DLN: 93493104021011

OMB No. 1545-0047

2019

Form **990**

Department of the

Return of Organization Exempt From Income Tax

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| A Chee Ad | eck if a Idress ame ch itial ret al retur nendec | Daine business as | not delivered to street address) Room/ | | D Employe 43-0662 — E Telephon (314) 9 | 2529 e number | |
|---|---|--|--|-----------------|---|------------------|----------------------------|
| □ Acc Na | ldress ame ch itial rei al retur nendec | Webster University change ange curn n/terminated d return on pending City or town, state or province, country, a ST LOUIS, MO 631193194 Webster University Webster University Webster University Change Webster University Chang | , | suite | 43-0662 — E Telephon | 2529 e number | |
| □ Na □ In □ Fin □ Ar □ Ar □ Ta | nme ch itial rei al retur nendec | ange % MAGGIE LAUR Doing business as n/terminated d return on pending Number and street (or P.O. box if mail is 470 EAST LOCKWOOD AVENUE City or town, state or province, country, a ST LOUIS, MO 631193194 | , | suite | E Telephon | e number | |
| □ Fin □ Ar □ Ap | al retur nended | n/terminated di return on pending City or town, state or province, country, a ST LOUIS, MO 631193194 | , | suite | | | |
| □ An□ App | nended | Number and street (or P.O. box if mail is 470 EAST LOCKWOOD AVENUE City or town, state or province, country, a ST LOUIS, MO 631193194 | , | suite | | | |
| □ Ap | | on pending 470 EAST LOCKWOOD AVENUE City or town, state or province, country, a ST LOUIS, MO 631193194 | , | suite | (314) 9 | 68-6900 | |
| [Ta | | City or town, state or province, country, a ST LOUIS, MO 631193194 | and ZIP or foreign postal code | | (311) 3 | | |
| J W | | <u> </u> | | | | | |
| J W | | F Name and address of principal offi | | | G Gross re | ceipts \$ 5 | 07,444,009 |
| J W | | | cer: | H(a) Is | this a group re | turn for | |
| J W | | DR ELIZABETH STROBLE | | | bordinates? | | □Yes ☑ No |
| J W | | 470 EAST LOCKWOOD AVENUE ST LOUIS, MO 631193194 | | н(ь) Ar | e all subordinat | es | ☐ Yes ☐No |
| | x-exer | npt status: | t no.) 4947(a)(1) or 527 | | cluded? "No," attach a l | ist (see | |
| | ehsit | e: ► WWW.WEBSTER.EDU | | l l | oup exemption | • | • |
| ∢ For | CDSIC | CIP WWW.WEDSTER.EDG | | | | | |
| | m of o | ganization: 🗹 Corporation 🔲 Trust 🔲 Associatio | n ☐ Other ▶ | L Year of fo | ormation: 1924 | | of legal domicile: |
| | | - | | | | МО | |
| P | art I | Summary | | | | | |
| | | Briefly describe the organization's mission or mo NEBSTER UNIVERSITY, A WORLDWIDE INSTITU | | ARNING EXP | ERIENCES THA | T TRANS | FORM STUDENTS |
| e O | | FOR GLOBAL CITIZENSHIP AND INDIVIDUAL EXC | | | | | |
| Ĕ | - | | | | | | |
| E | - | | | | | | |
| Activities & Governance | , | Check this box ▶ ☐ if the organization discont | inued its operations or disposed of | more than 2 | 5% of its net a | ssets. | |
| ງ y | | Number of voting members of the governing bo | | | | 3 | 24 |
| S S | 4 | Number of independent voting members of the | governing body (Part VI, line 1b) | | | 4 | 19 |
| Ĕ | 5 | Total number of individuals employed in calenda | ar year 2019 (Part V, line 2a) . | | | 5 | 3,771 |
| 5 | 6 | Total number of volunteers (estimate if necessa | ry) | | | 6 | 200 |
| ⋖ | 7a | Total unrelated business revenue from Part VIII, | column (C), line 12 | | | 7a | 15,421 |
| | b | Net unrelated business taxable income from For | m 990-T, line 39 | | | 7b | -64,396 |
| | | | | | Prior Year | | Current Year |
| O. | 8 | Contributions and grants (Part VIII, line 1h) . | | | 4,816,1 | 192 | 11,741,280 |
| Ravenue | 9 | Program service revenue (Part VIII, line 2g) . | | | 156,644,0 | 011 | 141,586,52 |
| ōΛċ | 10 | Investment income (Part VIII, column (A), lines | 3, 4, and 7d) | | 8,633,4 | 146 | 5,274,27 |
| <u>—</u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d | l, 8c, 9c, 10c, and 11e) | | 1,697,5 | 572 | 2,713,256 |
| | 12 | Total revenue—add lines 8 through 11 (must eq | ual Part VIII, column (A), line 12) | | 171,791,2 | 221 | 161,315,329 |
| | 13 | Grants and similar amounts paid (Part IX, colum | ın (A), lines 1–3) | | 34,813,3 | 392 | 35,398,08 |
| | 14 | Benefits paid to or for members (Part IX, column | n (A), line 4) | | | 0 | (|
| 82 | 15 | Salaries, other compensation, employee benefit | s (Part IX, column (A), lines 5-10) | | 87,711,5 | 503 | 84,095,87 |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A | A), line 11e) | | 87,4 | 141 | 107,380 |
| e do | b | Total fundraising expenses (Part IX, column (D), line 2 | 5) ▶ 2,045,287 | | | | |
| Ð | 17 | Other expenses (Part IX, column (A), lines 11a- | 11d, 11f-24e) | | 62,160,4 | 150 | 58,751,468 |
| | 18 | Total expenses. Add lines 13-17 (must equal Pa | art IX, column (A), line 25) | | 184,772,7 | 786 | 178,352,809 |
| | 19 | Revenue less expenses. Subtract line 18 from \parallel i | ne 12 | | -12,981,5 | 565 | -17,037,480 |
| SeS. | | | | Beginn | ing of Current Y | ear | End of Year |
| Net Assets or Fund Balances | | T. I. (D. 1)(1) | | | 440 700 7 | 710 | 202.124.70 |
| ASS B B | 1 | Total liabilities (Part X, line 16) | | | 410,790,7 | _ | 393,134,793 |
| ₹ | 1 | Total liabilities (Part X, line 26) | | | 117,246,1 | _ | 116,651,864 276,482,933 |
| | | Net assets or fund balances. Subtract line 21 from Signature Block | om line 20 | | 293,544,5 | 004 | 2/6,462,93. |
| D | | alties of perjury, I declare that I have examined | this return, including accompanying | ng schedules | and statements | s, and to | the best of my |
| Pa Jnde | | and belief, it is true, correct, and complete. Dec | claration of preparer (other than o | fficer) is base | d on all informa | ation of | which preparer has |
| Jnde <now< th=""><td></td><td>age.</td><td></td><td></td><td></td><td></td><td></td></now<> | | age. | | | | | |
| Jnde <now< th=""><td>ledge nowle</td><td></td><td></td><td></td><td>2021-04-15</td><td></td><td></td></now<> | ledge nowle | | | | 2021-04-15 | | |
| Jnde <now< th=""><td></td><td>******</td><td></td><td></td><td></td><td></td><td></td></now<> | | ****** | | | | | |
| Jnde know any k | nowle | ***** Signature of officer | | | Date | | |
| Jnde know any k | (nowle | Signature of officer RICK MEYER CFO | | | Date | | |
| Jnde know any k | (nowle | Signature of officer | | | Date | | |
| Jnde know any k Sign Here | inowle | Signature of officer RICK MEYER CFO Type or print name and title | eparer's signature | Date | | PTIN P0004375 | 1 |
| Jnde know any k Sign Here | inowle | Signature of officer RICK MEYER CFO Type or print name and title Print/Type preparer's name Pre | eparer's signature | | Check if F | PTIN P0004375 | 1 |
| Jnde know any k Sign Here | inowle | Signature of officer RICK MEYER CFO Type or print name and title Print/Type preparer's name Profit of the company of the co | eparer's signature | | Check I if F | | 1 |
| Sign Here Paic | n e | Signature of officer RICK MEYER CFO Type or print name and title Print/Type preparer's name Pref Firm's name BKD LLP | | | Check if F | 20004375 | 1 |
| Jnde know any k Sign Here Paic | d pare | Signature of officer RICK MEYER CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name | | | Check ☐ if F self-employed Firm's EIN ▶ | 20004375 | 1 |

| Form | 990 (2019) | | | | | Page 2 |
|------|-------------------------------------|---|--------------------------------|--|---|-----------------------|
| Pa | rt III Statem | nent of Program Service | e Accomplis | hments | | |
| | Check if | Schedule O contains a respo | nse or note to | any line in this Part III . | | 🗹 |
| 1 | | the organization's mission: | | | | |
| FOUN | IDED IN 1915, W RIENCES THAT T | EBSTER IS A PRIVATE NON- RANSFORM STUDENTS FOR | PROFIT AND GL GLOBAL CITIZE | OBAL UNIVERSITY THAT NSHIP AND INDIVIDUAL | IS COMMITTED TO DELIVERING - EXCELLENCE. | HIGH-QUALITY LEARNING |
| 2 | Did the organiza | ation undertake any significa | int program ser | vices during the year wh | ich were not listed on | |
| | the prior Form 9 | 990 or 990-EZ? | | | | ☐ Yes ☑ No |
| | If "Yes," describ | e these new services on Sch | nedule O. | | | |
| 3 | Did the organiza | ation cease conducting, or m | ake significant | changes in how it condu | cts, any program | |
| | | | | | | ☐ Yes ☑ No |
| 4 | Describe the org Section 501(c)(| ganization's program service | accomplishmer | to report the amount of | argest program services, as meas grants and allocations to others, | |
| 4a | (Code: |) (Expenses \$ | 154,972,048 | including grants of \$ | 35,398,084) (Revenue \$ | 142,666,854) |
| | See Additional Dat | | ,_,_,_,_ | | ,, (+ | ,, , |
| | | | | | | |
| 4b | (Code: |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| 4c | (Code: |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| 4d | Other program | services (Describe in Sched | ule O.) | | | |
| | (Expenses \$ | incl | uding grants of | \$ |) (Revenue \$ |) |
| 4e | Total program | ı service expenses ▶ | 154,972,0 | 48 | | |

| Par | Checklist of Required Schedules | | | |
|-----|---|-----|-----|--|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆 | 1 | 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 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . | | | |
| | assessments, of similar amounts as admired in factoriae riscouding so 15: 17 760, complete schools of railin. | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D.</i> Part Schedule D.Part Schedule D.Part | 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? <i>If "Yes," complete Schedule D,</i> Part III 😼 | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 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. | | | |
| | 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 🥞 | 11b | | 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 2 | 11c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Yes | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| | 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 | 140 |
| 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 | |
| | 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 | Yes | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | Yes | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 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 | | |
| 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 | Yes | |

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|-----|--|-------------------|-----|--------|
| Par | Checklist of Required Schedules (continued) | | | |
| | | \Box | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i> | 23 | Yes | |
| 4a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| !5a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 6 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III | 27 | Yes | |
| 8 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧 | 29 | Yes | |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 4 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 5a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 6 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 7 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 8 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | | |
| | | \longrightarrow | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 298 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| n | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1h | 1 1 | | |

1c

| Par | tV Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | raye 3 |
|-----|--|-----|-----|--------|
| | | | | |
| Za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3а | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| _ | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Yes | |
| | If "Yes," enter the name of the foreign country: •AU, CH, GH, GR, NL, SZ, UK, UZ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | No |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No |

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|------|--|---------------|-----------|---------------|--|--|--|--|--|--|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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 | | onse to i | lines 🗸 | | | | | | |
| Se | ction A. Governing Body and Management | | | | | | | | | |
| 1. | Enter the number of voting members of the governing body at the end of the tax year 1a 24 | | Yes | No | | | | | | |
| 14 | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 19 | | | | | | | | | |
| 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 | Yes | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No | | | | | | |
| 5 | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | No | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | |
| а | The governing body? | 8a | Yes | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No | | | | | | |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | | | | | | | | |
| | | $\overline{}$ | Yes | No | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | | | | | | | |
| b | Other officers or key employees of the organization | 15b | Yes | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No | | | | | | |
| b | 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? | 16b | | | | | | | | |
| Se | ction C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA , CO , GA , MD , MA , MI , OK , PA , SC | . WA | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A 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. | , | | | | | | | | |
| | ☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O) | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: MAGGIE LAUR 470 EAST LOCKWOOD AVENUE ST LOUIS, MO 631193194 (314) 246-7551 | | | | | | | | | |
| | • • | F | orm 99 | 0 (2019) | | | | | | |

(A)

Name and title

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

✓

(F)

Estimated

amount of other

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

• 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. See instructions for the order in which to list the persons above.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

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

(B)

Average

hours per

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

GUS UK MANAGEMENT LIMITED,

compensation from the organization ▶ 92

40 TOWER HILL 6TH FLOOR

LONDON, 0 UK

| Form 990 (2019) | | | | | | | | | | | | | Page 8 |
|---|---|-----------------------------------|----------------------|-----------------|-------------------------|---------------------------------|--------|-----------------------------------|-----------------------------------|---|-------|--|-----------------------------------|
| Part VII Section A. Officers, Direc | tors, Trustees | , Key | Emp | loye | es, | and | High | hest Com | pensat | ted Employees | (cont | inued) | |
| (A) Name and title | (B) Average hours per week (list any hours | than o | ne b | ox, u in off | t che unles ficer | eck moss pers r and a ee) | son | Repor comper from organi | table isation the zation | (E) Reportable compensation from related organizations (W-2/1099- | 5 | (F) Estima amount o compens from | ated of other sation the |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Truste | Officer | Key employee | Highest compensated employee | Former | (W-2/ MIS | | (W-Z/1099- | ' | organizati relat organiza | ed |
| See Additional Data Table | | | 47, | | | | | | | | _ | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | |
| | | | | | | _ | | | | | _ | | |
| | | | | | | | | | | | + | | |
| 1b Sub-Total | | | | | | • | _ | | | l | | | |
| c Total from continuation sheets to P d Total (add lines 1b and 1c) | • | | | | | | | 2,76 | 9,115 | | 0 | | 448,476 |
| Total number of individuals (including of reportable compensation from the compensation) | g but not limited | to thos | | | bove | e) who | rece | eived more | than \$ | 100,000 | | | |
| 3 Did the organization list any former | officer director | or truet | مم لا | ev e | mple | 0.796 1 | or bi | ighest com | nensate | d employee on | | Yes | No |
| line 1a? If "Yes," complete Schedule | J for such individ | dual . | • | • | • | | • | | | | 3 | Yes | |
| 4 For any individual listed on line 1a, is organization and related organization individual | ns greater than \$ | 150,00 | 0? <i>If</i> | "Yes | s," co | omplet | te Sc | chedule J f | or such | | 4 | Yes | |
| 5 Did any person listed on line 1a recei services rendered to the organization | | | | | | | | | on or in | dividual for | 5 | | No |
| Section B. Independent Contract | tors | | | | | | | | | | | | |
| Complete this table for your five high from the organization. Report compe | | | | | | | | | | | mpens | sation | |
| | (A) and business addre | ess | | | | | | | | (B) scription of services | | (C Comper | nsation |
| RUFFALO NOEL LEVITZ LLC, 1025 KIRKWOOD PARKWAY SW CEDAR RAPIDS, IA 52404 | | | | | | | | E | NROLLME | ENT MANAGEMEN | | 1 | ,005,763 |
| WORLD WIDE TECHNOLOGY HOLDING CO, 60 WELDON PARKWAY MARYLAND HEIGHTS, MO 63043 | | | | | | | | C | OMPUTE | R SERVICES | | 1 | ,299,385 |
| SODEXO INC AFFILIATES, 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878 | | | | | | | | F | OOD AND | MAINT SERV | | 3 | ,324,189 |
| ATT, 208 S AKARD ST DALLAS, TX 75202 | | | | | | | | U | TILITIES | | | 1 | ,789,584 |
| GUS UK MANAGEMENT LIMITED, | | | | | | | | E | NROLLME | ENT MGMT | | 1 | ,136,370 |

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

1,136,370

ENROLLMENT MGMT

| | | (2019) | | | | | | | | Page 9 |
|---|------------|---|-------|---------------------|--------------|---------------------------------------|--|--|---|--|
| Part | VIII | | | | | | P : U: B ()/III | | | 🗹 |
| | | Check if Sched | dule | O contains a | respo | nse or note to any | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| | 1 a | a Federated campa | igns | s | 1a | | | revenue | l | 312 - 314 |
| nts | | b Membership dues | s . | . [| 1b | | | | | |
| Gra mot | ١, | c Fundraising even | its . | [| 1c | 22,414 | | | | |
| īš. | ١, | d Related organizat | tions | s | 1d | | | | | |
| tributions, Giffs, Grants Other Similar Amounts | ١, | e Government grants | (con | tributions) | 1e | 4,835,148 | | | | |
| ıns, Sin | 1 | f All other contribution | ns, g | gifts, grants, | i | | | | | |
| utic er | | and similar amounts above | | L | 1f | 6,883,718 | | | | |
| e in a | 1 ' | g Noncash contributio lines 1a - 1f:\$ | ns ir | ncluded in | 1g | 820,015 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | h Total. Add lines : | 1a-1 | f | <u>-9 </u> | | | | | |
| | | | | | | Business Code | 11,741,280 | I | T | |
| | 2a | ANCILLARY OPERATION | ONS | | | | 153,293 | 153,293 | | |
| a n | | | | | | 611710 | 7.000.00 | 7.005.010 | | |
| Ven | b | AUXILIARY ENTERPRI | ISES | | | 611710 | 7,086,918 | 7,086,918 | | |
| Program Service Revenue | c | TUITION AND FEES | | | | 611600 | 134,346,310 | 134,346,310 | | |
| ¥. | | | | | | 011000 | | | | |
| 38 | d | I | | | | | | | | |
| Iran | | | | | | | | | | |
| 7 00 | е | | | | | | | | | |
| _ | f | All other program | serv | ice revenue. | | | | | | |
| | g | Total. Add lines 2 | 2a-2 | 2f | > | 141,586,521 | | | | |
| | | Investment income similar amounts) . | | | nds, ii | nterest, and other | 5,662,60 | 7 | | 5,662,607 |
| | | Income from invest | | | | ond proceeds | | 0 | | |
| | 5 | Royalties | | | | • | | 0 | | |
| | | | | (i) Real | | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | 2,18 | 36,428 | | | | | |
| | b | b Less: rental expenses 6b 1,204,605 | | | | | | | | |
| | _ | Rental income | | | _ | | | | | |
| | C | or (loss) 6c 981,823 | | | | | o | | | |
| | d | Net rental income | or | <u> </u> | | | 981,82 | 3 | | 981,823 |
| | _ | C | | (i) Securit | ies | (ii) Other | | | | |
| | /a | 7a Gross amount from sales of assets other than inventory | | | 3,00 | 0 | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 344,90 | 06,164 | | 0 | | | |
| | С | Gain or (loss) | 7c | -39 | 91,335 | 3,00 | 0 | | | |
| | d | Net gain or (loss) | • | | | | -388,33 | 5 | | -388,335 |
| Other Revenue | 8a | Gross income from fu (not including \$ contributions reported See Part IV, line 18 | d on | 22,414 of line 1c). | | | | | | |
| }e√ | | | | | 8a | 13,270 17,911 | 4 | | | |
| er | | Less: direct expen Net income or (los | | | 8b ng eve | · · · · · · · · · · · · · · · · · · · | | 1 | | -4,641 |
| | | | | | | <u> </u> | <u>, </u> | 1 | | · · · · · · · · · · · · · · · · · · · |
| | 9a | Gross income from See Part IV, line 19 | | | 9a | 0 | | | | |
| | b | Less: direct expen | ses | | 9b | 0 | _ | | | |
| | | Net income or (los | | | ctiviti | es > | _ | О | | |
| | | | | ı | | | | | | |
| | 10a | aGross sales of inve returns and allowa | | | 10a | 0 | | | | |
| | b | Less: cost of good | s so | ld | 10b | 0 | | | | |
| | c | Net income or (los | s) fi | rom sales of i | nvent | | | 0 | | |
| | | Miscellaneo | | | | Business Code | 15.43 | | 45.424 | |
| | 11 | ·aTENNIS CENTER I | INC | OME | | 71399 | 15,42 | 1 | 15,421 | |
| | | | | | | 90009 | 430.06 | 8 430.069 | | |
| | b | ATHLETIC CAMPS | | | | 90009 | 9 430,06 | 8 430,068 | 1 | |
| | _ | OTHER INCOME | | | | 90009 | 9 1,290,58 | 5 650,26 | 5 | 640,320 |
| | C | OTHER INCOME | | | | 50009 | 1,290,30 | 050,26 | | 0+0,520 |
| | ام | All other revenue | | | | | | + | <u> </u> | |
| | _ | Total. Add lines 1 | - | | | • | | 1 | | |
| | 12 | ! Total revenue. S | ee ii | nstructions - | | | 1,736,07 | | | |
| | | | | | | • • | 161,315,32 | 9 142,666,854 | 15,421 | 6,891,774 Form 990 (2019) |

| Part IX Statement of Functional Expenses | | | | Page 10 |
|--|--------------------|------------------------------|--------------------------------------|--------------------------|
| Section 501(c)(3) and 501(c)(4) organizations must co | | = | ns must complete colu | mn (A). |
| Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 127,769 | 127,769 | | • |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 34,648,863 | 34,648,863 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 621,452 | 621,452 | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,662,639 | 578,458 | 1,084,181 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 17,500 | 17,500 | | |
| 7 Other salaries and wages | 65,440,556 | 58,005,781 | 6,461,356 | 973,419 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 3,422,008 | 2,946,068 | 415,314 | 60,626 |
| 9 Other employee benefits | 8,890,084 | 7,323,225 | 1,350,731 | 216,128 |
| 10 Payroll taxes | 4,663,090 | 4,155,637 | 437,165 | 70,288 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 638,692 | | 638,692 | |
| c Accounting | 147,653 | | 147,653 | |
| d Lobbying | 77,398 | | 77,398 | |
| e Professional fundraising services. See Part IV, line 17 | 107,380 | | | 107,380 |
| f Investment management fees | 433,893 | | 433,893 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 5,993,304 | 3,205,511 | 2,750,020 | 37,773 |
| 12 Advertising and promotion | 2,503,481 | 2,260,460 | 243,021 | 0 |
| 13 Office expenses | 7,988,027 | 5,389,740 | 2,411,918 | 186,369 |
| 14 Information technology | 5,073,811 | 4,487,420 | 480,142 | 106,249 |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 10,627,394 | 9,990,498 | 599,056 | 37,840 |
| 17 Travel | 1,354,480 | 1,197,240 | 144,491 | 12,749 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . | 0 | | | |
| 19 Conferences, conventions, and meetings | 1,121,510 | 978,342 | 95,957 | 47,211 |
| 20 Interest | 3,371,872 | 2,935,925 | 398,995 | 36,952 |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 12,752,049 | 11,103,963 | 1,508,354 | 139,732 |
| 23 Insurance | 2,343,776 | 878,409 | 1,465,346 | 21 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BAD DEBTS | 1,408,111 | 1,408,111 | | |
| b OTHER | 2,916,017 | 2,711,676 | 191,791 | 12,550 |
| с | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 178,352,809 | 154,972,048 | 21,335,474 | 2,045,287 |
| 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 (2019)

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 4,451,746

8,354,452

2,946,164

19,194,734

15.396.878

2,869,327

173,336,057

127,082,991

13,804,287

25,698,161

393,134,797

12,071,015

1,692,227

14,135,191

73.955.929

12,948,352

1,849,150

116.651.864

229.481.529

47,001,404

276,482,933

393,134,797

Form 990 (2019)

0

0

0

(B) End of year

Beginning of year

2,484,445

9,767,522

2.469.489

10.430.851

20.502.778

3,214,350

181,507,836

134,158,886

13.366.950

32,887,612

410,790,719

13,028,779

1.663.696

3,759,344

77.101.504

19,816,893

1,875,939

117.246.155

242,596,267

50.948.297

293,544,564

410,790,719

1

2

3

4

7

9

10c

11

12

14

15

16

17

18

19

20

22

23

25

26

27

28

29

30

31

32

33

0 21

0 24

0 5

0 6

0 8

0 13

0

Accounts receivable, net

Inventories for sale or use .

Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. 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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square and

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

| lash-non-interest-bearing | • | • | • | | | |
|--|---|---|---|--|--|--|
| Savings and temporary cash investments | | | | | | |
| Pledges and grants receivable, net | | | | | | |
| | | | | | | |

10a

10b

365,014,408

191,678,351

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Yes

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes Form 990 (2019)

3b

Additional Data

Software ID: Software Version:

EIN: 43-0662529

Name: Webster University

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation and a director/trustee) any hours organization organizations from the

| 4 | 1 4 | | | | | | | d (W 2/1000 ' | . /W/ 3/1000 ' | I amananianakian amal |
|--------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| ELIZABETH STROBLE CHANCELLOR | 38.0 | Х | | х | | | | 677,010 | 0 | 122,166 |
| JULIAN SCHUSTER PRESIDENT | 38.0 | Х | | х | | | | 535,280 | 0 | 43,177 |
| ZSUZSANNA POLGAR DIRECTOR - SPICE | 38.0 | | | | | х | | 216,539 | 0 | 93,353 |
| JOHN PYLE CIO AND VP ENROLLMENT | 38.0 | | | | х | | | 204,086 | 0 | 40,228 |
| NANCY HELLERUD | 38.0 | | | | Х | | Г | 198,800 | 0 | 27,658 |

Χ

Х

Х

Χ

Χ

180,012

174,537

161,637

164,317

111,616

0

0

0

0

0

26,166

30,074

24,862

12,685

28,107

0.0 38.0

0.0 38.0

0.0 38.0

0.0 38.0

0.0 38.0

Χ

......

| JOHN PYLE |
|--------------------------------|
| CIO AND VP ENROLLMENT |
| NANCY HELLERUD |
| VICE PRESIDENT ACADEMIC AFFAIR |

......

SIMONE CUMMINGS

ERIC ROTHENBUHLER

PETER SARGENT

PAUL TRUONG

JEANELLE WILEY

SECRETARY

DEAN SCHOOL OF BUSINESS

DEAN SCHOOL OF COMMUNICATION

FMR. DEAN OF COLLEGE OF FINE A

DIRECTOR OF MARKETING - SPICE

and Independent Contractors

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CHAIR OF THE BOARD

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| | week (list any hours for related organizations below dotted line) | and | | Officer | r/tr | oste Highest compens: | Former | from the organization (W- 2/1099- MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
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|--------------------------------------|-------------------------------|---|---|--|---|-------------------------------------|---|---|--|--|--|
| SCI | HFD | ULE A | | Charity Statu | e and Dul | hlic Sunn | ort | OMB No. 1545-0047 | | | |
| | m 99 | | Complete if the o | rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form | ion 501(c)(3) e mpt charitable 990 or Form 99 | organization or trust. 00-EZ. | · a section | 2019 | | | |
| | | f the Treasury | ► Go to <u>www.irs</u> | <u>.gov/Form990</u> for i | nstructions and | I the latest info | ormation. | Open to Public Inspection | | | |
| Nam | e of tl | nie Service he organiza | tion | | | | Employer identific | <u> </u> | | | |
| | Vebster University 43-0662529 | | | | | | | | | | |
| | rt I | | for Public Charity State | | | | See instructions. | | | | |
| | rganız | | a private foundation because | • | • | | (A)(!) | | | | |
| 1 | | , | church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | |
| 2 | ✓ | | | | , | | | | | | |
| 3 | | · | or a cooperative hospital serv | - | | | - | | | | |
| 4 | | A medical r name, city, | esearch organization operat and state: | ed in conjunction with | a hospital descri | ibed in section : | 170(b)(1)(A)(iii). E | nter the hospital's | | | |
| 5 | | - | ation operated for the benefi (iv). (Complete Part II.) | t of a college or unive | rsity owned or op | perated by a gov | ernmental unit descri | bed in section 170 | | | |
| 6 | | A federal, s | tate, or local government or | governmental unit de | scribed in sectio | on 170(b)(1)(A | ı)(v). | | | | |
| 7 | | _ | ation that normally receives ' '0(b)(1)(A)(vi). (Complete | | s support from a | governmental u | nit or from the gener | al public described in | | | |
| 8 | | A communi | ty trust described in sectior | 170(b)(1)(A)(vi). | (Complete Part I | I.) | | | | | |
| 9 | | | ural research organization de rant college of agriculture. S | | | | | ege or university or a | | | |
| 10 | | An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) | | | | | | | | | |
| 11 | | An organiza | ation organized and operated | d exclusively to test fo | r public safety. S | See section 509 | (a)(4). | | | | |
| 12 | | more public | ation organized and operated cly supported organizations of through 12d that describes | described in section 5 | 09(a)(1) or sec | ction 509(a)(2 |). See section 509(a | | | | |
| a | | Type I. A so | supporting organization oper n(s) the power to regularly a Part IV, Sections A and B. | ated, supervised, or co appoint or elect a majo | ontrolled by its s | upported organiz | zation(s), typically by | | | | |
| b | | Type II. A manageme | supporting organization sup nt of the supporting organiza plete Part IV, Sections A | ervised or controlled i ation vested in the sar | | | | | | | |
| c | | Type III f | unctionally integrated. A sorganization(s) (see instruction) | supporting organizatio | | | | ted with, its | | | |
| d | | Type III n | on-functionally integrate integrated. The organization in You must complete Par | d. A supporting organi n generally must satis | ization operated fy a distribution | in connection wi requirement and | th its supported orgar | | | | |
| e | | Check this | box if the organization receiver Type III non-functionally | ved a written determir | nation from the I | | pe I, Type II, Type II | I functionally | | | |
| f | Enter | | | · · · · · · · · · · · · | - | | <u> </u> | | | | |
| g | Provi | de the follow | ing information about the su | pported organization(| s). | | | | | | |
| | (i) | Name of supp organization | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | Yes No | | No | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | | | tion Act Notice, see the I | | Cat. No. 11285 | | Schedule A (Form 9 | 00 000 == 1 000 | | | |

| Sch | edule A (Form 990 or 990-EZ) 2019 | | | | | | Page 2 |
|-------------|---|----------------------------|--|--|--|--|-----------------|
| P | art II Support Schedule for | Organizations | Described in S | Sections 170(b |)(1)(A)(iv) ar | nd 170(b)(1)(A | (vi) |
| | (Complete only if you ch | | | | | | under Part III. |
| | If the organization failed | to qualify unde | r the tests listed | below, please | complete Part I | II.) | |
| | ection A. Public Support Calendar year | | I | | | | |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not include any "unusual grant.") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| _ | organization's benefit and either paid | | | | | | |
| _ | to or expended on its behalf The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 | Public support. Subtract line 5 from | | | | | | |
| | line 4. | | | | | | |
| <u>s</u> | ection B. Total Support | | T | | 1 | 1 | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties and | | | | | | |
| | income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 10 | business is regularly carried on Other income. Do not include gain or | | | | | | - |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.). | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | or the organization | 's first, second, th | ird, fourth, or fifth | n tax year as a sec | tion 501(c)(3) org | anization, |
| | check this box and stop here | | | | | ▶ [| |
| S | ection C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2019 (li | ne 6, column (f) di | vided by line 11, | column (f)) | | 14 | - |
| 15 | Public support percentage for 2018 Sc | hedule A, Part II, | line 14 | | | 15 | |
| 16a | 33 1/3% support test—2019. If the | | | | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶□ |
| b | 33 1/3% support test—2018. If th | e organization did | not check a box o | on line 13 or 16a, | and line 15 is 33 i | 1/3% or more, chec | k this |
| | box and stop here. The organization | qualifies as a pub | licly supported or | ganization | | | ▶ 🗆 |
| 17 a | 10%-facts-and-circumstances tes | t— 2019. If the org | ganization did not | check a box on lin | ne 13, 16a, or 16b | , and line 14 | |
| | is 10% or more, and if the organization in Part VI how the organization meets | n meets the facts | -and-circumstanci cumstances" test. | es test, check thi The organization | s box and stop n e qualifies as a publ | e re. Explain icly supported | |
| | organization | | | - | | | ►□ |
| h | 10%-facts-and-circumstances tes | st— 2018. If the o | rganization did no | t check a box on I | ine 13, 16a, 16b, | or 17a, and line | |
| _ | 15 is 10% or more, and if the organiz | zation meets the "i | facts-and-circums | tances" test, chec | k this box and sto | p here. | |
| | Explain in Part VI how the organization | | | - | | • • | . \Box |
| _ | supported organization | | haven 15 40-4 | C- 10b 47 4 | 76 | | ▶⊔ |
| 18 | _ | | | | | | . □ |
| | instructions | | <u> </u> | | - Cabadu | lo A (Form 000 o | ▶ ⊔ |

| Р | art III Support Schedule for | | | | | | | | | |
|-----------|---|--------------------|-----------------------|-----------------------|----------------------|----------------------|---------------------|--|--|--|
| | (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) | | | | | | | | | |
| S | tne organization falls to ection A. Public Support | quality under | the tests listed i | pelow, please co | ompiete Part II.) | | | | | |
| 30 | Calendar year | () 2015 | (1) 2016 | () 2247 | (1) 2010 | () 2010 | (O.T.) | | | |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not include any "unusual grants."). | | | | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | | | | |
| | merchandise sold or services | | | | | | | | | |
| | performed, or facilities furnished in any activity that is related to the | | | | | | | | | |
| | organization's tax-exempt purpose | | | | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | | | | |
| | not an unrelated trade or business | | | | | | | | | |
| 4 | under section 513 Tax revenues levied for the | | | | | | | | | |
| • | organization's benefit and either paid | | | | | | | | | |
| _ | to or expended on its behalf | | | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | | | | |
| | the organization without charge | | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | | | | |
| L | 3 received from disqualified persons Amounts included on lines 2 and 3 | | | | | | | | | |
| D | received from other than disqualified | | | | | | | | | |
| | persons that exceed the greater of | | | | | | | | | |
| | \$5,000 or 1% of the amount on line 13 for the year. | | | | | | | | | |
| c | Add lines 7a and 7b | | | | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | | | | |
| | from line 6.) | | | | | | | | | |
| Se | ection B. Total Support | | 1 | | | | Г | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | |
| 9 | Amounts from line 6 | | | | | | | | | |
| 10a | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties and income from similar sources. | | | | | | | | | |
| b | Unrelated business taxable income | | | | | | | | | |
| | (less section 511 taxes) from | | | | | | | | | |
| | businesses acquired after June 30, 1975. | | | | | | | | | |
| С | Add lines 10a and 10b. | | | | | | | | | |
| 11 | 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 | | | | | | | | | |
| 12 | (Explain in Part VI.) Total support. (Add lines 9, 10c, | | | | | | | | | |
| 13 | 11, and 12.). | | | | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization | n's first, second, th | nird, fourth, or fift | h tax year as a sec | tion 501(c)(3) o | ganization <u>,</u> | | | |
| | check this box and stop here | | | | | | ▶ ⊔ | | | |
| | ection C. Computation of Public S | | | ! (6)) | | 1 1 | | | | |
| 15 | Public support percentage for 2019 (lin | | • | | | 15 | | | | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | | | | | | | | | |
| | Investment income percentage for 201 | | | line 13 column (f | :)) | 17 | | | | |
| 17 10 | Investment income percentage for 201 | - | | - | | 17 | | | | |
| 18 10- | 331/3% support tests—2019. If the | | • | | | 18 33 1/3% and lin | e 17 is not | | | |
| | | | | | | | | | | |
| | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | |
| ט | not more than 33 1/3%, check this box | - | | | • | | _ | | | |
| 20 | Private foundation. If the organization | - | - | | | | | | | |
| | Frivate foundation. If the organization | ni ulu not check a | a DOX ON UNE 14, I | .a, or iad, check | , unis pox and see I | HSGRUCHONS | . 📂 📖 | | | |

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section 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 Part VI how the supported organizations are designated. If designated by class or purpose, | |
|---|---|---|
| | describe the designation. If historic and continuing relationship, explain. | 1 |

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 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 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b 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 sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

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10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

| | edule A (101111 330 01 330 E2) 2013 | | | age 3 | | | |
|----|--|--------|---------|-------|--|--|--|
| Pa | rt IV Supporting Organizations (continued) | | | | | | |
| _ | | | Yes | No | | | |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | | | | | |
| | | 11a | | | | | |
| | A family member of a person described in (a) above? | 11b | | | | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | | | | |
| S | ection B. Type I Supporting Organizations | | | | | | |
| | | | Yes | No | | | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that | - | | | | | |
| 2 | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | | | | |
| | organization. | | | | | | |
| S | ection C. Type II Supporting Organizations | | | | | | |
| _ | | | Yes | No | | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | 1 | | | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | | | | | |
| S | ection D. All Type III Supporting Organizations | | v | | | | |
| _ | | | 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | | | | |
| _ | | | | | | | |
| 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 Part VI the role the organization's supported organizations played in this regard. | 3 | | | | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct | ions): | | | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | | | | |
| | b | | | | | | |
| • | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | | | | |
| 2 | Activities Test. Answer (a) and (b) below. | ſ | Yes | No | | | |
| • | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | | | | |
| ı | 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's | | | | | | |
| | involvement. | 2b | | | | | |
| 3 | 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 each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | | | | |
| | 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. | 3h | | | | | |

3b

| 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true. | | | . Part VIV See |
|---|--|------------|----------------|-------------------------------|
| | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

| | Amounts paid to supported organizations to accomplish exempt purposes | |
|---|---|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 | Distributable amount for 2019 from Section C, line 6 | |

| _6 | Other distributions (describe in Part VI). See instruction | | | | |
|---|--|-----------------------------|--|---|--|
| 7 | Total annual distributions. Add lines 1 through 6. | | | | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | | | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | | |
| 10 | 10 Line 8 amount divided by Line 9 amount | | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 | |

| o∨ide | | | | |
|---|---|--|--|--|
| | | | | |
| 10 Line 8 amount divided by Line 9 amount | | | | |
| | | | | |
| (ii) derdistributions Pre-2019 | (iii) Distributable Amount for 2019 | | | |
| derdistributions | Distributable | | | |
| 0 | vide | | | |

| 8 Distributions to attentive supported organizations to widetails in Part VI). See instructions | | | |
|---|-----------------------------|--|---|
| 9 Distributable amount for 2019 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-2019 | (iii) Distributable Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| | | | |

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version:

EIN: 43-0662529

Name: Webster University

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

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE C | Political Campaign and Lobbying Activities

OMB No. 1545-0047 2010

DLN: 93493104021011

(Form 990 or 990-

| EZ) | | For Organiz | ations exempt From income i | ax officer section | 30 I(c) and Section 321 | 2017 | |
|--|--|--|---|--|--|--|--|
| | Department of the Treasury internal Revenue Service ►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. For instructions and the latest information. | | | | | | |
| Section < | on 501(c)(3) orgon 501(c) (other on 527 organization ans on 501(c)(3) organization ans on 501(c)(3) organization ans ax) (see separ | ganizations: Con er than section 5 cations: Complet wered "Yes" or ganizations that ganizations that wered "Yes" or cate instructions | n Form 990, Part IV, Line 4, or Forn have filed Form 5768 (election under have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy | lete Part I-C. arts I-A and C below. n 990-EZ, Part VI, Iin er section 501(h)): Co n under section 501(h | Do not complete Part I-B. e 47 (Lobbying Activities mplete Part II-A. Do not core)): Complete Part II-B. Do n |), then nplete Part II-B. ot complete Part II-A. | |
| | f the organizat | | ations. Complete Fait III. | | Employer ident | tification number | |
| Webster | University | | | | 43-0662529 | | |
| Part I- | A Complet | e if the orga | nization is exempt under sec | tion 501(c) or is | | ation. | |
| "po 2 Pol | olitical campaig itical campaign | n activities") ı activity expend | ization's direct and indirect political itures (see instructions)aign activities (see instructions) | | > \$ | or definition of | |
| Part I- | | | nization is exempt under sec | | | | |
| 1 Ent | er the amount | of any excise ta | x incurred by the organization unde | r section 4955 | | _ | |
| | | | x incurred by organization manager | | | | |
| 3 If t | he organizatio | n incurred a sect | ion 4955 tax, did it file Form 4720 f | or this year? | | ☐ Yes ☐ No | |
| 4a Wa | s a correction | made? | | | | ☐ Yes ☐ No | |
| | Yes," describe Complet | | nization is exempt under sec | tion 501(c), exce | ent section 501(c)(3). | | |
| | | | ed by the filing organization for sect | | | | |
| 2 Ent | er the amount | of the filing org | anization's funds contributed to othe | er organizations for se | ction 527 exempt | \$ | |
| 3 Tot | al exempt fund | tion expenditure | es. Add lines 1 and 2. Enter here and | d on Form 1120-POL, | line 17b ▶ | 5 | |
| 4 Did | I the filing orga | nization file For | m 1120-POL for this year? | | | Yes No | |
| org of _I | janization mad political contrib | e payments. For outions received | employer identification number (EIN) each organization listed, enter the a that were promptly and directly deli- se (PAC). If additional space is need | amount paid from the vered to a separate p | filing organization's funds. olitical organization, such a | Also enter the amount | |
| | (a) Nam | e | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file Form 5768 (election under section 501(h)). | d | | | | age 3 |
|-------|--|---|---|--|----------------|------------|
| -or ∈ | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | (a | | | (b) | |
| CLIV | | Yes | No | * | mour | nt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | |
| а | Volunteers? | | No | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | 1 | | |
| С | Media advertisements? | | No | 1 | | |
| d | Mailings to members, legislators, or the public? | | No | | | |
| е | Publications, or published or broadcast statements? | | No | | | |
| f | Grants to other organizations for lobbying purposes? | | No | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | | 7 | 77,398 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | | | |
| i | Other activities? | | No | | | |
| j | Total. Add lines 1c through 1i | | | | - 7 | 77,398 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | 3 3 | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6). | 5), o | r secti | ion | | |
| | | | _ | _ | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | L | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | L | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | | |
| Pai | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part I answered "Yes." | | | | 01(c | :)(6) |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | 2a | | | | |
| b | Carryover from last year | 2b | | | | |
| С | Total | 2c | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | | | |
| | art IV Supplemental Information | | | | | |
| Pro | vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); P | art II- | A, lines | 1 and | d 2 (se | |
| ins | tructions), and Part II-B, line 1. Also, complete this part for any additional information. | | | | | |
| | Return Reference Explanation | | | | | |
| SCHI | EDULE C, PART II-B, LINE 1G NATURE OF LOBBYING ACTIVITES THE LOBBYING ACTIVITIES ARE PROVIDED INDEPENDENT CONTRACTOR. THE ACTIVITIES INCLUDE: PROMOTING WEBSTI RELATIONS WITH FEDERAL OFFICIALS AND GOVERNMENT AGENCIES THROUG AND INTERACTION; ASSISTING THE UNIVERSITY IN RECOGNIZING AND RESPRELATED TO FEDERAL LEGISLATION AND GOVERNMENT ACTIVITY; ARRANGING GOVERNMENT AGENCIES, CONGRESSIONAL REPRESENTATIVES OR EMBASSY ADVICE AND RESEARCH AS NEEDED ON EMERGING LEGISLATIVE AND REGUL | ER UNI SH REG PONDIN IG MEE PERSC | VERSIT SULAR O NG TO O TINGS NNEL A | TY'S I COMM CHALL WITH AND P | UNICA ENGE: | ATION S |

SCHEDULE D

DLN: 93493104021011

2019

OMB No. 1545-0047

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.

De

(Form 990)

| | natment of the Treasury nal Revenue Service ► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest info | rmatic | | en to Public nspection |
|------------|--|----------|-------------------------------|------------------------------|
| | ame of the organization | | oloyer identification | |
| | ebster University | - | 0662529 | |
| P | art I Organizations Maintaining Donor Advised Funds or Other Similar Funds | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | | | |
| | (a) Donor advised funds | | (b) Funds and other | er accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | <u> </u> | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor a organization's property, subject to the organization's exclusive legal control? | | | ☐ Yes ☐ No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit? | | | ☐ Yes ☐ No |
| Pa | ort II Conservation Easements. | | | |
| _ | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of land for public use (e.g., recreation or education) | | : II. : : | d |
| | | | ically important land | a area |
| | | certifie | d historic structure | |
| | ☐ Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for easement on the last day of the tax year. | orm of a | conservation Held at the End | l of the Very |
| а | | 2a | neid at the End | or the Year |
| b | | 2b | | |
| c | | 2c | | |
| d | | 2d | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ▶ | the org | ganization during th | e |
| 4 | Number of states where property subject to conservation easement is located ▶ | | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds? | of viola | - ations, Yes | П., |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of | conserv | | □ No ring the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser | rvation | easements during t | he year |
| 8 | Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section 1 and section $170(h)(4)(B)(ii)$? | 170(h)(| 4)(B)(i) | □ No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and experience sheet, and include, if applicable, the text of the footnote to the organization's financial states. | | atement, and | _ NO |
| Da | the organization's accounting for conservation easements. THE THE Organizations Maintaining Collections of Art, Historical Treasures, or Otle | hor Si | milar Accets | |
| ra | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | ilei Sii | illiai Assets. | |
| 1 a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or research in provide, in Part XIII, the text of the footnote to its financial statements that describes these items. | further | | |
| b | 751 | ment ar | | |
| | following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| (| (ii) Assets included in Form 990, Part X | | . •\$ | 5,160,788 |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for final following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | _ | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | . 🕨 \$ | |
| b | Assets included in Form 990, Part X | | . ▶\$ | |

 ${f c}$ Leasehold improvements

 ${f d}$ Equipment

| Sche | dule D | (Form 990) 2019 | | | | | | | | | | F | age 2 |
|------------|----------------|--|---------------------------------|-----------------------|--------------|----------|--------|---------------------------------------|------------|-----------------------|----------|-----------|-------|
| Par | t III | Organizations M | aintaining Col | lections of Art, F | Iistori | cal T | reas | ures, or | Other | Similar Assets | (contir | nued) | |
| 3 | _ | the organization's acq (check all that apply): | | n, and other records, | check | any of | the f | ollowing t | hat are a | significant use of it | ts colle | ection | |
| а | ✓ | Public exhibition | | | d | ✓ | Loar | n or excha | ange pro | grams | | | |
| b | ✓ | Scholarly research | | | е | | Oth | er | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | | |
| 4 | Provid Part | de a description of the XIII. | organization's coll | ections and explain | how the | ey furtl | ner th | ne organiz | ation's e | xempt purpose in | | | |
| 5 | | ig the year, did the org is to be sold to raise fur | | | | | | | | | es | ☑ No | |
| Pai | rt IV | Escrow and Cust Complete if the or X, line 21. | | | m 990 | , Part | IV, | line 9, o | report | ed an amount on | Form | 990, Pa | art |
| 1a | | e organization an agent ded on Form 990, Part | | | | | | | | | es | □ No | |
| b | If "Y∈ | es," explain the arrange | ement in Part XIII | and complete the fo | llowing | table: | | | | Amount | : | | |
| c | Begin | nning balance | | | | | | | 1c | | | | |
| d | Addit | ions during the year . | | | | | | | 1d | | | | |
| е | | butions during the year | | | | | | | 1e | | | | |
| f | | ng balance | | | | | | | 1f | | | | |
| 2a | | he organization include | | | | | | | ccount li | ability? | es | □ No | |
| | | es," explain the arrange | | | | | | | | _ | | | |
| | rt V | Endowment Fun | | Check here if the ca | хрішнис | ion nas | , bee. | ii provide. | | <u> </u> | | | |
| | | Complete if the or | | ered "Yes" on For | m 990 | , Part | IV, | line 10. | | | | | |
| | | • | | (a) Current year | (b) P | rior yea | ır | (c) Two y | ears back | (d) Three years back | (e) F | our years | back |
| 1 a | Beginn | ing of year balance . | | 129,166,795 | | 136,792 | 2,269 | 13 | 2,311,188 | 123,323,324 | | 129,88 | 1,837 |
| b | Contrib | outions | | 3,872,794 | | 633 | 3,453 | | 681,48 | . 805,802 | : | 3,49 | 7,282 |
| С | Net inv | estment earnings, gair | ns, and losses | 4,443,210 | | -1,678 | 3,650 | 1 | .0,447,743 | 14,530,067 | | -4,730 | 3,525 |
| d | Grants | or scholarships | • | 896,687 | | 850 |),324 | | 741,050 | 618,883 | | 59: | 3,984 |
| е | | expenditures for facilition | es | 6,440,454 | | 5,410 |),291 | | 5,523,258 | 5,388,575 | i | 4,558 | 8,508 |
| f | Admini | istrative expenses . | | 390,337 | | 319 | ,662 | | 383,835 | 340,547 | | 177 | 2,778 |
| g | End of | year balance | | 129,755,321 | | 129,166 | 5,795 | 13 | 6,792,269 | 132,311,188 | | 123,323 | 3,324 |
| 2 | Provid | de the estimated perce | ntage of the curre | ent year end balance | (line 1 | g, colu | mn (a | a)) held a | s: | | | | |
| а | Board | d designated or quasi-e | ndowment 🟲 | 65.490 % | | | | | | | | | |
| b | Perm | anent endowment ► | 34.510 % | | | | | | | | | | |
| С | Temp | orarily restricted endo | wment ► | | | | | | | | | | |
| | The p | ercentages on lines 2a | , 2b, and 2c shou | ld equal 100%. | | | | | | | | | |
| 3а | | here endowment funds nization by: | not in the posses | sion of the organizat | ion tha | t are h | eld a | nd admini | stered fo | r the | Γ | Yes N | No. |
| | (i) ur | nrelated organizations | | | | | | | | <u> </u> | Ba(i) | ı | Vo |
| _ | | elated organizations . | | | | | | | | 3 | a(ii) | | Vo_ |
| b | | es" on 3a(ii), are the re | - | • | | | ? . | | | | 3b | L | |
| 4 | | ribe in Part XIII the inte | | | wment i | tunds. | | | | | | | |
| Pai | rt VI | Land, Buildings, | | | OOO | D==+ | T\ / | lina 11= | Coc 5- | 000 B V !! | ina 10 | ` | |
| | Descri | Complete if the orginian complete if the orginian complete if the orginian complete. | ganization answ (a) Cost or oth | | | | | | | rm 990, Part X, II | | ok value | |
| | Descri | ipaion or property | (investme | | J. 34101 | 2 23.0 (|) | ``,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ,_, 50 | | |

| , pp, | (investment) | . , | | . , |
|--------------------|--------------|-------------|-------------|-------------|
| 1a Land | 0 | 14,997,067 | | 14,997,067 |
| b Buildings | | 260,275,885 | 126,103,032 | 134,172,853 |

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

7,796,728

64,993,343

16,951,385

4,239,251

13,539,690

6,387,196

173,336,057

3,557,477

51,453,654

10,564,189

| | Investments—Other Securities. | | | |
|---|---|-----------------------------------|-----------------------|--|
| | Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security) | Part IV, line : (b) Book value | (c) Metho | Part X, line 12. d of valuation: year market value |
| (1) Financial | derivatives | | | |
| 2) Closely-ł 3)Other | neld equity interests | | | |
| ۹) | | | | |
| 3) | | | | |
| C) | | | | |
| D) | | | | |
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| G) | | | | |
| H) | | | | |
| otal. (Columr Part VIII | n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. | • | | _ |
| | Complete if the organization answered 'Yes' on Form 990, I (a) Description of investment | Part IV, line : | (b) Book value | Part X, line 13. (c) Method of valuation: Cost or end-of-year market value |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
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| 8) | | | | |
| | | | | |
| 9) | n (b) must equal Form 990, Part X, col.(B) line 13.) | | • | |
| 9) otal. (Column | Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 13.) | art IV, line 1 | | t X, line 15. |
| 9) otal. (Column Part IX | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, line 1 | | (b) Book value |
| 9) Total. (Column Part IX 1)INTERFU | Other Assets. Complete if the organization answered 'Yes' on Form 990, P | art IV, line 1 | | |
| 9) Total. (Column Part IX 1) INTERFUI 2) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, line 1 | | (b) Book value |
| 9) otal. (Column Part IX 1)INTERFUI 2) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, line 1 | | (b) Book value |
| 9) Total. (Column Part IX 1)INTERFUE 2) 3) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, line 1 | | (b) Book value |
| 9) Total. (Column Part IX 1)INTERFUI 2) 3) 4) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, line 1 | | (b) Book value |
| 9) Fotal. (Column Part IX 1)INTERFUI 2) 3) 4) 5) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, line 1 | | (b) Book value |
| 9) otal. (Column Part IX 1)INTERFUI 2) 3) 4) 5) 6) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, line 1 | | (b) Book value |
| 9) otal. (Column Part IX 1) INTERFUI 2) 3) 4) 5) 6) 7) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, line 1 | | (b) Book value |
| 9) otal. (Column Part IX 1)INTERFUI 2) 3) 4) 5) 6) 7) 8) 9) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. | | 1d. See Form 990, Par | (b) Book value 25,698,161 |
| 9) Total. (Column Part IX 1)INTERFUI 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) | | 1d. See Form 990, Par | (b) Book value 25,698,161 |
| 9) otal. (Column Part IX 1)INTERFUI 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal i | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes | | 1d. See Form 990, Par | (b) Book value 25,698,161 25,698,161 25,698,161 990, Part X, line 25. (b) Book value 0 |
| 9) otal. (Column Part IX 1)INTERFUI 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal i 2) OTHER Li | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes | | 1d. See Form 990, Par | (b) Book value 25,698,161 25,698,161 25,698,161 990, Part X, line 25. (b) Book value |
| 9) otal. (Column Part IX 1) INTERFUI 2) 3) 4) 5) 6) 7) 8) 9) fotal. (Column Part X 1) Federal i 2) OTHER Li 3) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes | | 1d. See Form 990, Par | (b) Book value 25,698,161 25,698,161 25,698,161 990, Part X, line 25. (b) Book value 0 |
| 9) otal. (Column Part IX 1) INTERFUI 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal i 2) OTHER Li 3) 4) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes | | 1d. See Form 990, Par | (b) Book value 25,698,161 25,698,161 25,698,161 990, Part X, line 25. (b) Book value 0 |
| 9) otal. (Column Part IX 1) INTERFUI 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal i 2) OTHER LI 3) 4) 5) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes | | 1d. See Form 990, Par | (b) Book value 25,698,161 25,698,161 25,698,161 990, Part X, line 25. (b) Book value 0 |
| 9) fotal. (Column Part IX 1) INTERFUI 2) 3) 4) 5) 6) 7) 8 9) Fotal. (Column Part X 1. 1) Federal i 2) OTHER LI 3) 4) 5) 6) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes | | 1d. See Form 990, Par | (b) Book value 25,698,161 25,698,161 25,698,161 990, Part X, line 25. (b) Book value 0 |
| 9) Total. (Column Part IX 1) INTERFUI 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1. 1) Federal i 2) OTHER Li 3) 4) 5) 6) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes | | 1d. See Form 990, Par | (b) Book value 25,698,161 25,698,161 25,698,161 990, Part X, line 25. (b) Book value 0 |
| (1)INTERFUI (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes | | 1d. See Form 990, Par | (b) Book value 25,698,161 25,698,161 25,698,161 990, Part X, line 25. (b) Book value 0 |
| (1) INTERFUE (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal i (2) OTHER LI (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description ND RECEIVABLE mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes | | 1d. See Form 990, Par | (b) Book value 25,698,161 25,698,161 25,698,161 990, Part X, line 25. (b) Book value 0 |

Schedule D (Form 990) 2019

Page 4

| | Complete if the organi | ization answered "Yes" on Form 990, Part | . IV, I | ine 12a. | | _ |
|-------|--|--|-----------------|---|-----------|-------------------------|
| 1 | Total revenue, gains, and other s | upport per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on i | nvestments | 2a | | | |
| b | Donated services and use of facili | ties | 2b | | | |
| c | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII.) $\ .$ | | 2d | | | |
| е | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not include | d on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII.) . | | 4b | | | |
| C | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4 | c. (This must equal Form 990, Part I, line 12.) | | | 5 | |
| Par | | penses per Audited Financial Statem ization answered 'Yes' on Form 990, Part | | | Return | 1. |
| 1 | Total expenses and losses per au | dited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facili | ties | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| С | Other losses | | 2c | | | |
| d | Other (Describe in Part XIII.) . | | 2d | | | |
| е | Add lines 2a through 2d | | • | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not include | d on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) . | | 4b | | | |
| С | Add lines 4a and 4b | | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4 | 4c. (This must equal Form 990, Part I, line 18. |) . | | 5 | |
| Pai | t XIII Supplemental Info | ormation | | | | |
| Pro | vide the descriptions required for P lines 2d and 4b; and Part XII, lines | art II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b. Also complete this part to provide | 4; Par any a | t IV, lines 1b and 2b; Par additional information. | t V, line | 4; Part X, line 2; Part |
| | Return Reference | | Ex | planation | | |
| See A | Additional Data Table | | | | | |
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| chedule D (Form 990) 2019 | | | | |
|--|-------------|--|--|--|
| Part XIII Supplemental Information (continued) | | | | |
| Return Reference | Explanation | | | |
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Schedule D (Form 990) 2019

Additional Data

Software ID:

EIN: 43-0662529

Name: Webster University

Supplemental Information

Return Reference

Explanation

SCHEDULE D, PART III, LINE 4

DESCRIPTION AND USE OF THE ORGANIZATION'S COLLECTIONS TO RECOGNIZE LOCAL, NATIONAL, AND GL
OBAL ARTISTIC ENDEAVORS AND TO ENRICH COMMUNITY MEMBERS, WEBSTER UNIVERSITY DISPLAYS
ARTWO
RK OF VARIOUS FORMS THROUGHOUT ITS CAMPUSES. WEBSTER'S COLLECTION ALSO SUPPLEMENTS AND
ENH
ANCES A RICH CURRICULUM AND MAKES THE STUDENTS AWARE OF THE VARIOUS ART SPECIALTIES. THIS
COLLECTION INCLUDES PAINTINGS, SCULPTURES, AND CERAMICS ALONG WITH OTHER ART FORMS.

| Supplemental Information | | | | | |
|----------------------------|--|--|--|--|--|
| Return Reference | Explanation | | | | |
| SCHEDULE D, PART V, LINE 4 | USE OF ENDOWMENT FUNDS WEBSTER UNIVERSITY'S ENDOWMENT FUNDS ARE AN IMPORTANT SOURCE OF REV ENUE WHICH SUPPORTS TEACHING AND PUBLIC SERVICE MISSIONS. THE UNIVERSITY HAS MANY DIFFEREN T ENDOWMENT FUNDS WHICH ARE DEDICATED TO DONOR RESTRICTED PURPOSES AND THAT THE UNIVERSITY IS LEGALLY REQUIRED TO UPHOLD. THE INTENDED USE OF THE DONOR RESTRICTED ENDOWMENTS WOULD INCLUDE: - UNDERGRADUATE AND GRADUATE STUDENT FINANCIAL AID - TEACHING/SUPPORT PROFESSORSH IP - PUBLIC SERVICE PROGRAMS AND ACTIVITIES - ATHLETICS - COMMUNITY MUSIC SCHOOL SCHOLARSH IPS - BEATRICE AND DAVID KORNBLUM INSTITUTE - LIBRARY RESOURCES - LORETTO HILTON CENTER BU ILDING MAINTENANCE AND EQUIPMENT - LEIGH GERDINE COLLEGE OF FINE ARTS - PRIEST CENTER BUIL DING MAINTENANCE - LECTURE SERIES - HERNDON AND SMITH INSTITUTE - ORGEL FOUNTAIN MAINTENAN CE - ACADEMIC AWARDS AND PRIZES IN ADDITION, THE UNIVERSITY'S BOARD DESIGNATED ENDOWMENT S PENDING CONTRIBUTES RESOURCES TOWARDS THE UNIVERSITY'S OPERATING BUDGETS, THUS HELPING TO KEEP TUITION BELOW THE LEVEL THAT WOULD BE NECESSARY IF TUITION ALONE PAID THE TRUE COST OF EDUCATING A STUDENT. | | | | |

| Supplemental Information | |
|---------------------------|---|
| Return Reference | Explanation |
| · · · , · · · · · · · · · | ASC 740 FOOTNOTE MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE IN CLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCER TAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS. |

Constituted To Constitute

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493104021011 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** Webster University 43-0662529 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 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," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes **d** Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No 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 b Has the organization's right to such aid ever been revoked or suspended? No 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. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

| Motal II Motor Street | |
|-----------------------------|---|
| SCHEDULE E, PART I, LINE 3 | PUBLICATION OF THE ORGANIZATION'S NONDISCRIMINATORY POLICY: Publication of the organization's nondiscriminatory policy is available on the Webster University web page at www.Webster.edu. |
| SCHEDULE E, PART I, LINE 6A | FINANCIAL AID OR ASSISTANCE RECEIVED FROM A GOVERNMENTAL AGENCY WEBSTER UNIVERSITY PARTICIPATES IN THE FOLLOWING US GOVERNMENT GRANTS AND CONTRACTS: -FEDERAL PELL GRANT PROGRAM -FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS -FEDERAL WORK STUDY PROGRAM -FEDERAL PERKINS LOAN PROGRAM -FEDERAL DIRECT LOANS -CULTURALLY RESPONSIVE INSTRUCTION FOR ENGLISH LEARNERS PROJECT -NIH "BRAD" BIOMEDICAL/BIO BEHAVIORAL RESEARCH DEVELOPMENT -WATTS NSF WINNING APPROACHES FOR TALENTED TRANSFERS -NOYCE (Robert Noyce Scholarship Prgm - Laying the Ground Work for Dual-degree Pathways for Educating STEM Teachers Bound for Success) -CARES Act Institutional Funding -CARES Act Higher Education Emergency Relief fund |
| | Schedule F (Form 990 or 990-F7) (2019) |

| (Form 990) | | | ement of A | Activities (| Outside the Un | ited States | OMB No. 1545-0047 |
|---------------|--|--------------|-------------------------------------|--|--|---|-----------------------------------|
| | | | lete if the organi | 2019 Open to Public Inspection | | | |
| Internal Reve | nue Service e organization | | | | | Employer id | entification number |
| Webster Ur | | | | | | ' ' | entification number |
| | | | | | | 43-0662529 | |
| Part I | General Info Form 990, Pa | | | Outside the U | Jnited States. Comple | ete if the organization | answered "Yes" on |
| 1 For | grantmakers. D | oes the or | ganization mai | intain records to | substantiate the amoun | t of its grants and | |
| othe | r assistance, the | grantees' | eligibility for th | ne grants or assis | stance, and the selection | n criteria used | |
| to a | ward the grants o | or assistan | ce? | | | | ☑ Yes 🗆 No |
| | grantmakers. Dide the United St | | Part V the orga | anization's proce | dures for monitoring the | e use of its grants and o | other assistance |
| | | | | | | | |
| 3 Activ | ites per Region. (⁻ | The followin | ng Part I, line 3 | table can be dupli | cated if additional space is | s needed.) | |
| 3 Activ | ites per Region. (* (a) Region | The followir | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the | (e) If activity listed in (d) is program service, describe specific type of | |
| | | The followir | (b) Number of offices in the | (c) Number of employees, agents, and independent contractors in the | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants | (e) If activity listed in (d) is program service, describe specific type of | for and investments |
| | (a) Region | The followir | (b) Number of offices in the | (c) Number of employees, agents, and independent contractors in the | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the | (e) If activity listed in (d) is program service, describe specific type of | for and investments |
| | (a) Region | The followir | (b) Number of offices in the | (c) Number of employees, agents, and independent contractors in the | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the | (e) If activity listed in (d) is program service, describe specific type of | for and investments |
| | (a) Region | The followir | (b) Number of offices in the | (c) Number of employees, agents, and independent contractors in the | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the | (e) If activity listed in (d) is program service, describe specific type of | for and investments |
| | (a) Region | The followir | (b) Number of offices in the | (c) Number of employees, agents, and independent contractors in the | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the | (e) If activity listed in (d) is program service, describe specific type of | for and investments |
| See / | (a) Region | The followir | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is program service, describe specific type of | for and investments in the region |
| See / | (a) Region Add'l Data otal from continuation | | (b) Number of offices in the | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is program service, describe specific type of | for and investments |

| Part III can be du | | | | (-) M | (6) A 6 | (-) Description | (I-) Mathadas |
|-----------------------------|-------------------|--------------------------|-----------------------------|------------------------------------|--|---|---|
| Гуре of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other |
| See Add'l Data | | | | | | | |
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| Sche | dule F (Form 990) 2019 | | Page 4 |
|------|---|--------------|---------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ✓ Yes | □No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | | |
| | | ☐ Yes | ✓ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) | | |
| | | ✓ Yes | □No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) . | ✓ Yes | □No |
| 5 | 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 (see Instructions for Form 8865) | | |
| | (see Instructions for Form 6005) | ☐Yes | ✓ No |
| 6 | 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990). | □Yes | ☑ No |
| | 3/13, don't me with 10m 330) | ☐ res | - INO |

| chedule F (Form | 990) 2019 Page 5 | | | | |
|--|--|--|--|--|--|
| Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting meanounts 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 proper any additional information. See instructions. 190 Schedule F, Supplemental Information | | | | | |
| Return Reference | Explanation | | | | |
| SCHEDULE E | PROCEDURES FOR MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE OUTSIDE THE UNITED STATES SCHOLARSHIP | | | | |

PART I, LINE 2 AND TRAVEL AWARDS AND RESTRICTIONS ARE MADE AND MONITORED BY FINANCIAL AID AND ACADEMIC AFFAIRS. THE

ACCOUNTING STAFF RECORD THE TRANSACTIONS IN SEPARATE GENERAL LEDGER ACCOUNTS.

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--------------------------|---|
| SCHEDULE F, PART I, LINE | INVESTMENTS IN CENTRAL AMERICA/CARIBBEAN CARRYING VALUE OF INVESTMENTS \$ 11,294,394 INVESTMENT |
| 3F (3) & (9) | MANAGEMENT FEES \$ 94,654 TOTAL INVESTMENT \$ 11,389,048 |

990 Schedule F, Supplemental Information

| Return Reference | Explanation | | | | |
|------------------|--|--|--|--|--|
| SCHEDULE F, PART | METHOD USED TO ACCOUNT FOR THE EXPENDITURES THE ORGANIZATION USES ACCRUAL METHOD ON THE ORGANIZATION'S | | | | |
| 1. LINE 3F | FINANCIAL STATEMENTS TO ACCOUNT FOR THE EXPENDITURES FOR ACTIVITIES CONDUCTED IN EACH LISTED REGION. | | | | |

Francisco estica

Additional Data

East Asia and the Pacific

Software ID: Software Version:

EIN: 43-0662529

Name: Webster University

EDUCATIONAL

10,178

| Form 990 Schedule F Pari | orm 990 Schedule F Part 1 - Activities Outside The United States | | | | | | | |
|--|--|--|--|--|--------------------------------------|--|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | |
| Europe (Including Iceland and Greenland) | 4 | 184 | Program Services | EDUCATIONAL | 1,394,681 | | | |

64 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 11,294,394 Investments Caribbean 75,618 East Asia and the Pacific Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 514,535 Grantmaking Greenland) Sub-Saharan Africa 7,000 2 | Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Grantmaking 20,933 North America Grantmaking 3,366

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region region recipients located in the reaion) Central America and the 94,654 Investments Caribbean

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) SCHOLARSHIP 75,618 OTHER East Asia and the Pacific SCHOLARSHIP 84 514,535 OTHER Europe (Includina Iceland and Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal. other) SCHOLARSHIP 3,366 OTHER North America SCHOLARSHIP 20,933 OTHER South America

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) SCHOLARSHIP 7.000 OTHER Sub-Saharan Africa

DLN: 93493104021011 OMB No. 1545-0047 **Supplemental Information Regarding** SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** Webster University 43-0662529 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) (or retained by) (or retained by) from activity custody or fundraiser listed in organization control of col. (i) contributions? No Yes PHONATHON RUFFALO NOEL LEVITZ Yes 25,328 37,134 -11,806 DIRECT MAIL WORDS DATA AND IMAGES 37,016 Yes 70,246 -33,230 LLC 62,344 107,380 -45,036 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AR, CT, FL, IN, MD, MA, MI, MN, MS, MO, NH, NY, NC, OH, SC, SD, TN, VA, WA Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

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

| | | (a)Event #1 | (b) Event #2 | (c)Other events | (d) Total events |
|-------------------------|--|--|--|---|---|
| | | GORLOK OPEN | BASEBALL BANQUE | 0 | (add col. (a) through col. (c)) |
| Keverkie | | (event type) | (event type) | (total number) | |
| ב | 1 Gross receipts | 26,014 | 9,670 | | 35,68 |
| | · | | 3,0,0 | | |
| | 2 Less: Contributions | 22,414 3,600 | 9,670 | | 22,41 13,27 |
| | 4 Cash prizes | | | | |
| ا ، | 5 Noncash prizes | | | | |
| Ď | 6 Rent/facility costs | | | | |
| 2 | 7 Food and beverages | | | | |
| u 3 | 8 Entertainment | | | | |
| Direct Experises | 9 Other direct expenses | 12,571 | 5,340 | | 17,91 |
| - I | 40 Dinata | | | | |
| | 10 Direct expense summary. Add lines 4 to | through 9 in column (d) | | • | 17,91 |
| | 11 Net income summary. Subtract line 10 | | | · · · · · • | 17,91 |
| ar | 11 Net income summary. Subtract line 10 Gaming. Complete if the organizations. | from line 3, column (d) | | | -4,64 |
| - 1 | 11 Net income summary. Subtract line 10 | from line 3, column (d) | | ▶ IV, line 19, or reported (c) Other gaming | -4,64 if more than \$15,000 (d) Total gaming (add |
| Par | 11 Net income summary. Subtract line 10 1111 Gaming. Complete if the organism on Form 990-EZ, line 6a. | ofrom line 3, column (d) anization answered "Ye | s" on Form 990, Part I (b) Pull tabs/Instant | | -4,64 if more than \$15,000 (d) Total gaming (add |
| Keverkie | 11 Net income summary. Subtract line 10 1111 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue | ofrom line 3, column (d) anization answered "Ye | s" on Form 990, Part I (b) Pull tabs/Instant | | -4,64 if more than \$15,000 (d) Total gaming (add |
| Ses Keverkie | 11 Net income summary. Subtract line 10 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue | ofrom line 3, column (d) anization answered "Ye | s" on Form 990, Part I (b) Pull tabs/Instant | | -4,64 if more than \$15,000 (d) Total gaming (add |
| Expenses Keverne | 11 Net income summary. Subtract line 10 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue | ofrom line 3, column (d) anization answered "Ye | s" on Form 990, Part I (b) Pull tabs/Instant | | -4,64 if more than \$15,000 (d) Total gaming (add |
| Expenses Keverne | 11 Net income summary. Subtract line 10 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue | ofrom line 3, column (d) anization answered "Ye | s" on Form 990, Part I (b) Pull tabs/Instant | | -4,64 if more than \$15,000 (d) Total gaming (add |
| Ses Keverkie | 11 Net income summary. Subtract line 10 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue | ofrom line 3, column (d) anization answered "Ye | s" on Form 990, Part I (b) Pull tabs/Instant | | -4,64 I more than \$15,000 |
| Expenses Keverne | 11 Net income summary. Subtract line 10 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue | ofrom line 3, column (d) anization answered "Ye | s" on Form 990, Part I (b) Pull tabs/Instant | | -4,64 if more than \$15,000 (d) Total gaming (add |
| Expenses Keverne | 11 Net income summary. Subtract line 10 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | -4,64 if more than \$15,000 (d) Total gaming (add |
| Expenses Keverne | 11 Net income summary. Subtract line 10 Caming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue | (a) Bingo Yes % No | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | -4,64 if more than \$15,000 (d) Total gaming (add |
| Expenses Keverne | Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue | from line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) | (b) Pull tabs/Instant bingo/progressive bingo Yes % No | (c) Other gaming | -4,64 if more than \$15,000 (d) Total gaming (add |
| Expenses Keverne | Gaming. Complete if the organization form 990-EZ, line 6a. Gaming. Complete if the organization form 990-EZ, line 6a. Gaming. Complete if the organization form 990-EZ, line 6a. Gaming. Complete if the organization for summary. Subtraction for summary subtraction for summary. Subtraction for summary summary. Subtraction for summary summary. Subtraction for summary summary. Subtraction for summary summary summary. Subtraction for summary summary summary summary. Subtraction for summary | rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each of | (b) Pull tabs/Instant bingo/progressive bingo Yes | (c) Other gaming Yes % No | -4,64 If more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) |
| Clied Dybelises Reverse | Gaming. Complete if the organization on Form 990-EZ, line 6a. Gaming. Complete if the organization on Form 990-EZ, line 6a. Gross revenue | rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each of | (b) Pull tabs/Instant bingo/progressive bingo Yes | (c) Other gaming Yes % No | -4,64 If more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) |
| | 11 Net income summary. Subtract line 10 111 Gaming. Complete if the organization licensed to conduct garden. 1 Gross revenue | rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each of | yes | (c) Other gaming Yes % No | -4,64 If more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) Yes No |

| Sche | dule G (Form 990 or 990-EZ) 20 | 19 | | | | F | age 3 |
|------|---|--|---|----------|-------|-----|--------------|
| 11 | Does the organization conduct | gaming activities with nonmembers | 5? | | Yes | Пио | |
| 12 | Is the organization a grantor, be formed to administer charitable | | member of a partnership or other entity | | Yes | | |
| 13 | Indicate the percentage of gam | ning activity conducted in: | | | | | |
| а | The organization's facility . | | | 13a | | | % |
| b | An outside facility | | | 13b | | | % |
| 14 | Enter the name and address of | the person who prepares the organ | nization's gaming/special events books and | records: | | | |
| | Name • | | | | | | |
| | Address > | | | | | | |
| 15a | | | m the organization receives gaming | | ·∏yes | Пио | |
| b | If "Yes," enter the amount of g | aming revenue received by the orgained by the third party $ ightharpoons$ \$ | anization 🕨 \$ and | the | | | |
| c | If "Yes," enter name and addre | ss of the third party: | | | | | |
| | Name • | | | | | | |
| | Address ▶ | | | | | | |
| | | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | Name 🟲 | | | | | | |
| | Gaming manager compensation | 1 ▶ \$ | | | | | |
| | Description of services provided | d ▶ | | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | | | |
| 17 | Mandatory distributions: | | | | | | |
| а | <u>-</u> | | stributions from the gaming proceeds to | | □Yes | Пио | |
| b | Enter the amount of distributio | ns required under state law distribu | ited to other exempt organizations or spent | : | ☐ 1e3 | | |
| | | pt activities during the tax year | | | | | |
| Pai | | | ions required by Part I, line 2b, colum licable. Also provide any additional inf | | | | s. |
| | Return Reference | | Explanation | | | | |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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.

OMB No. 1545-0047

DLN: 93493104021011

Open to Public

| Freasury Internal Revenue Service | | ► Go to <u>ww</u> | <u>/w.irs.gov/Form990</u> to: | the latest information | on. | | |
|---|---|------------------------------------|-------------------------------|--|---|--|------------------------------------|
| Name of the organization | | | | | | Employer identifi | cation number |
| Webster University | | | | | | 43-0662529 | |
| Part I General | Information on Grant | s and Assistance | | | | • | |
| the selection crite | ation maintain records to su ria used to award the grant | s or assistance? | | | | e, and | ☑ Yes ☐ No |
| | V the organization's procedu d Other Assistance to Do | | | | ranization anguered "Vee" | on Form 000 Port IV line | 21 for any reginient |
| | ed more than \$5,000. Part | | | ents. Complete in the o | rganization answered Tes | on Form 990, Part IV, Illie | 21, for any recipient |
| (a) Name and addro organization or government | | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| | er of section 501(c)(3) and er of other organizations list | | | | | | 12 |
| | | | | | | | |

(Form 990)

Department of the

Page 2

(6)

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Schedule I (Form 990) 2019

(3)

(4)

(5)

Return Reference

Explanation SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES- THE DEVELOPMENT OFFICE SERVES AS THE COORDINATING DEPARTMENT FOR ALL TYPES OF FUND RAISING PROGRAMS AND FOR SOLICITATION OF GIFTS. SCHOLARSHIP AWARDS/RESTRICTIONS ARE MADE AND MONITORED BY THE

DEPARTMENTS OF FINANCIAL AID AND ACADEMIC AFFAIRS. THE ACCOUNTING STAFF RECORDS THE TRANSACTIONS IN SEPARATE GENERAL LEDGER ACCOUNTS. Schedule I (Form 990) 2019

Additional Data

THE SUSAN POLGAR

11939 MANCHESTER ROAD

STLOUIS REGIONAL PUBLIC

SAINT LOUIS, MO 63108

DES PERES, MO 63131

FOUNDATION

SUITE 129

MEDIA INC 3655 OLIVE ST

Name: Webster University

37-1444375

43-0685345

Software ID: Software Version:

EIN: 43-0662529

13,000

10,650

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| - g | | 9 | | (~ · · · · · · · · · · · · · · · · · · | |
|---------------|--|---|------------|---|--|
| or government | | | assistance | other) | |
| | | | | | |
| | | | | | |
| | | | | | |

(g) Description of

non-cash assistance

(h) Purpose of grant or assistance

GENERAL SUPPORT

GENERAL SUPPORT

organization if applicable cash (book FMV appraisal grant

501(C)(3)

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TRITEDALATIONIAL TRICTITLITE 42 DEE2640 E01(C)(2) 10 0001 IGENERAL SUPPORT

| OF METROPOLITAN ST LOUIS 3401 ARSENAL ST STAINT LOUIS, MO 63118 | 43-0652640 | 501(C)(3) | 10,000 | | |
|---|------------|-----------|--------|--|--|
| | | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3547 OLIVE STREET ST LOUIS ST LOUIS, MO 63102

ARTS & EDUCATION COUNCIL 43-0790672 501(C)(3) 10.000 IGENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) MARY INSTITUTE & ST LOUIS 43-0653366 501(C)(3) 10.000 IGENERAL SUPPORT

| COUNTRY DAY SCHOOL 101 N WARSON ROAD ST LOUIS ST LOUIS, MO 63124 | | 232(3)(4) | 23,73 | | |
|---|------------|-----------|--------|--|---------------------|
| ST LOUIS UNIVERSITY HIGH | 43-0662506 | 501(C)(3) | 10.000 | | GENERAL SUPPORT |

. (~) (~) | SCHOOL 4970 OAKLAND AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS, MO 63110

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) LIRBAN LEAGUE OF METRO ST 43-0653605 501(0)(3) 10 0001 GENERAL SLIPPORT

| LOUIS INC 3701 GRANDEL SQUARE ST LOUIS ST LOUIS, MO 63108 | +3 0033003 | 301(0)(3) | 10,000 | | CENEIVAL SOLI OKI |
|--|------------|-----------|--------|--|-------------------|
| ST LOUIS COUNTY LIBRARY | 43-1863977 | 501(C)(3) | 7 500 | | GENERAL SUPPORT |

201(C)(2) 7,500 FOUNDATION 1640 S LINDBERGH BLVD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS, MO 63131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NAFSA ASSOCIATION OF 13-1878953 501(C)(3) 7.269 IGENERAL SUPPORT INTERNATIONAL EDUCATORS

1307 NEW YORK AVENUE NW WASHINGTON, DC 20005

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WEBSTER GROVES, MO 63119

75-3088822 501(C)(3) 6.200 WEBSTER ARTS IGENERAL SUPPORT 483 E LOCKWOOD AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WEBSTER GROVES 10.875 IGENERAL SUPPORT CITY OF WEBSTER GROVES MISSOURI

4 FAST LOCKWOOD WEBSTER GROVES, MO 63119 ST LOUIS AMERICAN 43-1686282 501(C)(3) 13.150 IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FOUNDATION 2315 PINE STREET

ST LOUIS, MO 63103

| efil | e GRAPHIC pr | int - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 19310 | 4021 | 011 |
|------------|--|--|---------------------------------------|---|----------------------|--------|--------|------|
| Sch | nedule J | Со | mpensati | ion Information | 10 | 1B No. | 1545-0 | 0047 |
| (For | m 990) | For certain Officer | | rustees, Key Employees, and High | est | | | |
| | | ► Complete if the orga | | ited Employees ered "Yes" on Form 990, Part IV, | line 23. | 20 |)19 |) |
| Danar | tment of the Treasury | ► Go to www.irs.gov | | to Form 990. instructions and the latest inform | |)pen i | | |
| - | al Revenue Service | r do to <u>mmmaigor</u> | 71 011111111 101 | | | Insp | ectio | n |
| | me of the organiza oster University | ation | | 1 | Employer identificat | ion nu | ımber | |
| | <u> </u> | | | | 13-0662529 | | | |
| Pa | rt I Questi | ons Regarding Compensat | ion | | | | | |
| 1 a | | | | the following to or for a person listed y relevant information regarding these | | | Yes | No_ |
| | ☐ First-class | s or charter travel | \checkmark | Housing allowance or residence for p | ersonal use | | | |
| | Travel for | companions | | Payments for business use of person | al residence | | | |
| | | nification and gross-up payments | 님 | Health or social club dues or initiation | | | | |
| | ☐ Discretion | nary spending account | Ш | Personal services (e.g., maid, chauffe | eur, chef) | | | |
| b | | | | follow a written policy regarding paym ve? If "No," complete Part III to expla | | 1b | Yes | |
| 2 | | | | or allowing expenses incurred by all | | 2 | Yes | |
| | directors, truste | es, officers, including the CEO/EX | (ecutive Director | r, regarding the items checked on Line | ela? | | | |
| 3 | organization's C | EO/Executive Director. Check all | that apply. Do r | | | | | |
| | used by a relate | ed organization to establish comp | ensation of the (| CEO/Executive Director, but explain in | Part III. | | | |
| | | ation committee | $\overline{\checkmark}$ | Written employment contract | | | | |
| | | ent compensation consultant | ✓ | Compensation survey or study | | | | |
| | ☐ Form 990 | of other organizations | \checkmark | Approval by the board or compensati | on committee | | | |
| 4 | During the year related organiza | | 90, Part VII, Se | ction A, line 1a, with respect to the fili | ng organization or a | | | |
| а | Receive a sever | ance payment or change-of-contr | rol payment? . | | | 4a | | No |
| b | Participate in, o | r receive payment from, a supple | mental nonqual | ified retirement plan? | | 4b | | No |
| c | | | , , | nsation arrangement? | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons and | provide the app | licable amounts for each item in Part | III. | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) | organizations | must complete lines 5-9. | | | | |
| 5 | | | _ | the organization pay or accrue any | | | | |
| | compensation c | ontingent on the revenues of: | | | | | | |
| а | The organization | 1? | | | | 5a | | No |
| b | - | anization? | | | | 5b | | No |
| 6 | | ed on Form 990, Part VII, Section ontingent on the net earnings of: | | the organization pay or accrue any | | | | |
| а | The organization | 1? | | | | 6a | | No |
| b | | | | | | 6b | | No |
| | • | 6a or 6b, describe in Part III. | | | | | | |
| 7 | For persons liste payments not de | ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes, | A, line 1a, did t " describe in Pa | the organization provide any nonfixed rt III | | 7 | Yes | |
| 8 | subject to the ir | nitial contract exception described | l in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des | | | | Ne. |
| 9 | If "Yes" on line | 8, did the organization also follow | the rebuttable | presumption procedure described in R | egulations section | 9 | | No_ |
| For F | Paperwork Redu | iction Act Notice, see the Inst | ructions for Fo | orm 990. Cat No 50 | 053T Schedule J | (Form | 990) | 2019 |

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

| For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99 | compensation 0. Part VII. | n from the organization | n on row (i) and fro | om related organiza | tions, described i | n the | |
|---|------------------------------|---|---|-----------------------|---------------------------------|------------|--|
| Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total | al amount of | Form 990, Part VII, S | ection A, line 1a, a | | | | |
| (A) Name and Title | (B) B | reakdown of W-2 and/ compensation | | and other | (D) Nontaxable benefits | columns | (F) Compensation in |
| | (i) Base compensat | e (ii) ion Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| See Additional Data Table | | | | 1 | | | |
| | | | | | | | |
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| Schedule J (Form 990) 2019 | Page 3 |
|-------------------------------------|---|
| Part III Supplemental Inf | |
| Provide the information, explanatio | n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| Return Reference | Explanation |
| SCHEDULE J, PART I, LINE 1A | CHANCELLOR AND PRESIDENT HOUSING ALLOWANCE IN RECOGNITION OF THE UNIQUE ROLE OF THE CHANCELLOR AND PRESIDENT IN REPRESENTING THE UNIVERSITY, WEBSTER UNIVERSITY'S POLICY PROVIDES EACH A SUITABLE RESIDENCE FOR CARRYING OUT REQUIRED OFFICIAL DUTIES. THESE DUTIES INCLUDE, BUT ARE NOT LIMITED TO, EXTENDING OFFICIAL HOSPITALITY FOR EVENTS FOR COMMUNITY MEMBERS, LOCAL, NATIONAL, AND INTERNATIONAL DIGNITARIES, TRUSTEES, FACULTY, STAFF, STUDENTS, ALUMNI, DONORS AND OTHER CONSTITUENTS TO BE CONDUCTED AT SAID RESIDENCES DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2019. THE CHANCELLOR AND PROVOST RESIDE IN UNIVERSITY-PROVIDED RESIDENCES. THE PRESIDENT IS SUPPLIED ACCESS TO A UNIVERSITY RESIDENCE AND WAS PROVIDED TAXABLE HOUSING OF \$9,936. |
| SCHEDULE J, PART I, LINE 7 | NON-FIXED PAYMENTS WERE AWARDED FOR AT-RISK COMPENSATION TO ELIZABETH STROBLE, JULIAN SCHUSTER, ZSUZSANNA POLGAR, AND PAUL TRUONG DURING THE CALENDAR YEAR 2019 IN ACCORDANCE WITH LANGUAGE INCLUDED IN THEIR CONTRACTS. THE AMOUNT OF AT-RISK COMPENSATION AWARDED IS DETERMINED BASED ON THE CRITERIA SET FORTH IN THEIR CONTRACTS. |

Schedule 1 (Form 990) 2019

Additional Data

(A) Name and Title

1ELIZABETH STROBLE

1JULIAN SCHUSTER

2KARAMAN TATYANA

3ZSUZSANNA POLGAR

4SIMONE CUMMINGS

5ERIC ROTHENBUHLER

DIRECTOR OF MARKETING

FMR. DEAN OF COLLEGE OF

VICE PRESIDENT ACADEMIC

CIO AND VP ENROLLMENT

DEAN SCHOOL OF BUSINESS

DEAN SCHOOL OF COMMUNICATION **6**PAUL TRUONG

7PETER SARGENT

8NANCY HELLERUD

SPICE

FINE A

AFFAIR 9JOHN PYLE

FORMER VP & CFO

DIRECTOR - SPICE

CHANCELLOR

PRESIDENT

(i)

(i)

(i)

(i)

(i)

(i)

Software ID: Software Version:

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

91,530

72,546

37,500

37,500

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

(i) Base Compensation

585,480

462,734

14,100

179,039

180,012

174,537

126,817

161,637

198,800

204,086

EIN: 43-0662529 Name: Webster University

(iii)

Other reportable

compensation

(C) Retirement and

other deferred

compensation

43,302

40,369

18,075

17,318

17,113

12,050

13,116

18,600

20,346

(D) Nontaxable

benefits

78,864

2,808

75,278

8,848

12,961

635

11,746

9,058

19,882

(E) Total of columns

(B)(i)-(D)

799,176

578,457

14,100

309,892

206,178

204,611

177,002

186,499

226,458

244,314

(F) Compensation in column (B)

reported as deferred on

prior Form 990

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No. 1545-0047

DLN: 93493104021011

| Inte | artment of the Treasury rnal Revenue Service le of the organization | | ▶G | o to <u>www.irs.gov/</u> | ► Attach to Form 990 <u>Form990</u> for instruction | | e latest | informatio | n. | | Emplo | Open to Public Inspection Employer identification number | | | | | |
|--|---|------------------------------------|---|--------------------------------------|--|-----------------|-----------------------|------------------------------------|----------------------------|------|--------------|--|-------------------------------|-----|-----|---------------|--|
| | oster University | er University | | | | | | | | | 1 . | 62529 | | | _ | | |
| Pa | art I Bond Iss | sues | | | | | | | | | | | | | | | |
| | (a) Issuer na | me | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issue | price | (f) De | (f) Description of purpose | | | efeased | (h) On behalf of issuer | | . , | Pool ncing | |
| | | | | | | | | | | | Yes | No | Yes | No | Yes | No | |
| Α | HEALTH AND EDUC FACILITIES AUTHO | | 43-1178966 | 000000000 | 10-22-2015 | 26,0 | 00,000 | FINANCE IMPROVEMENTS ON WEBSTER GR | | | | X | | Х | | × | |
| В | HEALTH AND EDUC FACILITIES AUTHO | | 43-1178966 | 60636ANW9 | 06-27-2017 | 54,5 | 80,790 | REFUND 7/13/2011 BONDS | | | Х | | Х | | X | | |
| Pa | art II Proceeds | S | I | l | | | | | | | <u> </u> | | | | | ı | |
| | | | | | | | Α | | В | | C | | | | D | | |
| 1 | | | | | | | 2,585 | <u> </u> | | | | | | | | | |
| _2 | | | ed | | | 0 0 | | | | | | | | | | | |
| | | | | | | | 26,000,000 55,186,763 | | | | | | | | | | |
| 4 | · | | | | | | | 0 | | 0 | | | | | | | |
| _5 | | | | | | | 274 | 1,536 | | 0 | | | | | | | |
| 6 | - <u>*</u> | | | | 0 54,528,647 | | | | | | | | | | | | |
| 7 | | | | | | 338,753 658,116 | | | | ,116 | | | | | | | |
| 8 | | | eds | | | 0 0 | | | | 0 | | | | | | | |
| 9 | | • | • | | | | | 0 | | 0 | | | | | | | |
| 10 | | | eds | | | 25,386,711 0 | | | | 0 | | | | | | | |
| 11 | | | | | | | | 0 | | 0 | | | | | | | |
| 12 | | | | | | _ | | 0 | | 0 | | | | | | | |
| 13 | Tear or substantia | ii completion . | | | • • | | 017 | | 2012 | | W = - | NI - | | V | 1 | N | |
| _ | Ware the bands is | suad as nart s | of a current refunding | r icaus of tay ayamm | | Yes | No | | | | Yes | No | | Yes | | No | |
| 14 | bonds (or, if issue | ed prior to 201 | of a current refunding 8, a current refundin | g issue of tax-exemp | | | X | × | | | | | | | | | |
| 15 | Were the bonds is bonds (or, if issue | ssued as part o ed prior to 201 | of an advance refund 8, an advance refund | ing issue of taxable ding issue)? | | | Х | × | | | | | | | | | |
| 16 | Has the final alloc | ation of proce | eds been made? . | <u> </u> | · · · · · | Х | | × | | | | | | | | | |
| 17 | | | adequate books and | | the final allocation of | Х | | Х | | | | | | | | | |
| Pa | | Business Us | | | | | | | | | | | | | | | |
| | | | | | | | Α | | В | | C | | | | D | | |
| ١. | \\/ac the every! | tion a nartra | in a nartnarchin | mombor of an U.C. | which award are seen | Yes | No |) Y∈ | s No | | Yes | No | | Yes | | No | |
| Was the organization a partner in a partnership, or a member of an LLC, which owned property | | | | , which owned property | | X | | l x | | | | | | | | | |

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

Χ

Χ

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

D

D

Schedule K (Form 990) 2019

No

Yes

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

Χ

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Χ

Χ

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Yes

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Χ

No

Χ

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Χ

Χ

Χ

Χ

Νo

Χ

Χ

Χ

Χ

Α

Yes

Х

Χ

Χ

Х

Х

Χ

Yes

C

No

0 %

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Were gross proceeds invested in a guaranteed investment contract Χ

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

COLUMN B

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

SCHEDULE K, PART II, LINE 3,

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

No

Explanation

Yes

Χ

TOTAL PROCEEDS DIFFER FROM THE ISSUE PRICE OF THE BONDS BECAUSE OF INVESTMENT EARNINGS ON PROCEEDS IN THE REFUNDING ESCROW.

Χ

Χ

Yes

R

No

Yes

Nο

Page 3

No

D

D

Nο

Yes

| efile GRAPHIC | print - DO | NOT PROCES | SS As | Filed Data - | | | | | DL | N: 93 | 4931 | 0402 | L011 | |
|--|------------------|--------------------------------|--------------------------|---|--------------------------------|--------------------|-------------|---------------------------|---------------------------|------------------------------------|-------------|------------------------|------|--|
| Schedule L | | Trar | nsactio | ons with Ir | ntereste | d Persor | าร | | | 01 | MB No. | 1545-0 | 047 | |
| Form 990 or 990-E | Z) ► Com | plete if the org | anization | answered "Yes 28c, or Form 99 | on Form 9 | 90, Part IV, li | ines 2 | 25a, 2 | 25b, 20 | 5, | 20 | 19 | | |
| | | 27, 28a | | ach to Form 99 | | | 4UD. | | | | | | | |
| Department of the Treasunternal Revenue Service | • 1 | ►Go to <u>www</u> | irs.gov/Fo | o <u>rm990</u> for inst | ructions and | the latest inf | forma | tion. | | 9 | | to Pul ectio | | |
| Name of the organ | ization | | | | | | Er | nplo | yer ide | entifica | | umbei | | |
| Webster University | | | | | | | 43 | 3-066 | 2529 | | | | | |
| Part I Excess | Benefit T | ransactions | (section 50 | 1(c)(3), section ! | 501(c)(4), and | section 501(c | | | | s only |). | | | |
| | | | | Form 990, Part | | | | | | | | | | |
| 1 (a) | Name of disc | ualified person | (b |) Relationship be | etween disqual organization | lified person ar | nd | | escript ansacti | | |) Corre | | |
| | | | | | Ji gai ii zatio ii | | | | ansacu | | Υ, | es | No | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | | |
| 2 Enter the am | | | | | 1:6: 1 | | | | | | | | | |
| 3 Enter the ame | ount of tax, i | f any, on line 2, or From Inte | above, reir rested Po | <u>, </u> | rganization . | | • 90, Pa | rt IV. | - | \$ 5: or if | the ord | anizati | on . | |
| repor | ted an amou | nt on Form 990, | Part X, line | ∋ 5, 6, or 22 | | | , | , | | ., | | | | |
| (a) Name of other terested person v | | | | Loan to or from the organization? (e) Original principal amount | | (f) Balance due | b | | Appro boa | (h) pproved by board or committee? | | (i) Written agreement? | | |
| | | | | To From | | | Yes No | | | | Yes | N | | |
| | | | | | | | | | | | | | | |
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| otal | | | · | , , , <u>,</u> | \$ | | | • | | | ' | | | |
| | | | | rested Perso | | | | | | | | | | |
| | | | | Yes" on Form 9 | | | | | | (-) D | | <i>6</i> : - : | | |
| (a) Name of interested person (b) Relationship betwee interested person and to | | interested pers | on and the | (c) Amount | (d) Type of assistance | | | e | (e) Purpose of assistance | | | | | |
| | organization (1) | | | | | | | Tuition Remission Program | | | Educational | | | |
| 1) | | | CIOTI | | 20,850 | Tuition Remis | sion P | rogra | ım E | ducatio | nal | | | |
| | | | | | | Tuition Remis | | rogra | | ducatio ducatio | | | | |
| 2) | | | | | 18,000 | | inge | rogra | E | | nal | | | |
| 2) | | | | | 18,000 | Tuition Excha | inge | rogra | E | ducatio | nal | | | |
| 1) 2) 3) | | | | | 18,000 | Tuition Excha | inge | Progra | E | ducatio | nal | | | |

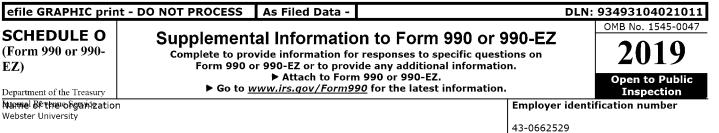
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|--|----------------------------------|-----------------------------------|---|----|
| | | | | Yes | No |
| | SPOUSE OF ELIZABETH STROBLE, CHANCELLOR OF WEBSTER UNIVERSITY | | EMPLOYMENT - ADJUNCT PROFESSOR | | No |
| | | | | | |
| | | | | | |
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| | | | | | | <u> </u> | | |
|--------|---|-------|--|--|--|----------|--|--|
| Part V | Supplemental Informa | ation | | | | | | |
| | Provide additional information for responses to questions on Schedule L (see instructions). | | | | | | | |
| _ | | | | | | | | |

Explanation Return Reference Schedule L (Form 990 or 990-EZ) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493104021011 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Webster University 43-0662529 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures **3** Art—Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 15 820,015 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (_____ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Page 2 Schedule M (Form 990) (2019) Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation SCHEDULE M, PART I, COLUMN B REPORTING METHOD OF EACH TYPE OF PROPERTY RECEIVED. THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED. Schedule M (Form 990) (2019)



990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| Form 990, Part III, Line 4A | Statement of program service accomplishment With its home campus in St. Louis, Missouri, U SA, Webster University comprises an action-oriented global network of faculty, staff, stud ents and alumni who forge powerful bonds with each other and with their communities around the globe. Founded in 1915, Webster is a private non-profit university with students stud ying at campus locations in North America, Europe, Asia and Africa and in a robust learning environment online. History & Mission The University is committed to delivering high-qua lity learning experiences that transform students for global citizenship and individual ex cellence. This mission is reinforced by adherence to the following four values: 1. Student s - By sustaining a personalized approach to a global, student-centered education through small classes, close relationships with faculty and staff, and attention to student life. 2. Learning - By developing educational programs that join theory and practice, address contemporary needs of employers/society, provide an international perspective, encourage cre ativity and scholarship, foster a lifelong desire to learn and actively serve communities and the world. 3. Diversity and Inclusion - By creating an environment accessible to individuals of diverse cultures, ages, and socioeconomic backgrounds and instilling in students a respect for diversity and an understanding of their own and others' values. 4. Global C titizenship - By educating a diverse population locally, nationally and internationally, acting responsibly toward the environment to foster a sustainable future, and strengthening the communities we serve. Distinctive Attributes While our values reflect our mission, our mission-focused strategies also help meet the needs of our students and communities we serve. We do this through a global mindset that welcomes cultural immersion, new ways of iiv ing and thinking, and education that opens our students to the world and in turn, opens the world to our students. Webster University campus locat |

990 Schedule O, Supplemental Information

Return

| Reference | · |
|----------------|---|
| · ' | our culture of academic excellence across the network. More than 200,000 alumni form an e lite global network of accomplished |
| Part III, Line | and connected citizens. FORM 990, PART VI, SECTION A, LINE 3 WEBSTER UNIVERSITY'S INTERIM CHIEF FINANCIAL |
| 4A | OFFICER ROLE WAS CONTRACTED TO RICK ME YER. RICK MEYER WAS NAMED CFO IN APRIL 2020. |

Explanation

Return Explanation

990 Schedule O, Supplemental Information

Reference

LINE 11B

| FORM 990, | REVIEW PROCESS THE FORM 990 HAS BEEN REVIEWED BY THE ACCOUNTING MANAGER, ASSISTANT CONTROLLER, |
|------------|---|
| PART VI, | SENIOR FINANCE DIRECTOR/CONTROLLER, AND THE TREASURER/CFO. THE FORM WAS MADE AVAILABLE TO BOARD |
| SECTION B. | MEMBERS ON THE UNIVERSITY'S INTRANET BEFORE FILING. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | Compliance with Conflict of Interest Policy The university has an Ethics/Code of conduct policy located on the university website. Employees sign their acknowledgement of the policy and their adherence at new employee orientation. Managers and supervisors are responsible for implementing and monitoring compliance with the policy. Employees violating the letter or spirit of the Ethics/Code of conduct policy are subject to disciplinary action. The Conflict of Interest policies apply to all trustees and employees of the university defined within the policy as covered persons. Certain covered persons annually complete a conflict of interest questionnaire provided by the university to 1) confirm ones understanding of the conflict of interest policy and 2) to disclose any possible covered transaction which could be or could appear to be a conflict. The university regularly and consistently monitors and enforces compliance of the conflict of interest policy by constant review of a written policy, which contains details of the following: - A policy statement - Details of the policy application - Definitions of: o Conflict of interest o Covered persons o Related persons o Business partners o Transacting party - Guidance for avoiding conflicts of interests in regards to: o Business decisions o Use of university resources and name o Gifts and gratuities o Financial interests and relationships with transacting parties o Receipt of items of monetary value from transacting party - Standards for approval of transactions involving conflicts of interest, notably: o Actual conflicts of interest o Apparent and potential conflicts of interest o Substantial and material benefit - Administration of policy including: o Reviewing reports regarding the conflict of interest questionnaire o Receiving disclosures of proposed transactions involving a conflict of interest o Reviewing proposed transactions as compared to the standards o Maintaining documentation o Reviewing operations to make changes to policy as deemed appropriate |

990 Schedule O, Supplemental Information

Return

| Reference | |
|---|--|
| Form 990, Part VI, Section B, Line 15A/B | Process for Determining Compensation The university continues to meet the rebuttable presumption requirements. The university maintains competitive compensation practices designed to attract and retain high-quality experienced leadership talent needed to manage in a complex global environment. External independent compensation consultants are engaged periodically to review and advise the board on executive compensation. In 2017, the university engaged Willis Towers Watson to conduct a compensation assessment of the positions of Chancellor and President, using a comparator group of private and public universities of similar complexity and size. In accordance with the by-laws of Webster University and the charters of the Board of Trustees Executive and Compensation Committees, the elements of compensation and total compensation are recommended by the Board Compensation Committee. Changes in compensation of the Chancellor and the President are recommended by the Board Compensation Committee and approved by the Board Executive Committee. Executive Committee and Compensation Committee meeting minutes are maintained. FORM 990, PART VI, SECTION C, LINE 18 THE FORM 990 AND FORM 990-T ARE ALSO POSTED ON GUIDESTAR.ORG. |

Explanation

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PROCESS FOR MAKING DOCUMENTS AVAILABLE TO PUBLIC THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. LINE 19

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ (44,949) FOREIGN CURRENCY TRANSLATIONS (306,108) FUND BALANCE TRANSFER (1,558,950) CONSOLIDATING ENTRIES/INDIRECT COSTS 593,206 CONSOLIDATING |
| 9 | ENTRIES/MANAGEMENT FEE 689,461 \$ (627,340) |

SCHEDULE R

Polated

(Form 990)

Department of the Treasury

Internal Revenue Service

GENEVA

LEIDEN

ATHENS

BOOMMARKT 1 2311 E A

LONDON SW17 5PJ

(6) WEBSTER ATHENS COLLEGE

MARCUS AURELIUS 5 KYRISTOU 2 LISIOU

LAWRENCE BLDG 104 ROEHAMPTON LANE

(7) WEBSTER GRADUATE STUDIES CENTRE LTD

(5)WEBSTER UNIV IN LEIDEN (THE NETHERLANDS)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493104021011

Open to Public Inspection

Name of the organization **Employer identification number** Webster University 43-0662529 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity (1) OLD ORCHARD SHOPPING CENTER LLC RENTAL MO -20,038 3,565,388 | webster univ 23 OLD ORCHARD AVENUE WEBSTER GROVES, MO 63119 43-0662529 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (g) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) WEBSTER UNIV-TONG TU ENTERPRSE MGMT CONS EDUCATIONAL СН N/A N/A WEBSTER UNIV Yes ROOM 303 BLDG 4 NO 3288JIN HAI RD PUDONG NEW AREA (2)WEBSTER UNIVERSITY-VIENNA EDUCATION ΑU N/A N/A WEBSTER UNIV Yes BERCHTOLDGASSE 1 1-1220 VIENNA (3) WEBSTER UNIVERSITY-GHANA EDUCATION GH N/A N/A WEBSTER UNIV Yes PLOT 445B LUANDA CLOSE EAST LEGON ACCRA (4) FONDATION WEBSTER (WEBSTER UNIV-GENEVA) EDUCATION SZ N/A N/A WEBSTER UNIV Yes 15 ROUTE DE COLLEX 1293 BELL

EDUCATION

EDUCATION

EDUCATION

N/A

N/A

N/A

N/A

N/A

N/A

NL

GR

UK

Yes

Yes

Yes

WEBSTER UNIV

WEBSTER UNIV

WEBSTER UNIV

| (a) Name, address, and E related organizatio | EIN of on | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predomin income(rel unrelate excluded t tax und sections 5 514) | lated, total inco ed, from ler 512- | of Share of end-of-year assets | Disprop alloca | | (i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065) | Gene man part | tner? | (k) Percentag ownershi |
|---|--|-----------------------------------|---|--|---|---|--------------------------------|-------------------|--------------------------|---|---------------------|-------|-------------------------------------|
| | | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Part IV Identification of Related Or | ganizations Taxable as a C | `ornoration | | | | | | | | | | | |
| | ated organizations treated as | a corporation | on or tru | st during th | ne tax yea | (e) | (f) | | (g) | | h) | | (i) |
| because it had one or more rel (a) Name, address, and EIN of related organization | ated organizations treated as | a corporation do (state | on or tru | st during th | ne tax yea | ir. | (f) Share of tota | ıl Share | | -of- Perce | | Se (1 | (i) ection 512(3) controll entity? |
| (a) Name, address, and EIN of related organization | ated organizations treated as | do (state | (c) Legal omicile or foreign | st during th | ne tax yea (d) t controlling entity | (e) Type of entity (C corp, S corp | (f) Share of tota | ıl Share | (g) e of end- year | -of- Perce | h) entage | Se (1 | 3) controll |
| (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | do (state | (c) Legal bomicile or foreign bountry) | st during th | ne tax yea (d) t controlling entity | (e) Type of entity (C corp, S corp or trust) | (f) Share of tota | ıl Share | (g) e of end- year | -of- Perce | h) entage | Se (1 | .3) controll entity? |
| (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | do (state | (c) Legal bomicile or foreign bountry) | st during th | ne tax yea (d) t controlling entity | (e) Type of entity (C corp, S corp or trust) | (f) Share of tota | ıl Share | (g) e of end- year | -of- Perce | h) entage | Se (1 | .3) controll entity? |
| (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | do (state | (c) Legal bomicile or foreign bountry) | st during th | ne tax yea (d) t controlling entity | (e) Type of entity (C corp, S corp or trust) | (f) Share of tota | ıl Share | (g) e of end- year | -of- Perce | h) entage | Se (1 | .3) controll entity? |
| (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | do (state | (c) Legal bomicile or foreign bountry) | st during th | ne tax yea (d) t controlling entity | (e) Type of entity (C corp, S corp or trust) | (f) Share of tota | ıl Share | (g) e of end- year | -of- Perce | h) entage | Se (1 | .3) controll entity? |
| (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | do (state | (c) Legal bomicile or foreign bountry) | st during th | ne tax yea (d) t controlling entity | (e) Type of entity (C corp, S corp or trust) | (f) Share of tota | ıl Share | (g) e of end- year | -of- Perce | h) entage | Se (1 | .3) controll entity? |
| (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | do (state | (c) Legal bomicile or foreign bountry) | st during th | ne tax yea (d) t controlling entity | (e) Type of entity (C corp, S corp or trust) | (f) Share of tota | ıl Share | (g) e of end- year | -of- Perce | h) entage | Se (1 | .3) controll entity? |
| (a) Name, address, and EIN of | ated organizations treated as (b) Primary activity | do (state | (c) Legal bomicile or foreign bountry) | st during th | ne tax yea (d) t controlling entity | (e) Type of entity (C corp, S corp or trust) | (f) Share of tota | ıl Share | (g) e of end- year | -of- Perce | h) entage | Se (1 | .3) controll entity? |
| (a) Name, address, and EIN of related organization | ated organizations treated as (b) Primary activity | do (state | (c) Legal bomicile or foreign bountry) | st during th | ne tax yea (d) t controlling entity | (e) Type of entity (C corp, S corp or trust) | (f) Share of tota | ıl Share | (g) e of end- year | -of- Perce | h) entage | Se (1 | .3) controll entity? |

| Schedule R (Form 990) 2019 | | Pag | ge 3 |
|---|------------|-----|-------------|
| Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
| 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? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1 b | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | 1 d | | No |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1f | | No |
| g Sale of assets to related organization(s) | 1 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 | Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| I Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n 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 | Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1 p | Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1 q | Yes | |
| r Other transfer of cash or property to related organization(s) | 1r | Yes | |
| s Other transfer of cash or property from related organization(s) | 1s | Yes | |

| p Reimbursement paid to related organization(s) for expenses | | | | 1p Yes |
|--|----------------------------------|------------------------|--------------------------------|-----------------|
| q Reimbursement paid by related organization(s) for expenses | | | | 1q Yes |
| r Other transfer of cash or property to related organization(s) | | | | 1r Yes |
| f s Other transfer of cash or property from related organization(s) | | | | 1s Yes |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line. See Additional Data Table | e, including covered i | relationships and tra | nsaction thresholds. | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining a | amount involved |
| | | | | |
| | | | | |
| | | 1 | | |

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

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. (see instructions). Explanation Return Reference IDENTIFICATION OF RELATED TAX-SCHEDULE R, PART II THE UNIVERSITY'S FOREIGN CORPORATIONS ARE AN EXTENSION OF THE TAX EXEMPT MISSION AND PURPOSE EVEN THOUGH THEY MIGHT EXEMPT ORGANIZATIONS BE CONSIDERED TAXABLE WITHIN THE LOCAL JURISDICTIONS.

Additional Data

Software ID:

Software Version:

EIN: 43-0662529

Name: Webster University

| Form 990, Schedule R, Part V - Transactions With Related Organizations | | | |
|--|---------------------------------|------------------------|--|
| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
| FONDATION WEBSTER (WEBSTER UNIV - GENEVA) | А | 17,266 | ACTUAL COSTS |
| FONDATION WEBSTER (WEBSTER UNIV - GENEVA) | J | 1,080,648 | ACTUAL COSTS |
| FONDATION WEBSTER (WEBSTER UNIV - GENEVA) | В | 1,558,950 | ACTUAL COSTS |
| FONDATION WEBSTER (WEBSTER UNIV - GENEVA) | 0 | 6,439 | ACTUAL COSTS |
| FONDATION WEBSTER (WEBSTER UNIV - GENEVA) | Р | 23,902 | ACTUAL COSTS |
| FONDATION WEBSTER (WEBSTER UNIV - GENEVA) | Q | 5,929 | ACTUAL COSTS |
| FONDATION WEBSTER (WEBSTER UNIV - GENEVA) | R | 2,187,852 | ACTUAL COSTS |
| FONDATION WEBSTER (WEBSTER UNIV - GENEVA) | S | 2,448,732 | ACTUAL COSTS |
| WEBSTER UNIVERSITY IN LEIDEN (NETHERLANDS) | J | 105,401 | ACTUAL COSTS |
| WEBSTER UNIVERSITY IN LEIDEN (NETHERLANDS) | А | 15,918 | ACTUAL COSTS |
| WEBSTER UNIVERSITY IN LEIDEN (NETHERLANDS) | 0 | 7,725 | ACTUAL COSTS |
| WEBSTER UNIVERSITY IN LEIDEN (NETHERLANDS) | Р | 104,734 | ACTUAL COSTS |
| WEBSTER UNIVERSITY IN LEIDEN (NETHERLANDS) | Q | 4,688 | ACTUAL COSTS |
| WEBSTER UNIVERSITY IN LEIDEN (NETHERLANDS) | R | 1,860,303 | ACTUAL COSTS |
| WEBSTER UNIVERSITY IN LEIDEN (NETHERLANDS) | S | 1,739,251 | ACTUAL COSTS |
| WEBSTER U-TONG TU ENTERPR MGMT CONS | R | 850,835 | ACTUAL COSTS |
| WEBSTER U-TONG TU ENTERPR MGMT CONS | Q | 20,473 | ACTUAL COSTS |
| WEBSTER U-TONG TU ENTERPR MGMT CONS | Р | 4,817 | ACTUAL COSTS |
| WEBSTER U-TONG TU ENTERPR MGMT CONS | S | 698,289 | ACTUAL COSTS |
| WEBSTER UNIVERSITY - VIENNA | 0 | 156,197 | ACTUAL COSTS |
| WEBSTER UNIVERSITY - VIENNA | Р | 47,242 | ACTUAL COSTS |
| WEBSTER UNIVERSITY - VIENNA | Q | 749 | ACTUAL COSTS |
| WEBSTER UNIVERSITY - VIENNA | R | 1,980,753 | ACTUAL COSTS |
| WEBSTER UNIVERSITY - VIENNA | S | 1,592,871 | ACTUAL COSTS |
| WEBSTER UNIVERSITY - VIENNA | S | 4,828,762 | ACTUAL COSTS |

(a) Name of related organization (d)
Method of determining amount involved Transaction Amount Involved type(a-s) **ACTUAL COSTS** WEBSTER UNIVERSITY - ATHENS 18,274 ACTUAL COSTS WEBSTER UNIVERSITY - ATHENS 4,799

(b)

Q

(c)

4,973

ACTUAL COSTS

Form 990, Schedule R, Part V - Transactions With Related Organizations

WEBSTER UNIVERSITY - LONDON

| WEBSTER UNIVERSITY - ATHENS | Q | 4,909 | ACTUAL COSTS |
|------------------------------|---|---------|--------------|
| | | | |
| WEBSTER UNIVERSITY - ATHENS | R | 73,920 | ACTUAL COSTS |
| | | · | |
| WERSTER LINIVERSITY - ATHENS | 5 | 145 459 | ACTUAL COSTS |

| WEBSTER UNIVERSITY - ATHENS | R | 73,920 | ACTUAL COSTS |
|-----------------------------|---|---------|--------------|
| WEBSTER UNIVERSITY - ATHENS | S | 145,459 | ACTUAL COSTS |
| WEBSTER UNIVERSITY - GHANA | R | 4,610 | ACTUAL COSTS |

| WEBSTER UNIVERSITY - ATHENS | S | 145,459 | ACTUAL COSTS |
|-----------------------------|---|---------|--------------|
| WEBSTER UNIVERSITY - GHANA | R | 4,610 | ACTUAL COSTS |
| WEBSTER UNIVERSITY - GHANA | S | 1,725 | ACTUAL COSTS |
| WEBSTER UNIVERSITY - GHANA | Q | 50 | ACTUAL COSTS |

| WEBSTER UNIVERSITY - GHANA | S | 1,725 | ACTUAL COSTS |
|----------------------------|---|-------|--------------|
| WEBSTER UNIVERSITY - GHANA | Q | 50 | ACTUAL COSTS |
| | | | |

| WEBSTER UNIVERSITY - GHANA | Q | 50 | ACTUAL COSTS |
|-----------------------------|---|---------|--------------|
| WEBSTER UNIVERSITY - LONDON | R | 122,714 | ACTUAL COSTS |

| WEBSTER SHIVERSTEL - GUNNA | Y | 30 | ACTUAL COSTS |
|-----------------------------|---|---------|--------------|
| WEBSTER UNIVERSITY - LONDON | R | 122,714 | ACTUAL COSTS |

| WEBSTER UNIVERSITY - LONDON | R | 122,714 | ACTUAL COSTS |
|-----------------------------|---|---------|--------------|
| WEBSTER UNIVERSITY - LONDON | S | 1,286 | ACTUAL COSTS |