								
5	•	sted on Form 990, Part VII, Section A, contingent on the revenues of	line 1a	, did the organization pay or accrue	any							
а	The organizati	on?				5a	<u> </u>	Νo				
b	Any related or	-				5b	<u> </u>	No				
	If "Yes," on lir	ne 5a or 5b, describe in Part III										
6	•	sted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a	, did the organization pay or accrue	any							
а	a The organization?											
b	Any related or	ganızatıon?				6b		Νo				
	If "Yes," on lir	ne 6a or 6b, describe in Part III										
7		sted on Form 990, Part VII, Section A , described in lines 5 and 6? If "Yes," de			n-fixed	7		No				
В		unts reported on Form 990, Part VII, p initial contract exception described in				8		No				
9	If "Yes" on line	e 8, did the organization also follow the	rebutta	able presumption procedure describe	d in Regulations							

section 53 4958-6(c)?

ruge Z								
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (I) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

### Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Dr. George Martin, President, received a housing allowance and reimbursement for life insurance per employment contract. Both the housing allowance and Schedule J. Part I. Line 1a life insurance are taxable and reported to Dr. Martin on IRS Form W-2 Schedule J. Part I. Line 4 George E Martin The University established a non-qualified deferred compensation plan under IRS Code Section 457F for the purpose of providing a

amount of \$790,356 82 This amount includes previously reported contributions and accruals by the University of \$537,060 and current reporting period contributions and accruals of \$115,740. The remaining balance of \$137,556.82 represents re-invested interest and dividends along with accumulated gains net of fees. During the current reporting period, the following individuals received payments under the university's early retirement program. This program was offered to select faculty and staff members Frank Krafka, Jr taxable compensation of \$144,330 Paul T Newton taxable compensation of \$110,592 Raymond J Spinhirne taxable compensation of \$127,294 Schedule J, Part II

George E. Martin. Included in Column B. [iii] is a taxable housing allowance of \$45,000, taxable automobile allowance of \$4,068, taxable long-term. disability insurance of \$380, contribution to IRS 457(b) plan of \$18,000, taxable employer provided life insurance greater than \$50,000 of \$4,944, payment of IRS 457(f) plan deferred compensation of \$790,357 and taxable reimbursements of \$17,450. The payments of the taxable reimbursements, automobile allowance, long-term disability insurance, deferred compensation and housing allowance are made pursuant to the terms of the contract with President Martin and the university During the current reporting period, the President received his distribution of the IRS 457(f) plan under the terms of his contract in the amount of \$790,357. This amount includes previously reported contributions and accruals by the University of \$537,060 and current reporting period contributions and accruals of \$115,740 The remaining balance of \$137,557 represents re-invested interest and dividends along with accumulated gains net of fees Frank Krafka, Jr Included in Column B [iii] is a taxable compensation of \$144,330 resulting from participation in the faculty early retirement program. This program was offered to select faculty members. Paul T. Newton. Included in Column B.[iii] is a taxable. compensation of \$110,592 resulting from participation in the faculty early retirement program. This program was offered to select faculty members Raymond J Spinhirne Included in Column B [iii] is a taxable compensation of \$127,294 resulting from participation in the staff early retirement program This program was offered to select staff members

retirement benefit for the university President, George E. Martin. Under the terms of the plan, the university agreed to establish a non-vested retirement account in a financial institution of the university's selection in the name of the university on behalf of the President, make an annual contribution to the retirement account during the term of the plan, invest the account balance and distribute the account balance to the President in accordance with the occurrence of specific events. The President has no rights to or interest in the retirement account prior to the date the account becomes payable to the President under the terms and conditions set for in the plan. The President's right to the retirement benefits is non-vested and forfeitable prior to the payment date. The retirement account is the property of the university at all times prior to the payment date. The university accrued \$22,740 and contributed \$93,000 into the plan in the current reporting period. The President will become 100 percent vested in and entitled to payment of the retirement account at his normal retirement date, upon termination for disability or death, other than cause and voluntary cause for good reason as defined. The President forfeits all interest in the retirement account in the event of termination for cause or voluntary termination for other than good reason as defined During the current reporting period, the President received his distribution of the 457F plan under the terms of his contract in the

Schedule J (Form 990) 2015

**Software ID:** 15000352 **Software Version:** v1.00

**EIN:** 74-1109641

Name: ST EDWARDS UNIVERSITY

Form 990, Schedule J, F	art	sated Employees	3					
(A) Name and Title		(i) Base Compensation	f W-2 and/or 1099-MIS  (ii)  Bonus &  Incentive  compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Katherine Paige Booth VP Marketing & Enrollment Management	(1)	257,226	26,522	932	18,550	21,096	324,326	0
	(11)	0	0	0	0	0	- 0	0
1Mary Boyd Vice President for Academic Affairs	(1)		0	3,991	9,373	24,544 	294,288	0
2Jose Edward DeMedeiros Vice President University	(1)	180,684	0	1,109	13,096	14,277	209,166	0
Advancement	(11)	0	0	0	0	-		0
<b>3</b> Lısa Lynne Kırkpatrıck Vice President Student Affairs	(1)	169,874	0	807	12,335	15,487	198,503	0
	(11)	0	0	o	o	0		0
4Kimberly Kvaal Vice President Finance and	(1)	257,338	0	12,256	6,059	4,957	280,610	0
Administration	(11)	0	0	0	O	0	- 0	0
<b>5</b> George E MartinPresident	(1)	449,783	46,500	880,199	134,290	20,988	1,531,760	537,060
	(11)	0	0	0	0	- 0	- 0	0
<b>6</b> David Waldron Vice President Information Technology	(1)		0	2,655	16,993	17,869	270,631	0
	(11)		0	0	0	0	0	0
<b>7</b> William Clabby Assoc Vice President for Global Initiatives	(1)		0	26,299	13,355	25,011	241,144	0
8Frank Krafka Jr	<u> </u>		0	U	U	0	0	
Professor of Business Administration	(1)		0	144,586	5,984	7,292	239,383	0
9Paul T Newton	(1)		0	0	0	0	0	
Professor University Studies	(1)		0	110,919	5,156	2,995	196,201	0
10Nancy Schreiber			0	0	Ů,	0	0	
Dean Bill Munday School of Business	(1)		0	7,530	6,358	12,924	202,706	0
11Raymond J Spinhirne	(1)		-			0	0	
Staff Enterprise Information Systems	(1)		0	135,010	4,455	7,412 	213,819	0
12Mıchael Larkın	(1)		0	16.707	0.000	1.252	0	
Vice President University Advancement	(11)			16,787  0	9,089	4,252 	158,212	0
13Sandra L Pacheco	(1)	175,710	0	1,379	12,617	9,339	199,045	0
Vice President Student Affairs	(11)		0	0	12,617		199,045	0
						0	0	

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Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2015

Open to Public

**DLN: 93493129006337**OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

► Attach to Form 990.
►Information about Schedule K (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the organization ST EDWARDS UNIVERSIT

Employer identification number

	DWARDS UNIVERSITY									Em	ipioyer ic	ientifica	tion nui	mber	
										74	-11096	41			
Pa	Part I Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued			(e) Issue	price	(f	f) Description	n of purpose	be			On alf of uer		Pool noing	
										Yes	No	Yes	No	Yes	No
A	San Leanna Education Facilities Corp	20-1275212	00000000	06-04-2004	10,00	00,000	Construction and equipment and new dormitory facility and certain utility efficiency upgrades				Х		Х		Х
В	San Leanna Education Facilities Corp	20-1275212	00000000	01-11-2005	2 ,9 1	7,000		struction and dormitory fac	equipment for ility		×		Х		Х
С	San Leanna Education Facilities Corp	20-1275212	00000000	08-01-2006	6,96	53,000		struction and dormitory fac	equipment for ility		×		Х		Х
D	San Leanna Education Facilities Corp	20-1275212	79846PAX4	06-21-2007	75,60	08,063	See S	Schedule K, F	Part VI	Х			Х		Х
Pa	rt III Proceeds										1				
						A		E	3		С			D	
1						3,179	9,000		266,500	1,235,500			<u> </u>		
2							0		0			0	40,360,000		
Total proceeds of issue						10,103	3,289		2,952,856		7,13	3,824	79,425,000		
4 Gross proceeds in reserve funds					0		0			0	0				
5	Capitalized interest from proc	ceeds				472	2,051		62,143		26	1,961	4,478,234		
6	Proceeds in refunding escrow	vs					0 0		0			0			0
7	Issuance costs from proceed	ls				98,500 35,985		92,214				288,648			
8	Credit enhancement from pro	ceeds				0 0		0	0			0			
9	Working capital expenditures	from proceeds					0 0		0	0			0		
10	Capital expenditures from pro	oceeds				9,532	2,738		2,854,728	6,449,649				43,	964,359
11	Other spent proceeds						0		0			0			0
12	Other unspent proceeds						0		0			0			0
13	Year of substantial completio	on			21	005		20	07		2007			2009	
					Yes	N	О	Yes	No	Yes	ı	No	Yes	;	No
14	Were the bonds issued as par	rt of a current refundi	ngıssue?	•		×	<		Х			X			X
15	Were the bonds issued as par	rt of an advance refu	nding issue?			×	<		Х			X	Х		
16	Has the final allocation of pro	oceeds been made?.			Х			X		Х			Х		
17	Does the organization mainta allocation of proceeds?	·		ort the final	x			х		×			Х		
Pa	t IIII Private Business l		<u>-</u>					1							
	<u>-</u> _					A		E	3		С			D	
					Yes	N-	0	Yes	No	Yes	ľ	No	Yes	;	No

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

 Х

Χ

Х

Χ

Χ

Х

D

С

В

			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private bus of bond-financed property?	iness use		×		Х		×	Х	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or oth counsel to review any management or service contracts relating to the finance								x	
prope	erty?									
С	Are there any research agreements that may result in private business use of financed property?	bond-		×		х		×		×
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth counsel to review any research agreements relating to the financed property?	ner outside								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			0 %	1	0 %		0 %		3 2 %
5				0 %		0 %		0 %		0 %
6	Total of lines 4 and 5			0 %		0 %		0 %		3 2 %
7	Does the bond issue meet the private security or payment test?			X		Х		×	Х	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds ussued?	were		х		x x				х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disp	posed of						•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sec	tions								
9	Has the organization established written procedures to ensure that all nonqual bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	lıfıed	x		X		X		x	
Par	t IV Arbitrage									
	<del></del>	Α			В		С		D	
	_	Yes	No	Yes	No	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		×			X		×
2	If "No" to line 1, did the following apply?				•		<u>'</u>		•	
а	Rebate not due yet?		Х		Х			Х		X
b	Exception to rebate?	Х		Х		Х			Х	
С	No rebate due?		Х		X			Х		Х
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	Χ		×		Х				X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х		х		х				×
b	Name of provider	ost Nationa	l Bank	Frost Nation	nal Bank	Frost Na	itional Ban	k		
С	Term of hedge		2850 %		3040 %		28	40 %		
d	Was the hedge superintegrated?	Х		Х		Х				
e	Was the hedge terminated?		Х		Х			Х		
						•		Calcad	ıla V (Earm	200) 2015

Α

Leanna Education Facilities

Corp

and 1/25/2001

No

D

Yes

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		×		x		X
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		×		×		х		X
7	Has the organization established written procedures to monitor the requirements of section $148^\circ$	Х		х		х		×	
Pai	t V Procedures To Undertake Corrective Action								
		A B C D							
			i	В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Yes	No		No		No		No
Pa	that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	×		Yes		Yes X		Yes	No
Pa	that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	×		Yes		Yes X		Yes	No

No

Yes

В

No

Yes

С

No

Yes

	Return Reference	Explanation
	Schedule K, Part II, Line 3- 06/04/2004 10,000,000 San Leanna Education Facilities Corp	San Leanna Education Facilities Corp, Date Issued 06/04/2004, Row A, Issue Price \$10,000,000 The issue price of \$10,000,000 shown in Part I, Row A, Column (e) does not agree with Part II, Line 3, Column A because of the inclusion of interest income earned on the construction fund and capitalized interest fund in the amount of \$103,289 This amount is included in Part II, Line 3, Column A but not included in the issue price shown in Part I, Row A, Column (e)

Return Reference	Explanation
Schedule K, Part II, Line 3 - 01/11/2005 2,917,000 San Leanna Education Facilities Corp	San Leanna Education Facilities Corp, Date Issued 01/11/2005, Row B, Issue Price \$2,917,000 The issue price of \$2,917,000 shown in Part I, Row B, Column (e) does not agree with Part II, Line 3, Column B because of the inclusion of interest income earned on the construction fund and capitalized interest fund in the amount of \$35,856 This amount is included in Part II, Line 3, Column B but not included in the issue price shown in Part I, Row B, Column (e)

Return Reference	Explanation
Schedule K, Part II, Line 3- 08/01/2006 6,963,000 San Leanna Education Facilities Corp	San Leanna Education Facilities Corp, Date Issued 08/01/2006, Row C, Issue Price \$6,963,000 The issue price of \$6,963,000 shown in Part I, Row C, Column (e) does not agree with Part II, Line 3, Column C because of the inclusion of interest income earned on the construction fund and capitalized interest fund in the amount of \$170,824 This amount is included in Part II, Line 3, Column C but not included in the issue price shown in Part I, Row C, Column (e)

Return Reference	Explanation
Schedule K, Part II, Line 3 - 06/21/2007 75,608,063 San Leanna Education Facilities Corp	San Leanna Education Facilities Corp, Date Issued 06/21/2007, CUSIP# 79846PAX4, Row D, Issue Price \$75,608,063 Reconciliation of issue price of \$75,608,063 shown in Part I, Row D, Column (e) to \$79,425,672 shown in Part II, Line 3, Column D- Issue Price \$75,608,063 Less underwriters' discount (535,698) Add accrued interest 06/01/2007 to 06/21/2007 206,102 Add Investment income on escrow account, debt service account and construction account 4,151,625 Less rebate credits 06/01/2008 to 06/21/2010 (4,420) Total Proceeds of Issue Part II, Line 3, Column D \$79,425,672

Return Explanation Reference Column A -The private business use percentage Schedule K, excludes bond Part III, Line issuance costs of \$98,500 If 06/04/2004 the issuance 10,000,000 costs are San Leanna included the Education percentage Facilities calculation, Corp the private business use percentage would be 1%

Return Reference	Explanation
Schedule K, Part III, Line 4- 01/11/2005 2,917,000 San Leanna Education Facilities Corp	Column B - The private business use percentage excludes bond issuance costs of \$35,985 If the issuance costs are included from the percentage calculation, the private business use percentage would be 1 2%

Return Reference	Explanation
Schedule K, Part III, Line 4- 08/01/2006 6,963,000 San Leanna Education Facilities Corp	Column C - The private business use percentage excludes bond issuance costs of \$92,214 If the issuance costs are included from the percentage calculation, the private business use percentage would be 1 3%

Return Reference	Explanation
Schedule K, Part III, Line 4- 06/21/2007 75,608,063 San Leanna Education Facilities Corp	Column D - The private business use percentage excludes bond issuance costs of \$288,648 If the issuance costs are included from the percentage calculation, the private business use percentage would be 3 6%

Return Explanation Reference Column A -The private business use percentage Schedule K, excludes bond Part III, Line issuance costs 6 of \$98,500 If 06/04/2004 the issuance 10,000,000 costs are San Leanna included the Education percentage Facilities calculation, Corp the private business use percentage would be 1%

Return Reference	Explanation
Schedule K, Part III, Line 6- 01/11/2005 2,917,000 San Leanna Education Facilities Corp	Column B - The private business use percentage excludes bond issuance costs of \$35,985 If the issuance costs are included from the percentage calculation, the private business use percentage would be 1 2%

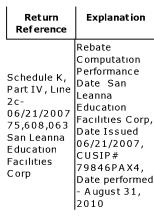
Return Reference	Explanation
Schedule K, Part III, Line 6- 08/01/2006 6,963,000 San Leanna Education Facilities Corp	Column C - The private business use percentage excludes bond issuance costs of \$92,214 If the issuance costs are included from the percentage calculation, the private business use percentage would be 1 3%

Return Reference	Explanation
Schedule K, Part III, Line 6- 06/21/2007 75,608,063 San Leanna Education Facilities Corp	Column D - The private business use percentage excludes bond issuance costs of \$288,648 If the issuance costs are included from the percentage calculation, the private business use percentage would be 3 6%

Return Reference	Explanation
Schedule K, Part IV, Line 2c- 06/04/2004 10,000,000 San Leanna Education Facilities	Rebate Computation Performance Date San Leanna Education Facilities Corp, Date Issued 06/04/2004, Date performed - June 4,2006

Return Explanation Reference Rebate Computation Schedule K, Performance Part IV, Line Date San 2 c -Leanna 01/11/2005 Education 2,917,000 Facilities Corp. San Leanna Date Issued Education 01/11/2005. **Facilities** Date performed Corp - January 11, 2007

Return Explanation Reference Rebate Computation Schedule K, Performance Part IV, Line Date San 2 c -Leanna 08/01/2006 Education 6,963,000 Facilities Corp. San Leanna Date Issued Education 08/01/2006. **Facilities** Date performed Corp February 1. 2008



As Filed Data efile GRAPHIC print - DO NOT PROCESS Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493129006337

Open to Public

Department of the Treasury

(Form 990)

Internal Revenue Service Employer identification number Name of the organization ST EDWARDS UNIVERSITY 74-1109641 Part I **Bond Issues** (d) Date issued (a) Issuer name (b) Issuer EIN (c) CUSIP # (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No Red River Education Finance 75-2791247 756870AQ4 06-28-2016 79,953,738 See Schedule K, Part VI Х Х Х Corporation **Proceeds** Part II С D Ω 2 Total proceeds of issue 3 79,953,738 6 41,978,408 Issuance costs from proceeds . . . . . . . . . . . . . . . . . . 691,811 8 9 Ω 10 11 12 37,283,519 13 2017 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . Х 14 Were the bonds issued as part of an advance refunding issue? . . . . . Χ 15 Has the final allocation of proceeds been made? . . . . . . . . . . Χ 16 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Χ **Private Business Use** Part III Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Х 

Are there any lease arrangements that may result in private business use of bond-

				۹.	!	В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private to of bond-financed property?	ousiness use		×						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed									
prope										
С	Are there any research agreements that may result in private business use financed property?	of bond-		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government			0 %		•		•		•
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government	rsection		0 %						
6	Total of lines 4 and 5			0 %						
7	Does the bond issue meet the private security or payment test?			X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s	sections								
9	Has the organization established written procedures to ensure that all nonq bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		×							
Par	t IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		х							
2	If "No" to line 1, did the following apply?		•		•		•		•	
а	Rebate not due yet?	Х								
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

t IV Arbitrage (Cor	itinued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds inv contract (GIC)?	rested in a guaranteed investment		х						
Name of provider									
Term of GIC									
value of the GIC satisfie	d?								
Were any gross proceed period?	s invested beyond an available temporary		х						
		X							
rt V Procedures To	Undertake Corrective Action								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
that violations of federal and corrected through th	tax requirements are timely identified ne voluntary closing agreement program if	×							
rt VI Supplement	al Information. Provide additional inform	nation for resp	onses to qu	iestions on S	chedule K (s	ee instructio	ns).		
Return Reference		Explanation							
8/2016 79,953,738 Red	capitalize interest during the construction period								
	Were gross proceeds invocontract (GIC)?  Name of provider.  Term of GIC.  Was the regulatory safe value of the GIC satisfie Were any gross proceed period?  Has the organization est the requirements of sect TTV Procedures To Has the organization est that violations of federal and corrected through the self-remediation is not a sert VI Supplement Return Reference edule K, Part I, Column f-18/2016 79,953,738 Red	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider.  Term of GIC.  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  **TV***Procedures To*** Undertake Corrective Action**  **A***  **T*** Procedures To** Undertake Corrective Action**  **A***  **A***  **Pes***  **No***  **Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?**  **S***  **Supplemental Information.**  **Provide additional information for responses to quarter Reference**  **Education**  **Education**  **Funancing the costs for the construction, furnishing and equipment of certain equipality in the provided and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction period and to refund a portion of the construction peri	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider.  Term of GIC.  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  TEV Procedures To Undertake Corrective Action  Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?  Return Reference  Global Statistical Stat	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider.  Term of GIC.  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  Trt V Procedures To Undertake Corrective Action  Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?  Trt VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).  Explanation  Financing the costs for the construction, furnishing and equipment of certain student housing facilities, to capitalize interest during the construction period and to refund a portion of the university's outstanding Series

Return Reference	Explanation
Schedule K, Part II, Line 12- 06/28/2016 79,953,738 Red River Education Finance Corporation	06/28/2016 79,953,738 Red River Education Finance Corporation, Issue Price \$79,953,738 The unspent proceeds of \$37,283,519 represent the following Construction Funds - \$35,000,000 Capitalized Interest Funds - \$2,180,606 Costs of Issuance - \$102,913

ı

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M** 

DLN: 93493129006337

2015

OMB No 1545-0047

## **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the Treasury

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

Open to Public Inspection

nter	mal Revenue Service							
	ne of the organization DWARDS UNIVERSITY				Employer identificat	ion nu	mber	
	DWARDS UNIVERSITY				74-1109641			
P	art I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	letermi	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	5	49,236	Average FMV @ Gif	ft Date		
LO	Securities—Closely held stock							
L1	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
L4	Qualified conservation contribution—Other							
L5	Real estate—Residential .							
L6	Real estate—Commercial							
L7	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
26	Other ▶ ()							
	O ther ▶ ()							
	Other ▶ ()				<del>                                     </del>			
29	Number of Forms 8283 received for which the organization comple				29			0
							Yes	No
30a	a During the year, did the organization it must hold for at least three ye				,			
	for exempt purposes for the enti					30.		١,,,
ı	<b>b</b> If "Yes," describe the arrangem					30a		No
31	Does the organization have a gif	ft acceptano	ce policy that requires the r	eview of any non-standard	. contributions?	31	Yes	
32a	a Does the organization hire or us	•	. ,	·				

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions? .

describe in Part II

**b** If "Yes," describe in Part II

32a

Νo

Schedule M (Form 990) (2015)

### Return Reference Explanation Contributions reported are the number of contributions received from donors

Schedule M, Part I, Line 9

Trustee members of the Committee

990-EZ)

Treasurv

Department of the

Internal Revenue Service

Name of the organization ST EDWARDS UNIVERSITY

Employer identification number

# Supplemental Information to Form 990 or 990-EZ

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

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

2015 Open to Public Inspection

74-1109641 Return Explanation Reference Form 990. The Executive Committee of the university is composed of at least five voting members of the Board of Trustees, including the Part VI. officers of the Board and, ex officio, the President of St. Edward's University. Members of this Committee, other than the Section A. officers of the Board and the President, are appointed by the Chairperson of the Board, these appointments being ratified by Line 1a vote of the full Board The Executive Committee shall exercise all powers of the Board at such times as the Board is not in session, except that it shall not have the power to alter or revoke any previous order, resolution, or vote of a meeting of the Board unless specifically granted such power by the Board It shall not have the power to elect or remove officers of the Board of Trustees, elect or remove the President of St. Edward's University, or to amend the charter or Bylaws of the Corporation. The Committee shall not act on matters properly the first responsibility of standing committees for review, study, and recommendation to it and/or to the Board, except in emergencies of consequence to St. Edward's University generally. The functions of this Committee shall also include evaluation of the stated mission and goals of the University, evaluation of the various programs of the University and ensuring that these are consistent with the mission and goals of the University. The Executive Committee shall have a standing subcommittee, appointed by the Chairperson of the Board, responsible for reviewing the compensation package of the President and recommending the same to the full committee. The subcommittee will also oversee the compensation packages of senior staff to assure compliance with applicable law, regulation and good practice Regular and special meetings shall be at the call of the Chairperson or President or upon written request of any two voting

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1b	The Executive Committee of the university is composed of at least five voting members of the Board of Trustees, including the officers of the Board and, ex officio, the President of St. Edward's University. Members of this Committee, other than the officers of the Board and the President, are appointed by the Chairperson of the Board, these appointments being ratified by vote of the full Board. The Executive Committee shall exercise all powers of the Board at such times as the Board is not in session, except that it shall not have the power to alter or revoke any previous order, resolution, or vote of a meeting of the Board unless specifically granted such power by the Board. It shall not have the power to elect or remove officers of the Board of Trustees, elect or remove the President of St. Edward's University, or to amend the charter or Bylaw's of the Corporation. The Committee shall not act on matters properly the first responsibility of standing committees for review, study, and recommendation to it and/or to the Board, except in emergencies of consequence to St. Edward's University generally. The functions of this Committee shall also include evaluation of the stated mission and goals of the University, evaluation of the various programs of the University and ensuring that these are consistent with the mission and goals of the University. The Executive Committee shall have a standing subcommittee, appointed by the Chairperson of the Board, responsible for reviewing the compensation package of the President and recommending the same to the full committee. The subcommittee will also oversee the compensation packages of senior staff to assure compliance with applicable law, regulation and good practice. Regular and special meetings shall be at the call of the Chairperson or President or upon written request of any two voting.

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	Board of Trustees As provided for in the Merger Agreement, the Provincial Superior of Congregation of Holy Cross Moreau Province and another three active Trustees to be named by the Congregation of Holy Cross Moreau Province are members of the university Board of Trustees All other members of the Board of Trustees are elected. The Board of Trustees is self-perpetuating and shall consist of Trustees elected by the Board and those persons elected as Emeriti or who sit with the Trustees, ex officio

Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The Vice President for Finance and Administration (who reports to the university's President) is responsible for overseeing all tax compliance matters for St. Edward's University, including the preparation of the university's Form 990, accordingly, under her direction the university's Form 990 is prepared by the Director of Taxation in the university's Office of Finance and Administration. Thereafter, the university's Form 990 is reviewed by the Director of Taxation's supervisor, the Associate Vice President for Finance. Next, the university's Vice President for Finance and Administration reviews the university's Form 990 one final time before the return is provided to the university's Fiduciary Committee of its Board of Trustees, which has been delegated appropriate authority to review the return on behalf of the university's Board of Trustees. Subsequent to its review, the Fiduciary Committee reports back to the full Board of Trustees regarding its oversight of Form 990, and the final draft of the university's Form 990 (including all required schedules thereto) is provided to the entire Board of Trustees so it is able to make

any appropriate inquiries regarding the data contained in the university's Form 990 before the return is filed

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Reference	Explanation
Form 990, Part VI, Section B, Line 12c	St Edw ard's University's Conflict of Interest Policy is applicable to all members of the university's Board of Trustees and Officers. A conflict is deemed to exist in the event that a Trustee, Officer or family member of either is affiliated with an organization that may transact business with the university. The policy defines "Trustee", "Officer", "family members" and "affiliation" Disclosure of any/all of these types of relationships or the appearance of such relationships is required to be made annually by September or as soon as a potential conflict arises. These disclosures are made in wirting on the St. Edw ard's Conflict of Interest form and submitted to the Chief of Staff in the Office of the President for trustees. After collecting the Conflict of Interest forms, the Chief of Staff provides the President and Chair of the Board with a report stating whether or not there are any conflicts. If any potential conflicts are disclosed, university's legal counsel is to be notified. Counsel will in turn determine if an actual conflict exists. If a conflict is determined to exist with a trustee the matter is reported to the university President and Board Chair. If a conflict is determined to exist with a university officer, the matter is reported to the university.

President In either case, the individual(s) receiving the report must take all appropriate action

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

ring items available to the general public. Governing Document - maintained on file in the erest Policy - maintained with the governing documents in the university library. Financial guest from the Office of Vice President for Finance and Administration.
•

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	George E Martin Included in Column [D] is a taxable housing allow ance of \$45,000, taxable automobile allow ance of \$4,068, taxable long-term disability insurance of \$380, taxable employer provided life insurance greater than \$50,000 of \$4,944, payment of IRS 457(f) plan deferred compensation of \$790,357 and taxable reimbursements of \$17,450. The payments of the taxable reimbursements, automobile allow ance, long-term disability insurance, deferred compensation and housing allow ance are made pursuant to the terms of the contract with President Martin and the university. Donna M Jurick SND is a member of the religious order of the Sisters of Notre Dame. Sister Jurick does not receive compensation from \$1.200 to \$1.000 to \$1.00

Return Reference	Explanation
Form 990, Part X, Line 10a	Section 1 263(a)-1(f) De Minimis Safe Harbor Election. The university is making the de minimis safe harbor election under Treas. Reg. 1 263(a)-1(f) for all eligible amounts paid or incurred during the taxable year. Section 1 263(a)-3(n) Capitalization. Election. The university hereby elects to capitalize repair and maintenance costs under Treas. Reg. 1 263(a)-3(n). The costs were incurred during the taxable year in the university's trade or business and the university treats such costs as capital expenditures on its books and records.

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes to net assets as follows Loss related to change in fair market value of interest rate swaps, (\$1,065,011) Loss related to change in actuarial value of annuities payable, (\$145,213) Total other changes to net assets -decrease - (\$1,210,224)

Return Reference	Explanation
Form 990, Part XII, Line 2b	St Edward's University, Inc. issued consolidated financial statements that are audited and opined by an independent certified public accountant prepared in accordance with GAAP and GAAS for the fiscal year ended June 30, 2016. The university's financial statements consolidate the financial activity of St. Edward's University, Inc. with the financial activity of The Catholic Cemetery Association of Austin, Inc. in which the university has a controlling and economic interest. The independent certified public accountant issued an unmodified opinion for the consolidated financial statements for the fiscal year ended June 30, 2016. In the accountant's opinion, based upon their audit and reports of other auditors, the consolidated financial statements presented fairly, in all material respects, the financial position of St. Edward's University, Inc. and its subsidiaries as of June 30, 2016 and changes in the net assets and cash flows for said year ended in conformity with accounting principles generally accepted in the United States of America.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

DLN: 93493129006337 OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

ST EDWARDS UNIVERSITY

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990. Inspection

				74-11096	41			
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" o	n Form 990, Pa	art IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dire	(f) ect controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the	tax year.				rt IV, lin			
(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity (if section 501)	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	g) 512(b) ontrolled tity?
(1)Catholic Cemetery Association of Austin 3650 South IH-35	Private Cemetery	TX	501(C)(3)	1	St	t Edward's University	Yes	No
Austin, TX 78704 74-1185658								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y	•	•	Schedule R (For	m 990) 2	015

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	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 Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No	
Part TV Identification of Polated Organizations Taxable a	<u> </u>			<u> </u>								

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

No

Yes

1a

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	No
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c	No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
<b>f</b> Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				<b>1</b> g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No
It I are a of facilities agrupment or other reseats from related graph ration(s)				1k	No
<ul> <li>k Lease of facilities, equipment, or other assets from related organization(s)</li> <li>l Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>				11	No
					1
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q Y	es
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s Y	'es
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including co	vered relationships	and transaction threshold	 ds	
(a) Name of related organization	( <b>b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount invo	olved
(1)Catholic Cemetery Association of Austin	s	1,800	Fair Market Value		
(2)Catholic Cemetery Association of Austin	q	50,000	Fair Market Value		
			•		

## 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

	revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships												
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	otal end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
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