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Forr	990-T	Ex	cempt (Organization (and proxy tax	Bus x un	siness Incom der section 603	e Tax Retu 3(e))	rn	OMB No 1545-0687
		For cale				09/01 , 2018, and e		2019	୬ଲ1₽
Depa	rtment of the Treasury					nstructions and the lat			<u> </u>
	nal Revenue Service	▶Do				y be made public if your			Open to Public Inspection for 501(c)(3) Organizations Only
Ā	Check box if		Name of orc	ganization (Check b	ox if na	me changed and see instruc	ctions)		oyer identification number
	address changed							(Empi	oyees' trust see instructions)
B E	empt under section]	SOUTH	TEXAS COLLEGE	OF	LAW HOUSTON IN	C		
Х	501(C)()3)	Print	Number, sti	reet, and room or suite no	lf a P O	box, see instructions	-	74-1	554976
	408(e) 220(e)	Type							lated business activity code
	408A 530(a)	1,760	1303 8	SAN JACINTO ST	REET			(See ii	nstructions)
	529(a)]	City or town	, state or province, count	ry, and a	ZIP or foreign postal code		7	
	ook value of all assets	1	HOUST	ON, TX 77002					
at	end of year	F Gro	up exemption	on number (See instruc	tions)	-			
1	15,479,585.			ition type X 50			1(c) trust	401(a)	trust Other trus
H E	nter the number of			related trades or busine					(or first) unrelated
	rade or husiness her	-							e than one, describe the
				previous sentence co	molete	Parts I and II, complete	•		
	ade or business, th			•	,	in complete	_ 50002.0 11 101 01		·· ···
_					liated o	roup or a parent-subsidia	ary controlled group?	, ——	▶ Yes X N
	•			number of the parent co	-	•	, co onco group.		, , , 100 [] [1
	he books are in care				. por au		hone number ▶ 7:	13-646	-1888
_	rt I Unrelated					(A) Income	(B) Expe		(C) Net
	Gross receipts or			1	T -	(7.7001110	(3) Expe		(0,
	-				4-				
b									
2	=	•	-)					 /
3				lc			_ 		/
4 a				ule D)				_/	
b	· · · · · · · · · · · · · · · · · · ·			7) (attach Form 4797)	$\overline{}$				
3 4 a b c	Capital loss dedu	iction for t	rusts			RE	CEIVED	7_	
5				on (attach statement)			OLIVE D		
6	Rent income (Sch	redule C)			_6_	191		XI	ļ
7	Unrelated debt-fil	nanced in	come (Sche	dule E)	7	B JUL		3	
8	Interest, annuities roya	alties, and re	nts from a contr	olled organization (Schedule F) 8			ģ	
9	Investment income of a	a section 50	1(c)(7) (9), or (17) organization (Schedule G)	9	OGF) E A! //-	٤	<u> </u>
10	Exploited exempt	activity in	ncome (Sch	edule I)	10		ZGIN, UT		
11	Advertising incom	ne (Sched	lule J)		11			-J	
12	Other income (Se	ee instruc	tions, attach	schedule)	12				
13				 			0.		<u>.l</u>
Pa						ons for limitations o		Except I	for contributions,
						related business in			
14	Compensation of	officers,	directors, an	nd trustees (Schedule K)	<i></i> .		14	
15	Salaries and wage	es		/				15	<u></u>
16	Repairs and main	itenance						16	
17	Bad debts			/				17	
18									
19									
20									
21		-				1 1		[
22						22a		22b	
23									
24									
25									
25 26	EXCESS EXPENDIT AV	menses .	Schedule II						
26								1 27	
26 27	Excess readership	p costs (S	chedule J).						
26 27 28	Excess readership Other deductions	p costs (S (attach s	chedule J) . chedule) .					28	
26 27 28 29	Excess readership Other deductions Total deductions.	p costs (Se (attach s . Add line	chedule J) chedule) s 14 throug					<u>28</u>	
26 27 28 29 30	Excess readership Other deductions Total deductions. Unrelated busine	p costs (So (attach so Add line ess taxab	chedule J). chedule) . s 14 throug le income	h 28	loss	deduction Subtract lii	ne 29 from lin-	28 29 13 30	
26 27 28 29	Excess readership Other deductions Total deductions. Unrelated busine Deduction for net	p costs (So (attach so Add line ess taxab t operating	chedule J), chedule), s 14 throug le income g loss arisin	h 28 before net operating	loss		ne 29 from ling (see instructions)	28 29 13 30 31	

Form	990-T (20			···	F	Page 2
Par	t III	Total Unrelated Business Taxable Income				
×33	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see	\perp			
	ınstruct	ions)	. 33			
34	Amoun	s paid for disallowed fringes	. 34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see				
		ions)				
36		f unrelated business taxable income before specific deduction. Subtract line 35 from the sum	_			
00		33 and 34,				
37		deduction (Generally \$1,000, but see line 37 instructions for exceptions)	 			
38		ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36, is smaller of race or line 36.				0.
		e smaller of zero or line 36	· 38	<u> </u>		
		Tax Computation	1 20			
39	-	tations Taxable as Corporations. Multiply line 38 by 21% (0 21)				
40	Trusts	Taxable at Trust Rates See instructions for tax computation Income tax on	, .			
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)				
41		ax See instructions				
42		tive minimum tax (trusts only)				
43		Noncompliant Facility Income. See instructions				
44	Total A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44			
Par	t V	Tax and Payments				
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	_ i			
b	Other o	redits (see instructions)	_ []			
С	Genera	business credit. Attach Form 3800 (see instructions)] []			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	_] []			
е	Total c	redits. Add lines 45a through 45d	45e			
46		t line 45e from line 44				
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				
48		x. Add lines 46 and 47 (see instructions)				0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	4 1			
		ats A 2017 overpayment credited to 2018				
		stimated tax payments	7			
		osited with Form 8868	7			
4	Foreign	organizations Tax paid or withheld at source (see instructions) 50d	7 / /			
	Pookus	withholding (see instructions)	7] [
f	Crodit f	or small employer health insurance premiums (attach Form 8941)	7			
'		redits, adjustments, and payments Form 2439	711			
9		orm 4136 Other Total ▶ 50g	111			
51		ayments. Add lines 50a through 50g	51			
52			\$2			
53		ed tax penalty (see instructions) Check if Form 2220 is attached	\$3			
		b. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	1			
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1			
5,5		e amount of line 54 you want Credited to 2019 estimated tax Refunded				
	t VI	Statements Regarding Certain Activities and Other Information (see Instruction			Van	No.
56	•	time during the 2018 calendar year, did the organization have an interest in or a signature of		F	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r	-			
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country	ĺ	v
	here 🕨			 		X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust	17		X
	If "Yes,"	see instructions for other forms the organization may have to file				
<u>58</u>		ne amount of tax-exempt interest received or accrued during the tax year ▶ \$	<u> </u>			
٠.	l to	nder penalties of penury. I declare that I have examined this return including accompanying schedules and statements, and to the ue, correct, and penalties Declaration (by preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of m	ıy клоwledge а	ind beli	er, it is
Sig	n		lay the	IRS discuss	this r	etum
Her		1/2/100 0 1/2/100 UPO	vith the	preparer she	ow <u>n</u> b	
	s		ee instructi	ons)? X Ye	s	No
Paid		Print/Type preparer's name Preparer's signature Date Che	ck 🔲 ıf			
Paid		KEVIN R ENSMINGER 07/02/2020 self	-employed	P0133	L055	8
	oarer Only		i's EIN ►			
	Unity	Firm's address ▶ 2700 POST OAK BLVD., STE 1500, HOUSTON, TX 77056 Pho	ne no 7	13.499.4		
JSA				Form 99	0-T	(2018)

Form 990-T (2018)

Total dividends-received deductions included in column 8,

Schedule F-Interest, Anna	uities, Royalties			ntrolled Or							
Name of controlled organization	2 Employer identification numb	er 3 Ne	3 Net unrelated incom (loss) (see instructions		4 Total of sp		ed included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)	 				-					,	
(2)											
(3)				•							
(4)				-							
Nonexempt Controlled Organia	zations	I			1						
7. Taxable Income	8 Net unrelated in (loss) (see instruc	I		otal of specific		incl	Part of column uded in the conization's gros	ontrolling		. Deductions directly nected with income in column 10	
<i>-</i>			-	-		Orga	inzation's gros			-	
(1)											
(2)		-									
(3)									-		
(4)					,				<u> </u>		
Totals						Ent Pai	d columns 5 a er here and on t I, line 8, colu	page 1, imn (A)	Ent	d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Totals	come of a Sec	tion 501(c	1/71	(9). or (17) Orga	nizatio	n (see ins	tructions)	٠,		
1 Description of income	2 Amount of		7.77	3 Deduction directly cor	tions		4 Se	et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)				(attach sch	nedule)					pius coi 4)	
(2)										·····	
(3)			<u> </u>				<u></u>				
(4)			<u> </u>								
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Tha	an Advert	isina Ir	ıcome	(see instri	uctions)		Enter here and on page 1, Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	es with of	4 Net incor from unrelat or business 2 minus col If a gain, cols 5 three	ne (loss) led trade (column lumn 3) ompute	5 Gi from is no	coss income activity that of unrelated less income	6. Expe attributi colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						-					
(2)					,			·			
·				<u> </u>				-			
(3)			_					-			
(4)	Enter here and on page 1, Part I, - line 10, col (A)	Enter here ar page 1- Pa line 10, col	rtl,		•		•	<u>.</u>	•	Enter here and on page 1, Part II, line 26	
Totals	1			L							
Schedule J-Advertising Ir					-						
Part I Income From Per	iodicals Repor	ted on a Co	nsoli	dated Bas	SIS						
1 Name of periodical	2. Gross advertising (3 Direct advertising of	-	4 Adver gain or (los 2 minus ci a gain, co cols 5 thre	ss) (col ol 3) If mpute		Circulation ncome	6. Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	+			1		<u> </u>		 		┑	
	-			1						7	
(3)	-			1				 		┥ .	
(4)						ļ.——		 		 	
Totals (carry to Part II, line (5)) ▶					_					5 000 T (00)	
	,									Form 990-T (2018)	

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

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

Form 990-T (2018)