DLN: 93493098005481

OMB No. 1545-0047

2019

Department of the Treasury

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.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

A E		2010 6		ning 06-01-2019 , and ending 05	-21-2020					
			C Name of organization	ming 00-01-2019 , and ending 03	-31-2020		D Employ	er iden	tification	n number
B Check if applicable: ☐ Address change —			University of Dallas		75-0926755					
□ Na		-	% DEBORAH ZIMMERMAN Doing business as							
☐ Ini		turn n/terminated				L				
		return	Number and street (or P.O. box if m	ail is not delivered to street address) Room	/suite		E Telephoi	ne numb	er	
□ Ар	olicatio	on pending	1845 E Northgate Dr				(972) 7	21-500	00	
			City or town, state or province, cour Irving, TX 75062	try, and ZIP or foreign postal code						
			3,	1. 65:			G Gross re			J17
			F Name and address of principa Jonathan Sanford	l officer:	H(a)		a group re	turn fo		
			1845 E Northgate Dr		ЦЬ	subordi Are all	nates? subordina	tes	_	Yes 🗹 No
r Tay	(-even	npt status:	Irving, TX 75062		⊢ `	include	d?			☐Yes ☐No
			☑ 501(c)(3) ☐ 501(c)() ◀ (insert no.) 4947(a)(1) or 527			attach a	•		ıctions)
J W	ebsit	:e:▶ ww	w.udallas.edu		11(0)	Group 6	exemption	numbe	er 🟲	
V Eorn	of or	raanization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation Other •	L Year	of formati	ion: 1 956	M Stat	te of lega	al domicile: TX
T 1 0111	1 01 01	rgariization.	. La corporation La mast La Asso	Cidation D Other P						
Pa	ırt I	_	mary							
			scribe the organization's mission o FRSITY OF DALLAS IS DEDICATED	r most significant activities: • TO THE PURSUIT OF WISDOM, OF TR	RUTH. AND	OF VIR	TUE AS TE	HE PROI	PER ANI) PRIMARY
မ			EDUCATION. (CONTINUED ON SCI							
Ĕ	-									
E E	_									
Ć,				continued its operations or disposed o			of its net a	assets.		
بخ خ				g body (Part VI, line 1a)				3	_	38
Activities & Governance			•	the governing body (Part VI, line 1b)				4		37
Ĭ.			• •	lendar year 2019 (Part V, line 2a) .				5		1,453
ACI			•	ressary)			•	-		300
				VIII, column (C), line 12				7	_	26,469
	D	Net unrei	lated business taxable income from	n Form 990-T, line 39	· · · ·		r Year	/		ent Year
	R	Contribut	tions and grants (Part VIII, line 1h)			FIIO	5,185,	923	Cuii	7,430,686
ēnu							88,608,			87,639,12
Rəvenue		_	ent income (Part VIII, column (A), I				3,356,		2,798,44	
α			venue (Part VIII, column (A), lines	•			279,		126,53	
				st equal Part VIII, column (A), line 12)			97,430,	058	97,994,79	
	13	Grants ar	nd similar amounts paid (Part IX, c	olumn (A), lines 1–3)			38,634,	690		40,558,69
	14	Benefits	paid to or for members (Part IX, co	olumn (A), line 4)				0		
8	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5–10)		38,046,	423		37,105,669
SUS	16 a	Professio	onal fundraising fees (Part IX, colur	nn (A), line 11e)				0		(
Expenses	b	Total fund	raising expenses (Part IX, column (D), I	ine 25) ▶1,798,737						
ш	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			24,094,	510		22,772,46
			enses. Add lines 13–17 (must equ	, , , , , ,			100,775,			100,436,82
(A)	19	Revenue	less expenses. Subtract line 18 fro	om line 12			-3,345,			-2,442,03
Net Assets or Fund Balances					Beg	inning o	f Current \	rear	End	l of Year
aga	20	Total ass	ets (Part X, line 16)				171,119,	279		173,302,623
Z B	21	Total liab	vilities (Part X, line 26)				38,190,	948		42,036,149
ΣĪ	22	Net asset	ts or fund balances. Subtract line 2	21 from line 20			132,928,	331		131,266,47
	rt II		ature Block							
				ined this return, including accompanyi . Declaration of preparer (other than c						
	nowle									
		*****	*			2021-	-04-15			
Sign		Signati	ure of officer			Date	0 1 13			
Here		ROBER	RT WATLING CFO							
			r print name and title							
		P	rint/Type preparer's name	Preparer's signature	Date	Check		PTI N P007426	531	
Paid		L				self-e	mployed	. 00/420	,,,,	
Pre		71	irm's name ► BKD LLP			Firm's	s EIN 🟲			
Use	On	ly ြ	Firm's address ▶ 14241 DALLAS PARKW	AY SUITE 1100		Phone	e no. (972)	702-826	52	
			DALLAS, TX 75254							
May t	he IR	S discuss	this return with the preparer show	vn above? (see instructions)				~	Yes [] No

Forn	1 990 (20	019)					Page 2					
Pa	art III	Statement of	of Program Servi	ce Accomplis	hments							
		Check if Sched	lule O contains a resp	onse or note to a	any line in this Part III		🗹					
1	Briefly	describe the or	rganization's mission:									
EDU THE	CATION. MSELVES	THE UNIVERSI	TY SEEKS TO EDUCATOR WORK IN A PROBLEM	TE ITS STUDENT MATIC AND CHAI	S SO THEY MAY DEVEL	AND OF VIRTUE AS THE PROP OP THE INTELLECTUAL AND N ECOME LEADERS ABLE TO AC CH.	ORAL VIRTUES, PREPARE					
2		-	undertake any signific		vices during the year w	hich were not listed on	. □Yes ☑No					
	If "Yes	," describe thes	se new services on Sc	hedule O.								
3	Did the	e organization c	ease conducting, or r	nake significant	changes in how it cond	ucts, any program						
	service	es?					. 🗌 Yes 🛂 No					
	If "Yes	If "Yes," describe these changes on Schedule O.										
4	Section	n 501(c)(3) and		ons are required	to report the amount of	largest program services, as of grants and allocations to ot						
	(Code:) (Expenses \$	7,540,261	including grants of \$	338,111) (Revenue \$	12,102,377)					
		ditional Data) (=/poiled#	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	metaanig grante er p							
4b	(Code:) (Expenses \$	63,627,678	including grants of \$	38,870,722) (Revenue \$	70,983,707)					
	See Ad	ditional Data										
4c	(Code:) (Expenses \$	1,835,867	including grants of \$	1,001,051) (Revenue \$	2,390,120)					
	See Ad	ditional Data										
	See A	dditional Data T	-able									
4d			es (Describe in Sched	,								
	(Expe	nses \$	10,754,767 inc	luding grants of	\$ 347,8	812) (Revenue \$	2,162,919)					
4e	Total	program servi	ice expenses ▶	83,758,5	73							

Form	990 (2019)			Page 3
Par	Checklist of Required Schedules			
_			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
	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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
	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	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🖼	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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
	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	
		F	orm 99	0 (2019)

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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
	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
	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
	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
	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? If "Yes," complete Schedule L,Part III	27	Yes	
	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):			
	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		No
c	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
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	31		No 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		No
	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		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	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
	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	
Pari				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 283			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			ı

1c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	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			
b	this return	1,453 2b	Yes	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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 o financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
b	If "Yes," enter the name of the foreign country: ►IT	ъ,		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat solicit any contributions that were not tax deductible as charitable contributions?	ion 6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6b		
7	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 s provided to the payor?	ervices 7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 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?	5 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F 1098-C?	orm 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			
11	Section 501(c)(12) organizations. Enter:			
а	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. 12b			
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 exparachute payment(s) during the year?	xcess . 15		No
16	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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Part	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	" respo	onse to	lines
Sec	tion A. Governing Body and Management			
1 2	Enter the number of voting members of the governing body at the end of the tax year 1a 38		Yes	No
	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 37			
	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
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
,	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6		No
	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
	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
;	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N ₁
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	N
а	Did the organization have local chapters, branches, or affiliates?	10a		N
	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		
	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			
а	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	
	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	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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).			
	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		N:
	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		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed▶ NH			
3	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)			
	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.			
) :	State the name, address, and telephone number of the person who possesses the organization's books and records: DEBORAH ZIMMERMAN 1845 EAST NORTHGATE DR Irving, TX 75062 (972) 721-5177			
		F	orm 99	0 (20

(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

62578 COLLECTION CENTER DR CHICAGO, IL 606930625

compensation from the organization ▶ 23

1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043

GOOGLE INC,

Part VII

(A) Name and title	e	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	t che unles fficer	eck mo ss pers r and a tee)	son	Repo compo froi organ	(D) portable pensation om the inization	(E) Report compens from re organiza	table sation elated ations	Estim amount o compen from	ated of other esation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- NSC)	(W-2/1 MISG		organization and related organizations	
See Additional Data Table					\vdash	\vdash	\vdash	+						
				\vdash	\vdash	\vdash		+	\vdash					
	+			+-	\vdash	\vdash	\vdash	++	 					
				 '	\vdash	\vdash	\vdash	++	$\vdash \vdash$					
	+			—	\vdash	\vdash	\vdash	+	\vdash					
	+			—	\vdash	\vdash	\vdash	++	\vdash					
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				 '	\vdash	\vdash		++	 					
				 	\vdash	\vdash		+	 		-			
1b Sub-Total			<u></u>	<u>. </u>	<u></u>	<u>ш</u>	<u> </u>	Щ.				$-\top$		
c Total from continuatio		•					•		3	,068,554		0		568,382
2 Total number of individed of reportable compens	iduals (including		to those			bov€	a) who	rece		· · · ·	00,000	<u> </u>		500,302
													Yes	No
3 Did the organization lis line 1a? If "Yes," comp				ee, ke	ey er	mplc •	oyee, c	or hiç •	ghest cor	mpensated	employee o	on 3	3	No
4 For any individual liste organization and relate individual											the			
5 Did any person listed of										tion or ind	ividual for	. 4	l Yes	
services rendered to th			ete Sch	edule	J fo	ır su	ch per	rson				5	;	No
Section B. Independe			- Lindan						··aived	· · · · · · · · · · · · · · · · · · ·	******	-f		
Complete this table for from the organization.													nsation	
	Name ar	(A) and business addre	ess							Desc	(B) ription of serv	vices	(Compe	C) nsation
ARAMARK CORPORATION, 27310 NETWORK PL CHICAGO, IL 606731273										FOOD SERV	ICES		3	3,378,341
EAB GLOBAL INC, PO BOX 603519 CHARLOTTE, NC 282603519										STUDENT MA	ARKETING			871,416
JDC BUSINESS CORP, PO BOX 117191										CAMPUS HO	USEKEEPING	i		436,135
CARROLLTON, TX 750117191 ELLUCIAN COMPANY LP,										BANNER HO	ETING		 	387,736
62578 COLLECTION CENTER DR									!	DANNERTIO	311110			307,730

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

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

351,793

ADVERTISING

		(2019)	- 6 5							Page 9
Part	VIII				a respo	nse or note to anv	line in this Part VIII			🗆
		GREEK II SCHOOL	auc	o concumb c	- respo	inse of flote to unit	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
"	1:	a Federated campa	igns	5	1 a		l	revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	s .	· į	1 b					
, Gr.	¦ .	c Fundraising even	ts .		1c	25,938				
ifts,		d Related organiza			1d					
8, G		e Government grants			1e	2,473,742				
ion	1	f All other contribution and similar amounts	ns, g s not	gifts, grants, included	1f	4,931,006				
tributio Other	: ,	above g Noncash contributio	ns in	ncluded in		·				
Contr.		lines 1a - 1f:\$			1 g	30,572				
<u>ت</u> ت	<u>Ц</u>	h Total. Add lines	1a-1	.f	•	· · · •	7,430,686	ı		
		Tuition and Fees				Business Code	78,618,602	78,618,602		
<u>a</u>	Za	Tultion and Fees				611310				
Program Service Revenue	b	Auxiliary Activities				611710	9,020,521	9,020,521		
⊕ ⊕										
rvic	C									
% %	d	I								
grar	e	•								
Ĕ	_ ا									
		All other program Total. Add lines 2				87,639,123				
	_	Investment income								1
	5	similar amounts). Income from invest			•	•	1,876,40	0		1,876,401
				it of tax-exe	•		47.01			47,916
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a		50,000					
	b	Less: rental	6b		21 400		1			
	c	expenses Rental income	00		31,400	1	-			
		or (loss)	6 c		18,600		18,600			18,600
	'	d Net rental income	or	(i) Secur	ities	(ii) Other	10,000	<u> </u>		18,600
	7a	Gross amount					_			
		from sales of assets other than inventory	7a		920,048	2,00	0			
	ь	Less: cost or	_				1			
		other basis and sales expenses	7b							
	c	Gain or (loss)	7c		920,048	2,00	0			
		d Net gain or (loss)	•				922,048	3		922,048
<u>a</u>	8a	Gross income from fu (not including \$	ındra	ising events 25,938 of						
e e		contributions reported See Part IV, line 18		line 1c).		4.640				
Rev		Less: direct expen			8a 8b	4,612 8,827	_			
Other Revenue		Net income or (los			ing ev	ents •	-4,21!	5		-4,215
ō	92	Gross income from	gam	ing activities						
		See Part IV, line 19		• •	9a	0				
		Less: direct expen			9b	0				
	'	: Net income or (los	ss) fr	rom gaming	activiti	es >		0		
	10	aGross sales of inve	ento	ry, less		0				
	 	Less: cost of good			10a 10b	0				
		Net income or (los				ory >		o		
		Miscellaneo	us R	levenue		Business Code	27.76			97.769
	11	La Perkins Fees				52229	37,762	4		37,762
	,	Advertising Incom				54180	0 5,100	0	5,100	
		Auvernising Incom	ie							
	۱ ,	WINE SALES				72241	0 28,148	3	28,148	3
		d All other revenue					-6,779	9	-6,779	
		Total. Add lines 1				•	64,23:	1		
	12	2 Total revenue. S	ee ir	nstructions	• •	• • • •	97,994,790	87,639,123	26,469	
										Form 990 (2019)

				Page 10
Part IX Statement of Functional Expenses		All abban annuminatio		(A)
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	22,849	22,849	general expenses	ехрепаса
2 Grants and other assistance to domestic individuals. See Part IV, line 22	40,535,847	40,535,847		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,644,297	1,637,744	545,421	461,132
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	26,751,886	21,213,094	4,871,084	667,708
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,254,557	980,697	232,552	41,308
9 Other employee benefits	4,488,838	4,204,880	136,771	147,187
10 Payroll taxes	1,966,091	1,514,570	370,918	80,603
11 Fees for services (non-employees):	, ,	, ,	,	
a Management	0			
	97,680	11,206	86,474	
b Legal		11,200		
c Accounting	111,160		111,160	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	356,880		356,880	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,696,785	4,391,137	2,291,066	14,582
12 Advertising and promotion	407,240	92,284	272,956	42,000
13 Office expenses	2,883,337	1,993,341	826,507	63,489
14 Information technology	1,056,059	343,632	692,687	19,740
15 Royalties	0			
16 Occupancy	1,453,667	94,979	1,358,688	
17 Travel	1,490,103	1,415,394	44,050	30,659
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	885,136	688,673	139,639	56,824
20 Interest	1,079,347	544	1,073,686	5,117
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,609,093	3,684,876	896,382	27,835
23 Insurance	532,409	435,232	94,298	2,879
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 Maintenance	181,258	21,915	159,343	
b Membership Dues	269,872	164,383	93,126	12,363
c Bad Debt	330,060	1,485	203,264	125,311
d UNRELATED BUSINESS INC TAX	7,200		7,200	
e All other expenses	325,176	309,811	15,365	
25 Total functional expenses. Add lines 1 through 24e	100,436,827	83,758,573	14,879,517	1,798,737
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).				

10a

10b

Part X Balance Sheet		
Check if Schedule O contains a response or note to any line in this Part IX $$.		 🗆
	(A)	(B)
	Beginning of year	End of year

Page **11**

24 200

0

0

1,453,639

74,072,956

73,561,308 9.685,841

2,134,236

173,302,623

7,536,689

4,973,821

12.450.000

14,187,534

2,888,105

42.036.149

80.629,843

50,636,631

131,266,474

173.302.623

Form 990 (2019)

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1,704,781

77,096,929

73,020,883

8.970.425

2,552,576

171,119,279

7,006,163

5,118,288

12.890.000

8,810,834

4,365,663

38,190,948

83,986,469

48,941,862

132,928,331

171,119,279

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10c

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I Cash-non-interest-bearing	30,000	-	21,200
2 Savings and temporary cash investments	5,205,867	2	7,574,802
3 Pledges and grants receivable, net	811,460	3	720,242
4 Accounts receivable, net	1,722,990	4	4,075,300
5 Loans and other payables to any current or former officer, director, trustee,			

151,899,129

77,826,173

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).

Notes and loans receivable, net

Inventories for sale or use 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

Deferred revenue . . .

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

Tax-exempt bond liabilities . .

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 .

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

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

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

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

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

3b

Yes Form 990 (2019)

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.

Additional Data

Software ID:

Software Version:

EIN: 75-0926755

Name: University of Dallas

Form 990 (2019)

Form 990, Part III, Line 4a:

THE SATISH & YASMIN GUPTA COLLEGE OF BUSINESS IS A PROFESSIONAL SCHOOL WHOSE PRIMARY PURPOSE IS TO PREPARE ITS STUDENTS TO BECOME COMPETENT AND RESPONSIBLE MANAGERS WHO ARE PRINCIPLED AND MORAL LEADERS. TO ACCOMPLISH THIS PURPOSE, WE SELECT AND RETAIN A DIVERSE AND TALENTED FACULTY AND STAFF. WE ENCOURAGE OUR FACULTY TO ENGAGE IN REAL WORLD PRACTICES THAT SUPPORT THEIR TEACHING AND RESEARCH AGENDAS. OUR FACULTY EMPHASIZE TEACHING AND LEARNING AND ENGAGE IN BASIC, APPLIED, AND PEDAGOGICAL RESEARCH.

THE CONSTANTIN COLLEGE OF LIBERAL ARTS SEEKS TO EDUCATE STUDENTS OF SERIOUSNESS, INTELLIGENCE AND SPIRIT IN ACCORDANCE WITH THE FUNDAMENTAL MISSION OF THE UNIVERSITY OF DALLAS - THE SPECIFIC MISSION OF THE CONSTANTIN COLLEGE IS TO PROVIDE UNDERGRADUATE EDUCATION THROUGH BACCALAUREATE DEGREE PROGRAMS WHICH INCLUDE A SUBSTANTIAL AND COHERENT CORE CURRICULUM COMMON TO ALL UNDERGRADUATES AND MAJOR STUDIES IN THE HUMANITIES AND SCIENCES PROPER TO LIBERAL LEARNING. THE CORE CURRICULUM EMPHASIZES THE STUDY OF THE GREAT DEEDS AND WORKS OF WESTERN

Form 990, Part III, Line 4b:

CIVILIZATION, BOTH ANCIENT AND MODERN...(CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4c: The Braniff Graduate School seeks to accomplish at the highest level the universitys commitment to the revival of the Western heritage of liberal education, the recovery of the Christian intellectual tradition and the renewal of Catholic theology in fidelity to the Church and in constructive dialogue with the modern world. Its specific purpose is to offer selected masters and doctoral programs in the liberal arts which recall these disciplines to their first principles and which will prepare students for careers in a variety of

fields....(CONTINUED ON SCHEDULE O)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$	1,823,914	including grants of \$	54,076) (Revenue \$	1,447,739)
NEUHOFF SCHOOL C)F MINISTRY				

(Code:) (Expenses \$	1,823,914	including grants of \$	54,076) (Revenue \$	1,447,739)
NEUHOFF SCHOOL (OF MINISTRY				

8,930,853

(Code:

OTHER

) (Expenses \$

(Code:) (Expenses \$	1,823,914	including grants of \$	54,076) (Revenue \$	1,447,739)
NEUHOFF SCHOOL OF M	INISTRY				

including grants of \$

293,736) (Revenue \$

715,180

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

(W- 2/1099-

188,173

176,117

184,346

164,656

148,200

153,340

(W- 2/1099-

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47,596

38,209

29,802

39,466

32,088

22,039

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
John Plotts	40.0									
executive vice president	0.0			X				291,150	0	51,886
KARIN RILLEY VP LEGAL & BOARD END 12/2019	40.0			х				260,712	0	28,787
JONATHAN SANFORD Provost	40.0			х				236,760	0	50,823
BRETT LANDRY DEAN COLLEGE OF BUSINESS	40.0			х				210,955	0	51,001

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SRINATH BELDONA

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Assoc Dean-Faclty/Prof-COB

Interim Dean Constantin Coll.

PROFESSOR, MANAGEMENT, COB

Interim CFO-end12/19/Assc Prof

.......

JAMES WHITTINGTON

VP/DEAN ROME CAMPUS

SALLY HICKS

THOMAS HIBBS

PETER HATLIE

BRIAN MURRAY

PRESIDENT

and Independent Contractors

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

	formulated	and a director/trustee)						(14/ 2/1000	(W. 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
GREG BELL	40.0										
						X		158,721	0	9,879	
Assoc Dean-Acad/Assoc Prof-COB	0.0										
YIWEN GU	40.0										
						Х		141,411	0	16,972	
ASSOCIATE PROFESSOR, COB	0.0										
SUE CONGER	40.0										
						×		137,466	0	17,979	
PROFESSOR, COB	0.0										
JASON TRUJILLO	40.0										
5.001111032220				Х				132,426	0	18,877	
VP ADVANCEMENT START 6/2019	0.0										

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111,090

104,970

114,754

81,483

70,324

1,500

0

0

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0

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38,930

38,626

8,046

12,087

15,289

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PROFESSOR, COB
JASON TRUJILLO
VP ADVANCEMENT START 6/2019
JOSHUA PARENS

......

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DEAN BRANIFF GRADUATE SCHOOL

THEODORE WHAPHAM

Dean School of MinistrY

LEONARD ROBERTSON

KATHERINE MCGRAW

Registrar END 3/2020

TRUSTEE, Adjunct Professor

MIKE MAGUSIAK

VP Advancement, END 6/2019

AVP ADMIN & FINANCE END 9/2019

JOAN CANTY

and Independent Contractors

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

and Independent Contractors

TERRY O'HALLORAN

BRIDGETT WAGNER

CHARLES BAUMANN

MARY DEVLIN CAPIZZI

......

TREASURER

SECRETARY

TRUSTEE

WIN BELL

TRUSTEE

TRUSTEE

TRUSTEE

J BARRY CLARK

	any hours					ustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	I O	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RICHARD HUSSEINI CHARIMAN	0.0	Х		х				0	0	0	
LAURA FELIS QUINN VICE CHAIR	0.0	Х		х				0	0	0	
EDWARD BISHOP BURNS	1.0									_	

or butter but	0.0						
LAURA FELIS QUINN	1.0	v	<		0	0	
VICE CHAIR	0.0	^	^		0	0	
EDWARD BISHOP BURNS	1.0		_		0	0	
CHANCELLOR	0.0	^	^		U	0	
ANDREW FARLEY	1.0	v	\ \		0		
NAB PRESIDENT		X	^		U	U	

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

	any hours	and	organizations	from the						
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL BISHOP DUCA TRUSTEE	0.0	Х						0	0	0
KEVIN CARDINAL FARRE TRUSTEE	0.0	Х						0	0	0
EMMET FLOOD	1.0	¥						0	0	0

0

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KEVIN CARDINAL FARRE	1.0	x			0	
TRUSTEE	0.0					
EMMET FLOOD	1.0					
TRUSTEE	0.0	X			0	
LOUIS GRABOWSKY	1.0	V			0	
TRUSTEE	0.0	^			0	

1.0

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0.0 1.0

0.0 1.0

0.0 1.0

0.0 1.0 Χ

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and Independent Contractors

PATRICK HAGGERTY

GREGORY HOELSCHER

......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

CARY HYDEN

WILLIAM KEFFLER

ANNMARIE KELLY

KEVIN HASSON

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

and Independent Contractors

nathaniel PARKER

.......

TRUSTEE

TRUSTEE

LEN RUBY

TRUSTEE

TRUSTEE

TRUSTEE

MARK BISHOP SEITZ

NICHOLAS SERAFY JR

MARY RITTER

	any hours			r/tr	ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
GREGORY BISHOP KELLY TRUSTEE	0.0	Х					0	0	0
MARY MANNING TRUSTEE	0.0	Х					0	0	0
RANDALL MUCK	1.0							0	

MARY MANNING	1.0	X			0	
TRUSTEE	0.0				9	
RANDALL MUCK	1.0					
TRUSTEE	0.0	Х			0	
THOMAS NEALON	1.0	X			0	
TRUSTEE	0.0	^				

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TRUSTEE	0.0						
RANDALL MUCK	1.0	_			0	0	0
TRUSTEE	0.0	^			0	0	0
THOMAS NEALON	1.0	¥			0	0	0
TRUSTEE	0.0	^			9	3	
JOSEPH NUEHOFF	1.0	v			0	0	0
TRUSTEE	0.0	^			0	0	0

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

	any hours	-1-4-4)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MEGAN SMITH	1.0	Х						0	0	0	
TRUSTEE	0.0							0	0	0	
PATRICK STARK	1.0	X						9	0	0	
TRUSTEE	0.0								· ·		
Julie Weber	1.0	×						0	n	0	
TRUSTEE	0.0								•		
Jean White	1.0										

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TRUSTEE	0.0				
Julie Weber	1.0				
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TRUSTEE	0.0				
Jean White	1.0				
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TRUSTEE	0.0				
ALBERT ZAPANTA	1.0				

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and Independent Contractors

TRUSTEE

TRUSTEE

THOMAS ZELLERS

ROBERT WATLING

CFO START 1/2020

REGISTRAR START 3/2020

MARISA DARBY

HEATHER LACHENAUER

GENERAL COUNSEL START 5/2020

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SCI	HFD	ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99			rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
		f the Treasury	► Go to <u>www.irs</u>	<u>agov/Form990</u> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam		nie Service he organiza	tion				Employer identific	
		Dallas					75-0926755	
	rt I		for Public Charity State				See instructions.	
	rganız		a private foundation because	•			(4)()	
1		•	onvention of churches, or as			, ,, ,	. , . ,	
2	✓		scribed in section 170(b)(`	, ,		
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	()(v).	
7			ation that normally receives (0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init 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		from activit investment	ation that normally receives: lies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	ections—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
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 ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo				
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrate integrated. The organizatio b). You must complete Pai	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е		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(т'			
	(i) N	Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization in your governing docume in your governing docume			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No		
			<u> </u>					
Tota			tion Act Notice, see the I		Cat. No. 11285		 Schedule A (Form 9	

54.299 %

Schedule A (Form 990 or 990-FZ) 2019

15 Public support percentage for 2018 Schedule A, Part II, line 14

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(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 S	-	<u> </u>			16		
	ection D. Computation of Investr 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 s							
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the							
ט	not more than 33 1/3%, check this box	-			•		_	
20	Private foundation. If the organization	-	-					
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖	

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

3с

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 550 01 550 E2) 2015			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 henefit of any supported organization other than the supported organization(s) that	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
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?			
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).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in 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 instruction)	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

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a 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) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details 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	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. See instructions	sive (provide		
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:			_

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			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
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		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
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 . See instructions.		
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.		

	See instructions.		
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:		
а	Excess from 2015		
b	Excess from 2016		
С	Excess from 2017		

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

Additional Data

Software ID: Software Version:

EIN: 75-0926755

Name: University of Dallas

Schedule A (Form 990 or 990-EZ) 2019

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

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As Filed Data -

DLN: 93493098005481

OMB No. 1545-0047

Supplemental Financial Statements

(Form 990)

Department of the Treasury

Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Open to Public Inspection

2019

	me of the organization versity of Dallas			Employer identification number
Ulliv	relative of Dallas			75-0926755
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or Othe	er Similar Funds	or Accounts.
	Complete if the organization answered "Ye	s" on Form 990, Pai		(b) Funds and other accounts
1	Total number at end of year	(a) Donor ac	avisea iailas	(b) Fullus and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adviso	re in writing that the a	essets held in donor a	l dvised funds are the
	organization's property, subject to the organization's ex	clusive legal control? .		· · ·
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or fo	or any other purpose	
Pa	rt II Conservation Easements.	all are Farme 000. Day		
1	Complete if the organization answered "Ye	·	•	
_	Purpose(s) of conservation easements held by the organ	` _	-	
	Preservation of land for public use (e.g., recreation	n or education) L		n historically important land area
	Protection of natural habitat	L	→ Preservation of a	certified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	contribution in the fo	orm of a conservation Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
c	Number of conservation easements on a certified histori	c structure included in	ı (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and	d not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguish	hed, or terminated by	the organization during the
4	Number of states where property subject to conservation	n easement is located	▶	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			
6	Staff and volunteer hours devoted to monitoring, inspec			☐ Yes ☐ No conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations,	, and enforcing conse	rvation easements during the year
	▶ \$			
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?	above satisfy the requ	uirements of section :	170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organi		
Par	Organizations Maintaining Collections Complete if the organization answered "Ye			her Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	6 (ASC 958), not to re public exhibition, educ	eport in its revenue st cation, or research in	furtherance of public service,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:			
(i) Revenue included on Form 990, Part VIII, line ${f 1}$			> \$
(i	i)Assets included in Form 990, Part X			
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS			ancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			> \$

b Buildings

 ${f c}$ Leasehold improvements

d Equipment

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

e Other .

Sche	edule D (Form 990) 2019								Page 2
Par	rt IIII Organizations Maintaining Co	llections of	Art, Histo	rical T	reası	ıres, or Other	Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, accession items (check all that apply):	on, and other r	ecords, chec	k any of	the fo	llowing that are a	significant (use of its c	collection
а	Public exhibition		d		Loan	or exchange prog	grams		
b	☐ Scholarly research		е		Othe	r			
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIII.	llections and e	explain how t	hey furtl	her the	e organization's e	xempt purpo	se in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							☐ Yes	□ No
Pa	Complete if the organization answ X, line 21.		on Form 99	90, Part	IV, li	ne 9, or reporte	ed an amou	ınt on Fo	rm 990, Part
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other in	termediary f	or contri 	bution · · ·	s or other assets	not 	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XII	I and complet	e the followir	na table:			Δ	mount	
c	Beginning balance	·		-		1c			
d	· ·					1d			
е	- ·								
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part	X, line 21, fo	r escrov	v or cu	ıstodial account li	ability?	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XII	I. Check here	if the explan	ation has	been	provided in Part	XIII		
Pa	art V Endowment Funds.								
	Complete if the organization ans						Lon		
1 =	Beginning of year balance	(a) Current	year (b) 80,561	Prior yea 76,470		(c) Two years back 56,984,487	(d) Three ye	ars back (e	58,826,000
	Contributions		33,864		7,224	17,467,566		757,980	86,904
	Net investment earnings, gains, and losses	·	36,342		0,323	5,419,237		880,002	-1,408,001
	Grants or scholarships	4	75,107	453	3,607	426,581		319,443	319,532
e	Other expenditures for facilities and programs	3,2	77,332	2,684	1,585	2,583,769	2	705,351	2,568,267
f	Administrative expenses		29,576		9,590	390,144		348,620	381,225
	End of year balance	74,8	68,752	74,080		76,470,796		.984,487	54,235,879
2	Provide the estimated percentage of the curr	ent vear end l	palance (line	1a. colu	mn (a)) held as:	1	<u> </u>	
а	Board designated or quasi-endowment ▶	39.760 %		-5,		,,			
b	Permanent endowment ► 60.240 %		•						
c	Temporarily restricted endowment ►								
_	The percentages on lines 2a, 2b, and 2c show	uld equal 100°	% .						
3а	Are there endowment funds not in the posses organization by:	ssion of the or	ganization th	nat are h	eld an	d administered fo	r the		Yes No
	(i) unrelated organizations							3a(
b	(ii) related organizations		 auired on Sc	 hedule R				3a(i	
4	Describe in Part XIII the intended uses of the				-		-		
Pa	Land, Buildings, and Equipme Complete if the organization ans		on Form 90	n Part	TV Ii	ne 11a. See Fo	rm 990 Pa	rt X. line	10.
	Description of property (a) Cost or ot	her basis	(b) Cost or oth) Book value
	(investm	ent)							
1 a	Land			4,8	44,225				4,844,225

111,021,215

15,737,358

7,707,077

12,589,254

53,490,231

8,450,095

5,459,812

10,426,035

57,530,984

7,287,263

2,247,265

2,163,219

Part VII	Investments—Other Securities.	Farms 000 Part IV line t	11h Can Faura 000 F	Doub V. Ban 12
	Complete if the organization answered "Yes" on (a) Description of security or category (including page of acquisity)	(b) Book value	(c) Method	d of valuation:
(1) Financia	(including name of security) I derivatives		Cost or end-or-	year market value
(2) Closely-I (3) Other	held equity interests			
(A) Funds He	eld in Trust	7,047		F
(B) INVESTM	1ENT HEDGE FUNDS	9,678,794		<u>F</u>
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Columi Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	9,685,841		
	Complete if the organization answered 'Yes' on (a) Description of investment	Form 990, Part IV, line 1	(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)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets. Complete if the organization answered 'Yes' on F	Form 990 Part IV line 1	1d See Form 990 Par	t V line 15
	(a) Descriptio		141 Sec 16111 336, 141	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1	1e or 11f.See Form	990, Part X, line 25.
1.	(a) Description of			(b) Book value
	income taxes			0
	ole Student Deposits Refundable Advances			640,284 2,247,821
(4)				
(5)				
(6)				
(7)				
(7)				
(8)				
(7) (8) (9) (10)				
(8) (9) (10)	n (b) must equal Form 990, Part X, col.(B) line 25.)		•	2,888,105

Part XI

2

а

b

4

b

C

Part XII

5

1

2

3

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2019

Page 4

-38,935,289

97,684,916

309,874

97,994,790

60,411,477

722,062

59,689,415

40,747,412

100.436.827

Schedule D (Form 990) 2019

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

2a

2b

4a

4b

2a 2b 2c 2d

4b

Explanation

1,455,243

356,880

-47,006

722,062

356,880

40,390,532

2e

3

4c

5

1

2e

3

4c

5

	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	
	Subtract line $2e$ from line 1	
	Amounts included on Form 990, Part IX, line 25, but not on line ${\bf 1}$:	
a	Investment expenses not included on Form 990, Part VIII, line $7b$	
b	Other (Describe in Part XIII.)	
С	Add lines $4a$ and $4b$	

Supplemental Information

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements . . .

Net unrealized gains (losses) on investments . . .

Add lines **4a** and **4b**

Donated services and use of facilities . . .

chedule D (Form 990) 2019		
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 75-0926755

Name: University of Dallas

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	LIABILITY FOR UNCERTAIN TAX POSITIONS: The University is recognized as exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). The University m ay be subject to federal and state income taxes on any net income from unrelated business activities. The University files a Form 990 (Return of Organization Exempt from Income Tax) annually and unrelated business income tax Form 990-T, as appropriate. Management has ev aluated their material tax positions, which include such matters as the tax-exempt status and various positions relative to potential sources of unrelated business income tax (UBIT). As of May 31, 2020 and 2019, there were no uncertain tax positions that had not been re cognized as a liability. Forms 990 and 990-T filed by the University and are no longer sub ject to examination by the Internal Revenue Service for the fiscal years ended May 31, 201 6 and prior.

Supplemental Information								
Return Reference	Explanation							
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS: THE INTENDED USE OF THE UNIVERSITY'S ENDOW MENT FUNDS IS TO SUPPORT THE INSTITUTION'S LONG TERM MISSION BY PROVIDING THE FINANCIAL ST RENGTH NECESSARY TO CARRY OUT THE MISSION'S OPERATIONS.							

Supplemental Information							
Return Reference	Explanation						
SCHEDULE D, PART XI, LINE 2D	RECONCILIATION OF REVENUE PER AUDITED FINANCIALS WITH RETURN: SCHOLARSHIPS \$(40,390,532)						

Supplemental Information								
Return Reference	Explanation							
	RECONCILIATION OF REVENUE PER AUDITED FINANCIALS WITH RETURN: FUNDRAISING EXPENSES \$ (8,82 7) PASS-THROUGH INCOME FROM K-1 \$ (6,779) DIRECT RENT EXPENSES \$(31,400) TOTAL \$							

Supplemental Information							
Return Reference	Explanation						
	RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS WITH RETURN: FUNDRAISING EXPENSES \$ 8,82						

/ BOND SWAP LOSS \$681,835 DIRECT RENT EXPENSES \$ 31,400 ------TOTAL \$722,062

Supplemental Information								
Return Reference	Explanation							
SCHEDULE D, PART XII, LINE 4B	RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS WITH RETURN: SCHOLARSHIPS \$40,390,532							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493098005481 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** University of Dallas 75-0926755 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 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)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 2	STATEMENT OF RACIALLY NONDISCRIMINATORY POLICY: THE UNIVERSITY IS RACIALLY NONDISCRIMINATORY TOWARD ALL STUDENTS IN ACCORDANCE WITH ITS MISSION AND CORE PRINCIPLES. THE POLICY IS POSTED ON KEY RECRUITING PIECES SUCH AS THE VIEW BOOK, THE WEBSITE, THE STUDENT HANDBOOK, THE UNIVERSITY CATALOG AS WELL AS THE COMMON APPLICATION AND APPLY TEXAS PROGRAM.
SCHEDULE E, PART I, LINE 3	EXPLANATION OF NONDISCRIMINATION POLICY: PURSUANT TO REV. PROC. 75-50, THE UNIVERSITY IS NOT REQUIRED TO USE THE NEWSPAPER. HOWEVER, THE NONDISCRIMINATORY POLICY IS PUBLISHED ON ITS WEBSITE WHICH WE VIEW AS A BROADCAST MEDIA THAT SERVES THE GENERAL PUBLIC. IN ADDITION THE POLICY IS PROMOTED DURING STUDENT SOLICITATION TRIPS BY THE OFFICE OF ADMISSIONS WHEN THE SUBJECT IS RAISED. FINALLY THE GENERAL PUBLIC IS AWARE OF THE UNIVERSITY'S RACIAL NONDISCRIMINATION POLICY BECAUSE OF THE UNIVERSITY'S CLOSE ASSOCIATION WITH THE DIOCESE OF DALLAS. DATA IS AVAILABLE UPON REQUEST.
SCHEDULE E, PART I, LINE 6A	EXPLANATION OF GOVERNMENT FINANCIAL AID: THE UNIVERSITY RECEIVED ASSISTANCE FOR STUDENT FINANCIAL AID FROM THE US DEPARTMENT OF EDUCATION IN THE FORM OF: SUBSIDIZED AND UNSUBSIDIZED DIRECT LOANS, PARENTS AND GRADUATE PLUS LOANS, COLLEGE WORK STUDY, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS (SEOG) AND PELL GRANTS. ADDITIONAL ASSISTANCE WAS RECEIVED FROM THE TEXAS HIGHER EDUCATION COORDINATION BOARD IN THE FORM OF TEXAS EQUALIZATION GRANTS AND COLLEGE ACCESS LOANS. TSBPA SCHOLARSHIPS ARE PROVIDED FOR THE FIFTH YEAR ACCOUNTING STUDENTS NEEDING FINANCIAL ASSISTANCE.

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

SCHEDULE F State		mont of	A ativities 4	Outside the Uni	40d C4	otoo	OMB No. 1545-0047
(Form 990)	► Comp	lete if the organiz	zation answered " Attach 1 aov/Form990 for i	, or 16.	2019 Open to Public		
Department of the Treasury Internal Revenue Service	•		, ,				Inspection
Name of the organization						Employer ider	tification number
University of Dallas						75-0926755	
	nformation Part IV, line		Outside the U	Jnited States. Comple	te if the	organization a	nswered "Yes" on
other assistance, the to award the grant	he grantees' s or assistan	eligibility for th	e grants or assis	substantiate the amount stance, and the selection 	criteria u	sed	☐ Yes ☐ No
outside the United		Part V the orga	anization's proce	dures for monitoring the	use of its	grants and ot	ner assistance
3 Activites per Region	. (The followin	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed.)		
(a) Region		(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)	program s	ty listed in (d) is a service, describe ific type of s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
_							
3a Sub-total b Total from continuation		1	22				4,785,496
Part I							

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	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

Sched	dule F (Form 990) 2019		Page 4
Par	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)	\square 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

	Page	chedule F (Form 990) 2019	Schedu
ation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting olumn (c) (estimated number of recipients), as applicable. Also complete this part to pr on. See instructions.	ditures per region); Part II, line 1 (accounting method); Part III (accounting (estimated number of recipients), as applicable. Also complete this part to provide		
Explanation	Explanation	ReturnReference	
		_	

Additional Data

Central America and the

Caribbean

Software ID: Software Version:

EIN: 75-0926755

Name: University of Dallas

3,217,897

Form	999	Schodula E	Dart T.	Activities	Outcide	The Hr	ited States
FORIN	990	Schedule r	Part I -	· Acuvilles	Outside	The on	nieu 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)	1	22	Program Services	ROME CAMPUS	1,501,811

0 Investments

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 reaion recipients located in the reaion) Europe (Including Iceland and 0 Unrelated Trade or 65,788 Greenland) Business

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493098005481 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (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. **Employer identification number** Name of the organization University of Dallas 75-0926755 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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 e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	than \$15,000 of fundraising e	vent contributions and	gross income on Form	1 990-EZ, lines I and	6b. List events with
	gross receipts greater than \$5			,	<u></u>
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
	1 Gross receipts	30,550			30,55
	2 Less: Contributions	25,938			25,93
	3 Gross income (line 1 minus line 2)	4,612			4,61
	4 Cash prizes	0			
ر م	5 Noncash prizes	0			
Direct Experises	6 Rent/facility costs	7,500			7,50
<u> </u>	7 Food and beverages	0			
	8 Entertainment	0			
	•				1,32
	9 Other direct expenses	1,327			1,32
	Other direct expenses	·			<u> </u>
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)		.	8,82 -4,21
	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the organization.	through 9 in column (d)			8,82
ar	10 Direct expense summary. Add lines 4 t	through 9 in column (d)	cs" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		8,82 -4,21
ar	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		8,82 -4,21 d more than \$15,000 (d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the organization.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		8,82 -4,21 d more than \$15,000 (d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		8,82 -4,21 d more than \$15,000 (d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		8,82 -4,21 d more than \$15,000 (d) Total gaming (add
	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		8,82 -4,21 d more than \$15,000 (d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	chrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	8,82 -4,21 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant	(c) Other gaming	8,82 -4,21 d more than \$15,000 (d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	chrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Tyes %	(c) Other gaming	8,82 -4,21 d more than \$15,000 (d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	8,82 -4,21 d more than \$15,000 (d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	8,82 -4,21 d more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019)					F	Page 3
11	Does the organization conduct ga	aming activities with nonmember	s?			☐ Yes	Пио	
12	Is the organization a grantor, beformed to administer charitable of		member of a partnership or other	entity 		□Yes		
13	Indicate the percentage of gamir	g activity conducted in:						
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the	ne person who prepares the orga	nization's gaming/special events bo	oks and re	ecords:			
	Name •							
	Address >							
15a	Does the organization have a cor revenue?	tract with a third party from who	om the organization receives gaming			□ v	П.	
b			anization 🕨 \$			⊔ Yes	⊔ но	
	amount of gaming revenue retain							
c	If "Yes," enter name and address	of the third party:						
	Name ►							
	Address >							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	▶ \$						
	Description of services provided I	>						
	☐ Director/officer	☐ Employee	☐ Independent contrac	tor				
17	Mandatory distributions:							
а			stributions from the gaming proceed			□Yes	Пио	
b	Enter the amount of distributions	required under state law distrib	uted to other exempt organizations	or spent		□ 1es	100	
	in the organization's own exempt	<u> </u>	•					
Pai			ions required by Part I, line 2b, licable. Also provide any additio					 s.
	Return Reference		Explanation					

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493098005481
Note: To capture the full co		ocument, please sel	ect landscape mode	e (11" x 8.5") whe	n printing.		
Schedule I (Form 990)		Governments a	other Assistand and Individuals tion answered "Yes," o	s in the Unite	d States		OMB No. 1545-0047 2019 Open to Public
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	► Attach to Form v.irs.gov/Form990 for		on.		Inspection
Name of the organization University of Dallas						Employer ider	ntification number
						75-0926755	
Part I General Informa	ation on Grants	and Assistance					
Does the organization main the selection criteria used t						e, and	☑ Yes ☐ No
2 Describe in Part IV the orga	anization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.			
		estic Organizations an can be duplicated if addi		nts. Complete if the o	ganization answered "Yes"	on Form 990, Part IV,	line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(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	
(1) DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUELL BOULEVARD DALLAS, TX 75228	75-2303404	501(C)(3)	11,175				CHARITY WEEK TO SUPPORT DCAC
(2) IN MY SHOES 4500 W DAVIS STREET DALLAS,TX 75211	46-3543853	501(C)(3)	11,175				CHARITY WEEK TO SUPPORT IN MY SHOES
2 Enter total number of section	. , , ,	•				💺 _	2
3 Enter total number of other For Paperwork Reduction Act Notice				Cat. No. 50055		<u> </u>	Schedule I (Form 990) 2019

(1) SCHOLARSHIP - UD AWARDS

(2) SCHOLARSHIP - TEG GRANTS

(4) SCHOLARSHIP - S EOG GRANT

(3) SCHOLARSHIP - NATIONAL MERIT

Schedule I (Form 990) 2019

Part III

(4)

(5)

(6)

(7)

Part IV

Return Reference

SCHEDULE I, PART I, LINE 2

Explanation

3183

363

55

86

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

37,848,978

1,298,287

1,257,032

131,550

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

OF CHARITY WEEK IS TO TEACH THE STUDENTS THE VALUE OF GIVING TO CHARITIES THEY BELIEVE ARE WORTH GIVING ASSISTANCE.

PROCEDURE FOR MONITORING USE OF GRANTS: ALL GRANT FUNDS ARE DETERMINED AND AWARDED BY THE OFFICE OF ENROLLMENT MANAGEMENT AND STUDENT FINANCIAL AID CONSISTENT WITH THE UNIVERSITY'S POLICIES AS WELL AS FEDERAL AND STATE GUIDELINES. GRANTEES MUST MAINTAIN PREDETERMINED ACADEMIC LEVELS IN ORDER TO QUALIFY FOR SUBSEQUENT GRANTS. THE SCHOOL HAS AN ANNUAL CHARITY WEEK WHERE STUDENTS RAISE FUNDS AND VOTE ON ORGANIZATIONS TO GIVE DONATIONS. THE UNIVERSITY DOES NOT MONITOR ANY USE OF THE ASSISTANCE GIVEN TO THE CHOSEN ORGANIZATIONS. THE PURPOSE

(d) Amount of

noncash assistance

(e) Method of valuation (book.

FMV, appraisal, other)

Schedule I (Form 990) 2019

(f) Description of noncash assistance

Page 2

efil	e GRAPHIC pi	rint - DO NOT PROCESS As	Filed Data	a -	DLN: 93493	0980	05481
Sch	edule J	Com	pensati	ion Information	OMB I	lo. 154	5-0047
(For	n 990)	For certain Officers,		01			
	Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Danar	tment of the Treasury	▶ Go to www.irs.gov/F		to Form 990. instructions and the latest information.			Public
•	al Revenue Service	r do to <u>inminisiqui</u>	101		Ir	spect	tion
	ne of the organiza versity of Dallas	ation		Employer	identification	numb	er
				75-092675	5		
Pa	rt I Questi	ons Regarding Compensation	n			1	
1a				the following to or for a person listed on Form y relevant information regarding these items.		Ye	es No
	☐ First-class	s or charter travel	✓	Housing allowance or residence for personal use	•		
	Travel for	companions		Payments for business use of personal residence	e		
		nification and gross-up payments	∠	Health or social club dues or initiation fees			
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauffeur, chef)			
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1	b Ye	25
2		ation require substantiation prior to			:	2 Ye	:s
	airectors, truste	es, officers, including the CEO/Exec	utive Director	r, regarding the items checked on Line 1a?			
3		if any, of the following the filing org EO/Executive Director. Check all tha		ed to establish the compensation of the			
				CEO/Executive Director, but explain in Part III.			
	✓ Compens	ation committee		Written employment contract			
	_ '	ent compensation consultant	✓	Compensation survey or study			
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensation commit	tee		
4	During the year related organiza		, Part VII, Se	ction A, line 1a, with respect to the filing organiz	ation or a		
а	Receive a sever	ance payment or change-of-control	payment? .		4	a	No
b	Participate in, o	r receive payment from, a suppleme	ental nonqual	ified retirement plan?	4	b	No
c				nsation arrangement?	4	С	No
	If "Yes" to any o	of lines 4a-c, list the persons and pro	ovide the app	olicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) org	ganizations	must complete lines 5-9.			
5	For persons liste	ed on Form 990, Part VII, Section A, ontingent on the revenues of:	_				
а	The organization	n?			5	a	No
b	Any related orga	anization?			5	b	No
	,	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of:	line 1a, did	the organization pay or accrue any			
a	-	n?				a	No
b					6	b	No
7	•	6a or 6b, describe in Part III.	line to did!	the organization provide any nonfixed			
,				the organization provide any nonfixed rt III	. ;	,	No
8	subject to the ir		Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe			
9	If "Yes" on line	8, did the organization also follow th	ne rebuttable	presumption procedure described in Regulations	section	9	No
For F	<u>``</u>	action Act Notice, see the Instruc					0) 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	compeni 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	((B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) comp	Base ensation	(ii) 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								
	_							
	+-							

Schedule J (Form 990) 2019	Page 3					
Part III Supplemental Inform	Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
Return Reference	Explanation					
	BENEFITS PROVIDED TO PERSONS LISTED ON THE 990: THE UNIVERSITY, AS PART OF ITS EXECUTIVE COMPENSATION PROCESS, HAS AGREED TO PAY CERTAIN COSTS SUCH AS HOUSING, AUTOMOBILE AND SOCIAL CLUB DUES AND INCLUDES THESE PAYMENTS IN THE EXECUTIVE'S COMPENSATION AS TAXABLE INCOME. THE INDIVIDUALS AUTHORIZED TO RECEIVE SUCH PAYMENTS ARE ISOLATED TO SENIOR OFFICERS SUCH AS THE PRESIDENT, EXECUTIVE VICE PRESIDENT EXTERNAL AFFAIRS, VICE PRESIDENT OF ADVANCEMENT AND VICE PRESIDENT STUDENT ENROLLMENT.					

Schedule 1 (Form 990) 2019

Software ID:

Software Version:

EIN: 75-0926755

Name: University of Dallas

Form 990, Schedule	3 J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees			
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1John Plotts executive vice president	(i)	288,972	0	2,178	19,600	32,535	343,285	0	
,	(ii)	0	0	0	0	0	0	0	
1JONATHAN SANFORD Provost	(i)	236,340	0	420	16,905	34,167	287,832	0	
	(ii)	0	0	0	0	0	0	0	
2BRIAN MURRAY Interim CFO-end12/19/Assc	(i)	147,327	175	5,838	10,248	12,040	175,628	0	
Prof	(ii)	0	0	0	0	0	0	0	
3KARIN RILLEY VP LEGAL & BOARD END	(i)	239,029	0	21,683	9,775	19,575	290,062	0	
12/2019	(ii)	0	0	0	0	0	0	0	
4 SALLY HICKS Interim Dean Constantin	(i)	175,921	0	196	12,950	25,508	214,575	0	
Coll.	(ii)	0	0	0	0	0	0	0	
5PETER HATLIE VP/DEAN ROME CAMPUS	(i)	147,942	0	258	10,495	23,818	182,513	0	
,	(ii)	0	0	0	0	0	0	0	
6 SRINATH BELDONA Assoc Dean-Facity/Prof-COB	(i)	178,860	175	9,138	11,041	37,254	236,468	0	
, , , , , , , , , , , , , , , , , , , ,	(ii)	0	0	0	0	0	0	0	
7 JAMES WHITTINGTON PROFESSOR,	(i)	164,260	0	396	10,778	28,781	204,215	0	
MANAGEMENT, COB	(ii)	0	0	0	0	0	0	0	
8GREG BELL Assoc Dean-Acad/Assoc	(i)	158,631	0	90	9,879	1,592	170,192	0	
Prof-COB	(ii)	0	0	0	0	0	0	0	
9THOMAS HIBBS PRESIDENT	(i)	168,153	0	16,193	12,250	17,677	214,273	0	
	(ii)	0	0	0	0	0	0	0	
10JASON TRUJILLO VP ADVANCEMENT START	(i)	132,036	0	390	0	19,235	151,661	0	
6/2019	(ii)	0	0	0	0	0	0	0	
11BRETT LANDRY DEAN COLLEGE OF	(i)	210,817	0	138	15,024	37,906	263,885	0	
BUSINESS	(ii)	0	0	0	0	0	0	0	
12 JOSHUA PARENS DEAN BRANIFF GRADUATE	(i)	110,832	0	258	8,047	31,388	150,525	0	
SCHOOL	(ii)	0	0	0	0	0	0	0	
13YIWEN GU ASSOCIATE PROFESSOR,	(i)	141,351	0	60	7,926	10,862	160,199	0	
СОВ	(ii)	0	0	0	0	0	0	0	
14SUE CONGER PROFESSOR, COB	(i)	136,230	0	1,236	8,121	10,108	155,695	0	
	(ii)								

DLN: 93493098005481 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 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. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** University of Dallas 75-0926755 Part I **Bond Issues** (f) Description of purpose (c) CUSIP # (h) On (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No Χ METROPOLITAN HIGHER 75-2714188 xxxxxxxxx 10-15-2015 14,160,000 REFUND 2008 MHE Χ Χ **EDUCATION AUTHORITY INC Proceeds** Part ${f I}$ В C D Α 1,710,000 2 3 14,160,000 5 6 7 173,504 8 9 10 13,986,496 11 12 13 2010 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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)

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 computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

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

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

6

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Χ

0 %

Χ

Χ

Χ

Χ

Yes

В

No

C

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b 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 C Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

Α

Νo

Χ

Χ

Χ

820 %

Χ

Yes

Х

Χ

Х

Χ

JP MORGAN CHASE

counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than

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

В

No

Explanation

No

Yes

R

No

Yes

No

C

Nο

Yes

Yes

Yes

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

REFINANCED BONDS: SERIES 2008 REVENUE BOND ISSUE DATE 8/14/2008

Page 3

No

D

D

No

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part VI

SCHEDULE K, PART I

Arbitrage (Continued)

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?

requirements of section 148? . . .

Return Reference

Return Reference	Explanation
CHEDULE K, PART III, PART	POLICIES & PROCEDURES: THE UNIVERSITY IS IN THE PROCESS OF CREATING WRITTEN PROCEDURES TO MONITOR THE REQUIREMENTS OF SECTION 148 AND TO ENSURE THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE IDENTIFIED AND CORRECTED IN A TIMELY MANNER.

efile GRAPHI	C print - D	о по	T PROCES	S As I	iled Data -					DL	N: 93	4930	980	05481
Schedule L			Tran	sactio	ns with li	ntereste	d Persor	าร			01	1B No.	1545	-0047
(Form 990 or 990	-EZ) ► Co	mplet	e if the org	anization	answered "Yes	s" on Form 9	90, Part IV, li	ines 25	a, 2	5b, 26	5,	20	1	0
			27, 28a,		8c, or Form 99 ich to Form 99			10 b.				40	7 1 .	フ
Department of the Trea		▶G	io to <u>www.i</u>		rm990 for inst			formati	on.		(pen i Insp		
Name of the org								Em	ploy	er ide	entifica	tion n	umb	er
University of Dallas								75-	0926	5755				
					1(c)(3), section									
	lete if the org Name of di				Form 990, Part Relationship be					rt V, liı escript			1 Corr	rected?
1 (a) Name of di	isquaiii	nea person	(0)	,	etween disquai organization	iiried person ar	ומן (י	•	escripi ansacti		<u> </u>	es	No
												—	-	110
4958					managers or dis nbursed by the o			year ur • •	ider •		s —			
Con	nplete if the	organi.	From Inter zation answe n Form 990,	red "Yes" i	on Form 990-EZ	, Part V, line 3	8a, or Form 99	90, Part	IV,	line 26	; or if	the org	aniza	tion
(a) Name of nterested person	(b) Relatio	nship	(c) Purpose	(d) Loar	n to or from the anization?	(e) Original principal amount	(f) Balance due	(g) i defau	In lt?	Appro boa	h) ved by rd or) Wri	
				То	From	-		Yes	No	Yes	No	Yes		No
				10	113			1.05				1.00		
-														
Гotal .					·	\$								
					rested Perso									
	•				Yes" on Form S					Ī	<i>(</i>) D			
(a) Name of inter	ested persor		Relationship erested perso organizat	n and the	(c) Amount	or assistance	(d) Type (or assist	ance	e	(e) Pu	rpose c	r assi	stance
(1)						148,490	SCHOLARSHI	Р		FI	INANCI	AL ASS	ISTAI	NCE
			ee the Instru											

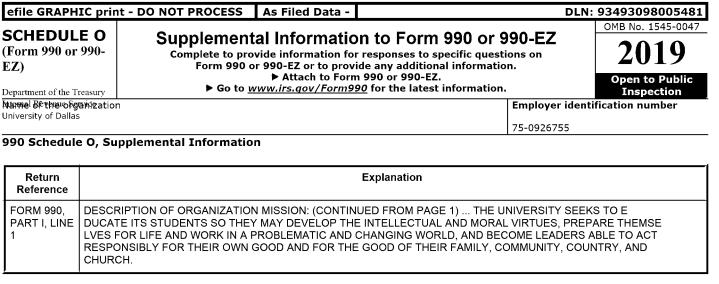
Explanation

Return Reference

Schedule I. (Form 990 or 990-F7) 2019

DLN: 93493098005481 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** University of Dallas 75-0926755 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 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 30,572 STOCK EXCHANGE 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

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is reporting in Part I, col	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
SCHEDULE M, PART I, LINE 9(B)	NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED: THE AMOUNT REPORTED REFLECTS THE NUMBER OF CONTRIBUTORS.
SCHEDULE M, PART I, LINE 9(D)	METHOD OF DETERMINING NONCASH CONTRIBUTION AMOUNTS: THE AMOUNT OF THE GIFT IS EQUAL TO THE AVERAGE OF THE STOCKS HIGH AND LOW VALUE ON THE DAY OF THE GIFT AS MEASURED ON THE STOCK EXCHANGE.
	Schedule M (Form 990) (2019)



Return Reference	Explanation
FORM 990, PART III, LINE 4B	CONSTANTIN COLLEGE OF LIBERAL ARTS: (CONTINUED FROM PART III) The majors are built upo n the core and invite students to disciplined inquiry into fundamental aspects of being an d of our relation to God, to nature and to fellow human beings. The curriculum as a whole seeks to enable students to achieve the knowledge of nature and the understanding of the h uman condition necessary for them to comprehend the fundamental character of the world in which they are called to live and work. FORM 990, PART III, LINE 4C BRANIFF GRADUATE SCHOO L: (CONTINUED FROM PART III) These programs seek to enable students to acquire the know ledge and skills necessary for work in particular fields and to understand the principles of learning and the virtues of mind and heart which are constitutive of excellence in thei r lifes work. FORM 990, PART III, LINE 4D OTHER PROGRAM EXPENSES: The mission of the Neuho ff School of Ministry is to provide theological education for Transformative service. Neuh off School of Ministry students, immersed in the Catholic Theological tradition, develop c ritical skills for theological reflection and receive high quality education and informati on that is necessary for personal growth, professional ministry and transformative service to the Catholic Church, the broader Christian community and the wider world. The Neuhoff School of Ministry offers practice-oriented programs of theological studies and pastoral m inistry including degrees, certificates, conferences, ongoing seminars, lectures and continuing education.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

PART VI, SECTION A, LINE 1A	DELEGATION OF AUTHORITY: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE BISHOP OF THE ROMAN CATHOLIC DIOCESE OF DALLAS, THE PRESIDENT OF THE UNIVERSITY, THE BOARD CHAIR, THE VICE CHA IR, THE CHAIR OF ALL THE STANDING COMMITTEES AND TWO (2) AT LARGE VOTING MEMBERS OF THE BO ARD OF TRUSTEES. THE EXECUTIVE COMMITTEE SHALL EXERCISE THE POWERS OF THE BOARD OF TRUSTEE S IN THE INTERIM BETWEEN BOARD MEETINGS EXCEPT THAT, UNLESS SPECIFICALLY EMPOWERED BY THE BOARD TO DO SO, IT MAY NOT SELL OR ALIENATE THE UNIVERSITY LAND, ALTER BYLAWS, OR APPOINT OR REMOVE THE PRESIDENT OF THE UNIVERSITY OR A MEMBER OF THE BOARD OF TRUSTEES. ALL DECISIONS OF THE COMMITTEE SHALL BE BY MAJORITY VOTE OF THE PARTICIPATING COMMITTEE MEMBERS.
	ONS OF THE COMMITTEE SHALL BE BY MAJORITY VOTE OF THE PARTICIPATING COMMITTEE MEMBERS.

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Reference	Explanation
FORM 990,	PROCESS TO REVIEW FORM 990: THE FINANCIAL INFORMATION AND SUPPORTING DOCUMENTATION FOR FOR
PART VI,	M 990 ARE PROVIDED TO THE UNIVERSITY'S TAX ACCOUNTANTS FOR REVIEW AND PREPARATION. A DRAFT
SECTION B,	OF THE 990 IS REVIEWED BY MANAGEMENT STAFF AND THE CFO AND IS THEN SUBMITTED TO THE AUDIT
LINE 11B	COMMITTEE FOR THEIR REVIEW. FOLLOWING THE AUDIT COMMITTEE REVIEW, THE FORM 990 IS ELECTRO
	NICALLY SUBMITTED TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

Evalanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS USED TO MONITOR AND ENFORCE COMPLIANCE WITH CONFLICT OF INTEREST POLICY: THE UNIVE RSITY OBTAINS DOCUMENTATION ON AN ANNUAL BASIS from All employees Director level and above , as well as certain key employees and Board members REGARDING POSSIBLE CONFLICTS OF INTER EST. TO THE EXTENT A TRUSTEE HAS A CONFLICT, THAT INDIVIDUAL IS NOT ALLOWED TO VOTE ON ANY
	ISSUE REGARDING THE ITEM IN CONFLICT.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	PROCESS FOR DETERMINING COMPENSATION: THE UNIVERSITY COLLECTS WAGE AND BENEFIT INFORMATION ON UNIVERSITIES OF SIMILAR SIZE AND STATURE FOR THE PRESIDENT AND OTHER SELECTED OFFICER POSITIONS BASED ON THE INFORMATION IN THE SURVEYED SCHOOLS' FORM 990. THE UNIVERSITY ALSO COLLECTS ANNUAL WAGE AND COMPENSATION INFORMATION FROM THE ANNUAL COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION (CUPA) SURVEY FOR USE IN SALARY DETERMINATIONS. BASED ON THESE SUR VEYS, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES APPROVES CHANGES TO THE SALARIES OF DEANS AND ABOVE. RECOMMENDED CHANGES MADE BY THE EXECUTIVE COMMITTEE TO THE PRESIDENT'S SALARY ARE REVIEWED BY THE FULL BOARD OF TRUSTEES. THE REVIEWS ARE DOCUMENTED IN THE EMPLOY EE FILES. AS additional Documentation, the Board signs the President's contract at the time of the review.

Return Explanation
Reference

FORM 990, PROCESS USED TO MAKE DOCUMENTS AVAILABLE TO THE PUBLIC: THE UNIVERSITY DOES NOT MAKE AVAIL ABLE TO THE PUBLIC ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY OR ITS GOVERNING DOCUMENTS.

LINE 19

Return Explanation

Reference	
'	OTHER CHANGES IN NET ASSETS: BOND SWAP LOSS \$(681,835) PASS-THROUGH INCOME FROM K-1 6,779
LINE 9	