For 990-T			TENDED TO A			. D		
Form 990-1	EX		anization Bu		-ti coaa(-\\	10-		OMB No 1545-0687
	F!		(and proxy tax un		Ction 6033(e))	31, 2019-	151	2018
	For calend		ww.irs.gov/Form990T for				<u>, </u>	ZU 10
Department of the Treasury Internal Revenue Service	▶ D		ww.irs.gov/roim9901 for ibers on this form as it m				-	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		lame of organization (and see instructions.)		(Emp	oyer identification number lloyees' trust, see uctions)
B Exempt under section	Print _I	EXAS LUTHERAN	UNIVERSITY .					74-1109748
X 501(c)(3)	or N	iumber, street, and ro	oom or suite no. If a P.O. I	box, see ır	structions.			lated business activity code instructions)
408(e) 220(e)	Type 1	000 WEST COURT	STREET					
408A530(a) 529(a)		City or town, state or p EGUIN, TX 781	province, country, and ZIF L55	or foreig	n postal code		5230	00
C Book value of all assets at end of year	_		imber (See instructions.)		9386			
		Check organization t		orporation		401(a)		Other trust
H Enter the number of the trade or business here				1		the only (or first) uni		
describe the first in the b				Parts I an		complete Parts I-V. I		
business, then complete		•	vious somerico, complete	i arts i ari	o II, complete a concount	W TO CACIT ADDITIONS	ii dada	, 01
I During the tax year, was			an affiliated group or a pa	rent-subsi	diary controlled group?	▶ [Ye	es X No
If "Yes," enter the name a								
J The books are in care of	-			AD				372-8011
		or Business Ir	icome	_T	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale b Less returns and alloy	-	· · · · · · · · · · · · · · · · · · ·	c Balance ▶	. ,,				
2 Cost of goods sold (S	-	line 7)	C Dalatice	1c 2				
3 Gross profit. Subtract		•		3				
4a Capital gain net incom			BEACH	42	7			
b Net gain (loss) (Form	•			- - 60	×			
c Capital loss deduction	n for trusts	18	attaon Statement 202	480	2			
5 Income (loss) from a	partnership	o or an S corporation	attaon statement 202	(U <u> </u>	-2,864.	STMT 3		-2,864.
6 Rent income (Schedu	ile C)	1~	-	60 14- 72	4			
7 Unrelated debt-financ	,		ogden, l	ا ل				
-			ed:organization #(Schedule					
) organization (Schedule	G) 9 10				
10 Exploited exempt activities11 Advertising income (\$\frac{1}{2}\$)	•	•		11	=			<u> </u>
12 Other income (See in				12				
13 Total. Combine lines	•			13	-2,864.			-2,864.
Part II Deductio	ns Not	Taken Elsewh						
(Except for d	contributio	ons, deductions mu	ust be directly connect	ted with t	he unrelated business	income)		
14 Compensation of off	icers, direc	tors, and trustees (So	chedule K)				14	
15 Salaries and wages							15	
16 Repairs and mainten	ance						16	ļ . <u> </u>
17 Bad debts	d.da\						17	
18 Interest (attach sche19 Taxes and licenses	oule) (see i	instructions)					18 19	
	one (See in	structions for limitati	inn riilee\				20	
21 Depreciation (attach	•		ion ruics)		21		20	
•		-, chedule A and elsewh	nere on return		22a		22b	
23 Depletion							23	
24 Contributions to defe	erred comp	ensation plans					24	
25 Employee benefit pro	ograms						25	
26 Excess exempt expe	nses (Sche	dule I)					26	ļ
27 Excess readership co	•	•					27	ļ
28 Other deductions (at		•					28	
29 Total deductions. A		-		nat l.m 65) from line 40		29	-2,864.
		· · · · · · · · · · · · · · · · · · ·	ting loss deduction. Subtr				30	-2,004.
		s arising in tax years ome. Subtract line 31	beginning on or after Jan	iudiy i, 20	TO (SEE INSTRUCTIONS)	21	31	-2,864.
823701 01-09-19 LHA FO								Form 990-T (2018)

Part II	Total Unrelated Business Taxable Income				•		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructio	ons)	33		-2,	864.
	Amounts paid for disallowed fringes		•	34			
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)	STMT 4	35	<u> </u>		0.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	•					
	lines 33 and 34	J 01		36	Î	-2	864.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		F	$\frac{30}{37}$			000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	26	J	' †	+	-,	••••
30	enter the smaller of zero or line 36	30,	30	â 👃		-2	864.
Part I				<u> 1 38</u>		<u>.,</u>	004.
					T		0.
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	an luna 20 :	from:	39	+		.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	JII IIIIE 30	iroin.	.			
	Tax rate schedule or Schedule D (Form 1041)			40		-	
	Proxy tax. See instructions		•	<u>41</u>	1		
	Alternative minimum tax (trusts only)			42			
	Tax on Noncompliant Facility Income. See Instructions			43			
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44			0.
Part V	Tax and Payments				1		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		_			
	Other credits (see instructions)	45b		_	1		
_	General business credit. Attach Form 3800	45c		_			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		_			
е	Total credits. Add lines 45a through 45d			456	:		
46	Subtract line 45e from line 44			46			0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 [] (Other (attach schedule	47			
48	Total tax. Add lines 46 and 47 (see instructions)			48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	<u> </u>		0.
50 a	Payments: A 2017 overpayment credited to 2018	50a		_			
b	2018 estimated tax payments	50b	<u> </u>	_			
C	Tax deposited with Form 8868	50c					
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d					
е	Backup withholding (see instructions)	50e					
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	-				
g	Other credits, adjustments, and payments: Form 2439						
·	Form 4136 Other Total ▶	50g					
51	Total payments. Add lines 50a through 50g			51			
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52			
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	1		
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54			-
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	1	Refunded	- 55			
Part V		n (see ii	nstructions)	1 00			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		ithority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		•			1.00	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	,					
	here CAYMAN ISLANDS	ioroigii coi	Jilli y			l x	
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	neferer to	a foreign truct?				х
	If "Yes," see instructions for other forms the organization may have to file.	ansierur tu	, a luicigii ii usir				
	Enter the amount of tax-exempt interest received or accrued during the tax year \(\rightarrow\)\$						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	tements, and	I to the best of my know	rledge an	d belief, it is tru	10.	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer VP FOR FIN	has any kno	wledge				
Here	Edic Cedal 3/8/2020 ADMINISTRAT				IRS discuss the		rith
	Signature of officer Date Title	1101			arer shown belons)? X Y		No.
		·	Charle			£8	No
	Print/Type preparer's name Preparer's signature Dat		Check		TIN		
Paid		/05/2020	o self- employe		P0071539	n	
Prepa	E Par III II I				42-0714		
Use O	nly Firm's name ► RSM US LLP 19026 RIDGEWOOD PARKWAY SUITE 400		Firm's EIN		42-0/14		
	Firm's address SAN ANTONIO, TX 78259		Dhana na	210/0	20_6201		
	LIBIN 9 MINION NATIONAL TV 10733		Phone no.	710/g	20-020I		

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A			·····
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2	- ·	7 Cost of goods sold. S	ine 6		
3 Cost of labor	3		from line 5 Enter here			
4a Additional section 263A costs			line 2		·	7
(attach schedule)	4a		8 Do the rules of section	n 263A (v	vith respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real	Property and	l Personal Property L	Lease	d With Real Prope	erty)
(see instructions)						
1. Description of property						
(1)						
(2)						-
(3)	•					
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)				-		
(2)						
(3)						
(4)						
Total	0.	Total	***************************************	0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	> 0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)			
			2. Gross income from		3. Deductions directly conn to debt-finance	ed property
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		-		1		
(2)				1		
(3)						
(4)	_	_				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fine	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)		_	%			
(4)			%			
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions u	ncluded in column	1 R	•			0

				Exempt	Controlled O	rganizati	ons				
Name of controlled organiza	tion	2. Em Identifi num	cation	3, Net un (loss) (see	related income e instructions)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling or ganization's gross income		rolling	6. Deductions directly connected with income in column 5
(1)							····				
(2)											•
(3)											
(4)											
Nonexempt Controlled Organi	ızatıons										
7. Taxable Income		related incom ee instructions		9. Total	of specified payi made	nents	10. Part of colu in the controlli gross	nn 9 that ng organi s income	is included zation's		eductions directly connected th income in column 10
(1)										-	
(2)											
(3)	1				;						
(4)	†		-								
•				<u> </u>			Add colun Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						 ▶			. 0.		0
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	7), (9), or (17) Org	anization				
	ructions)										
1. Desc	cription of incor	me			2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4. Set-	asides ichedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									•		
(2) *											
(3)											
(4)		•									
					Enter here and Part I, line 9, co	lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals Schedule I - Exploited	Exempt	Activity	Income	e. Other	Than Adv	 ertisin≀	a Income		•		0
(see instru	-			,			J	-			
1. Description of exploited activity	2. Gurrelated income trade or b	business from	directly of with pro of uni	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more then column 4)
(1)											
(2)		-									
(3)							,				
(4)	Enter here page 1, line 10, c	Part I,	page 1	re and on I, Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals		0.		0.							0
Schedule J - Advertision	ng Incon	1 e (see ii	nstruction	ıs)							
Part I Income From	Periodica	als Repo	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs		of 2 minus sin, compute	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1			-	1	1			·
(2)											1
(3) ,					┑		-				1
(4)	-		_		1						1
. ,				· · · · · · · · ·			1				
Totals (carry to Part II, line (5))	•		0.).						0 5 990-T (2011

Form 990-T (2018) TEXAS LUTHERAN UNIVERSITY 74-1109748 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)			1			<u> </u>
(3)						
(4)		ĺ			l.	
Totals from Part I	0.	0.	•		•	0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			••	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	· 0.				0

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

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		- %	
(2)		%	
(3)	,	%	
(4)		%	•
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FOOTNOTES

STATEMENT 2

THE NOL FROM TAX YEAR 05/31/2018 WAS ADJUSTED BY \$759 FOR THE REPEAL OF SECTION 512(A)(7) WITH RESPECT TO THE QUALIFIED TRANSPORTATION FRINGE (QTF). AN AMENDED FORM 990-T IS NOT REQUIRED IF AN NOL WAS REDUCED FOR THE QTF ADDBACK.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
ENERGY TRANSFER PARTNERS, L.P ORDINARY BUSINESS INCOME	
(LOSS)	-1,743,
ENTERPRISE PRODUCTS PARTNERS, L.P ORDINARY BUSINESS	
INCOME (LOSS)	-680.
TRG FORESTRY FUND 8-B LP C/O TRG RR FUND 8 LLC - ORDINARY	4
BUSINESS INCOME (L	-1,200,
HI-CRUSH PARTNERS L.P ORDINARY BUSINESS INCOME (LOSS) MONTAUK TRIGUARD FUND III L.P ORDINARY BUSINESS INCOME	52,
(LOSS)	-1,134,
PARK STREET CAPITAL PRIVATE EQUITY FUND X, L.P ORDINARY	-1,134,
BUSINESS INCOME (2,269,
NEWBURY EQUITY PARTNERS, L.P ORDINARY BUSINESS INCOME	2,222
(LOSS)	2,501,
MERCER PRIVATE INVESTMENT PARTNERS III, LP - ORDINARY	,
BUSINESS INCOME (LOSS)	-678.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS, L.P ORDINARY	
BUSINESS INCOME (LO	-229.
VECTA OIL & GAS, LTD ORDINARY BUSINESS INCOME (LOSS) BLACK STONE MINERALS, L.P ORDINARY BUSINESS INCOME	-177
(LOSS)	5.
ENERGY TRANSFER, L.P ORDINARY BUSINESS INCOME (LOSS)	-1,849
KIMBELL ROYALTY OPERATING, LLC - ORDINARY BUSINESS INCOME	1,015
(LOSS)	-1.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-2,864.

FORM 990-T		NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS	SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/14		2,783.	2,783.	0.	0.
05/31/15		4,395.	4,395.	0.	0.
05/31/16		22,943.	7,823.	15,120.	15,120.
05/31/18		23,957.	0.	23,957.	23,957.
NOL CARRYOV	ER AVA	AILABLE THIS	YEAR	39,077.	39,077.