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OMB No 1545-0687

2017

Open to Public Inspection for  
501(c)(3) Organizations OnlyForm **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Department of the Treasury  
Internal Revenue ServiceA ☐ Check box if  
address changedName of organization (☐ Check box if name changed and see instructions)D Employer identification number  
(Employees' trust, see instructions)

B Exempt under section

☒ 501(c)(3)  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a)
Print  
or  
Type

AVILA UNIVERSITY

Number, street, and room or suite no. If a P.O. box, see instructions

11901 WORNALL ROAD

City or town, state or province, country, and ZIP or foreign postal code

KANSAS CITY, MO 64145

44-0617326

E Unrelated business activity codes  
(See instructions)C Book value of all assets  
at end of year

55,297,001.

F Group exemption number (See instructions)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity

ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of PAUL TOLER

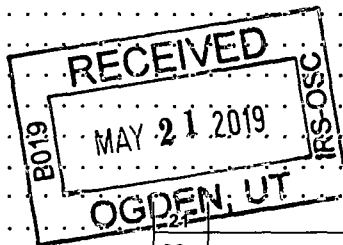
Telephone number 816-501-2487

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7) (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule)	12		
13 Total. Combine lines 3 through 12	13	0.	

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.



For Paperwork Reduction Act Notice, see instructions.

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ENVELOPE  
POSTMARK DATE MAY 15 2019

SCANNED JUN 28 2019

## Part III Tax Computation

<b>35</b>	<b>Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and	
<b>a</b>	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>	
<b>b</b>	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750). . . . . \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) . . . . . \$ <input type="text"/>	
<b>c</b>	Income tax on the amount on line 34. . . . . <b>ATCH. 2</b> . . . . . <input type="checkbox"/>	<b>35c</b>
<b>36</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . . <input type="checkbox"/>	<b>36</b>
<b>37</b>	<b>Proxy tax.</b> See instructions . . . . . <input type="checkbox"/>	<b>37</b>
<b>38</b>	<b>Alternative minimum tax</b> . . . . . <input type="checkbox"/>	<b>38</b>
<b>39</b>	<b>Tax on Non-Compliant Facility Income.</b> See instructions . . . . . <input type="checkbox"/>	<b>39</b>
<b>40</b>	<b>Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies . . . . . <input type="checkbox"/>	<b>40</b>

## Part IV Tax and Payments

41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	41a		
b	Other credits (see Instructions).	41b		
c	General business credit. Attach Form 3800 (see instructions).	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	41d		
e	Total credits. Add lines 41a through 41d	41e		
42	Subtract line 41e from line 40.	42		
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		
44	Total tax. Add lines 42 and 43.	44	0	
45 a	Payments. A 2016 overpayment credited to 2017	45a		
b	2017 estimated tax payments	45b		
c	Tax deposited with Form 8868.	45c		
d	Foreign organizations: Tax paid or withheld at source (see Instructions)	45d		
e	Backup withholding (see Instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	45g		
46	Total payments. Add lines 45a through 45g	46		
47	Estimated tax penalty (see Instructions). Check if Form 2220 is attached. ▶ <input type="checkbox"/>	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ▶	48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶	49		
50	Enter the amount of line 49 you want Credited to 2018 estimated tax ▶ Refunded ▶	50		

**Part V** **Statements Regarding Certain Activities and Other Information** (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer <i>Donald A. Szymo</i>	Date 15/10/19	Title President		
Paid Preparer Use Only	Print/Type preparer's name KEVIN R ENSMINGER CPA	Preparer's signature <i>Kevin R Ensminger</i>	Date MAY 13 2019	Check <input type="checkbox"/> if self-employed	PTIN P01310558
	Firm's name ▶ BKD, LLP			Firm's EIN ▶ 44-0160260	
	Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246			Phone no. 816-221-6300	

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<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. . . . .	<b>7</b>	
<b>3</b> Cost of labor . . . . .	<b>3</b>				
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .		Yes No
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b . . . . .	<b>5</b>				X

(see instructions)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

**(b) Total deductions.**  
Enter here and on page 1,  
Part I, line 6, column (B) ►

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

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**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I. . . . .						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) . . . . .						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATTACHMENT 3		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14 . . . . .			

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FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).  
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX  
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....  
3 TAX ON LINE 1 FIGURED USING THE 21% RATE.....  
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184  
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....  
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181  
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....  
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365  
IN THE CORPORATION'S TAX YEAR.....  
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365  
IN THE CORPORATION'S TAX YEAR.....  
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....

ATTACHMENT 3SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
MR. J. ROBERT HARDIN 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. KEN HAGER 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. ROBERT T. HUNTER 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. GARY SMITH 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
SR. SHAWN MADIGAN, CSJ 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. DAVID D. KERR 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE/CHAIR	0	0.
SR. MARY MCKAY 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MS. VERCIE LARK 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	- 0.
MR. MARK C. THOMPSON 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. RICK WELLER 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE/VICE CHAIR, TREASURER	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
SR. MARY FRANCES JOHNSON, CSJ 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MS. CHRISTINE OJILE 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MS. ANA VALDEZ 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. RONALD SLEPITZA 11901 WORNALL ROAD KANSAS CITY, MO 64145	PRESIDENT	0	0.
SR. IRENE O'NEILL 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
SR. MARY MARGARET LAZIO 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. JOSEPH T. FAHEY 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. PAUL TOLER 11901 WORNALL ROAD KANSAS CITY, MO 64145	VP FIN AND ADMIN	0	0.
MR. GREGORY M. KRATOFIL, JR. 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. G. ROBERT FISHER 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.



ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
MR. MATTHEW J. BEEM 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MS. ELLEN MARTIN 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE/SECRETARY	0	0.
SR. MARIE JOAN HARRIS, CSJ, PH.D. 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. RICHARD WOODALL 11901 WORNALL ROAD KANSAS CITY, MO 64145	FACULTY	0	0.
MS. SUE KING WILLCOX 11901 WORNALL ROAD KANSAS CITY, MO 64145	VP INSTITUTIONAL EFFECTIVENESS	0	0.
MS. ANGIE HEER 11901 WORNALL ROAD KANSAS CITY, MO 64145	VP ADVANCEMENT	0	0.
MR. BRANDON JOHNSON 11901 WORNALL ROAD KANSAS CITY, MO 64145	VP FOR ENROLLMENT MANAGEMENT	0	0.
MS. CATHRYN PRIDAL 11901 WORNALL ROAD KANSAS CITY, MO 64145	VP FOR ACADEMIC AFFAIRS	0	0.
MR. IBRAHEEM BADEJO 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. MICHAEL VAN DYKE 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
MR. PHILLIP SMITH 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MS. ABIGAIL WENDEL 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MS. PATRICIA LYON 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
SR. HELEN FLEMINGTON 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
MR. TIMOTHY O'BRIEN 11901 WORNALL ROAD KANSAS CITY, MO 64145	TRUSTEE	0	0.
TOTAL COMPENSATION			<u>0.</u>