

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **06-01-2022**, and ending **05-31-2023**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
University of the Incarnate Word

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4301 BROADWAYCPO 315

City or town, state or province, country, and ZIP or foreign postal code
SAN ANTONIO, TX 782096318

D Employer identification number
74-1109661

E Telephone number
(210) 829-6037

F Name and address of principal officer:
EVANS DR THOMAS M
4301 BROADWAYCPO 315
SAN ANTONIO, TX 782096318

G Gross receipts \$ 535,466,885

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶ 0928

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.UIW.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1881 **M** State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
UIW IS COMMITTED TO EDUCATIONAL EXCELLENCE IN A CONTEXT OF FAITH IN JESUS CHRIST, THE INCARNATE WORD OF GOD. IT PROMOTES LIFE LONG LEARNING & FOSTERS DEVELOPMENT OF THE WHOLE PERSON.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3,033
6 Total number of volunteers (estimate if necessary)	6	1,240
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	47,846
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	25,769,488	13,058,819
9 Program service revenue (Part VIII, line 2g)	245,061,530	247,629,028
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,988,550	10,387,527
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,244,600	3,497,422
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	287,064,168	274,572,796
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	88,862,955	84,548,104
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	111,415,881	116,160,500
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,119,455		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	73,525,850	90,844,402
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	273,804,686	291,553,006
19 Revenue less expenses. Subtract line 18 from line 12	13,259,482	-16,980,210

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	576,891,919	542,721,581
21 Total liabilities (Part X, line 26)	220,243,194	215,883,679
22 Net assets or fund balances. Subtract line 21 from line 20	356,648,725	326,837,902

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
Date 2024-04-08

EVANS DR THOMAS M TRUSTEE/PRES/CEO/EX OFFICIO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2024-04-05 Check if self-employed PTIN P01207335

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ 34-6565596

Firm's address ▶ 425 HOUSTON ST FORT WORTH, TX 76102 Phone no. (817) 335-1900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE UNIVERSITY IS COMMITTED TO EDUCATIONAL EXCELLENCE IN A CONTEXT OF FAITH IN JESUS CHRIST, THE INCARNATE WORD OF GOD. THUS, THROUGH A LIBERAL EDUCATION, THE UNIVERSITY CULTIVATES THE DEVELOPMENT OF THE WHOLE PERSON AND VALUES OF LIFE-LONG LEARNING. TO THAT END, FACULTY AND (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 98,916,631 including grants of \$) (Revenue \$ 225,726,215)
See Additional Data

4b (Code:) (Expenses \$ 84,548,104 including grants of \$ 84,548,104) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 25,828,797 including grants of \$) (Revenue \$ 9,594,995)
See Additional Data

(Code:) (Expenses \$ 13,051,962 including grants of \$) (Revenue \$ 15,253,917)
HIGHER ED.: AUX. ENTERPRISES: DORM & FOOD SVCS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 13,051,962 including grants of \$) (Revenue \$ 15,253,917)

4e Total program service expenses ▶ 222,345,494

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [checked]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question/Description, Answer Field, and Yes/No/Amount. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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 year.

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, and 1d Total (add lines 1b and 1c).

Section 2: Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Includes questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table for independent contractors with columns (A) Name and business address, (B) Description of services, and (C) Compensation. Lists contractors like Sodexo Inc & Affiliates, Follett, ARAMARK FACILITY SERVICES, etc.

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

Part VIII Statement of Revenue

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

Main table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	84,548,104	84,548,104		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	3,429,920		3,429,920	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	95,299,841	77,768,684	16,729,511	801,646
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,620,543	4,489,470	1,077,693	53,380
9 Other employee benefits	4,706,059	3,640,966	1,008,917	56,176
10 Payroll taxes	7,104,137	5,901,247	1,143,684	59,206
11 Fees for services (non-employees):				
a Management	4,506	4,175	331	0
b Legal	3,159,245	1,440	3,157,805	0
c Accounting	562,416	0	562,416	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,355,830	4,445,027	7,880,053	30,750
12 Advertising and promotion	2,773,338	1,008,561	1,764,777	0
13 Office expenses	20,348,244	14,908,628	5,348,044	91,572
14 Information technology	8,768,353	3,690,960	5,066,510	10,883
15 Royalties	0	0	0	0
16 Occupancy	10,652,868	2,440,616	8,212,252	0
17 Travel	4,811,721	4,210,259	598,937	2,525
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	551,885	434,860	117,013	12
20 Interest	5,327,907	3,995,930	1,331,977	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,197,212	6,139,694	2,057,518	
23 Insurance	1,831,413	202,843	1,628,570	0
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 Books Participant	3,949,527	304,744	3,644,783	0
b bad debt expense	858,808	62,102	796,706	0
c room and board waiver	858,352	858,352		
d medical expenses	838,905	3,702	835,203	
e All other expenses	4,993,872	3,285,130	1,695,437	13,305
25 Total functional expenses. Add lines 1 through 24e	291,553,006	222,345,494	68,088,057	1,119,455
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	49,394,529	1	331,969
	2 Savings and temporary cash investments	54,094,449	2	39,937,661
	3 Pledges and grants receivable, net	5,210,174	3	3,472,347
	4 Accounts receivable, net	33,353,852	4	16,433,900
	5 Loans and other receivables from 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	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	2,247,533	7	1,400,642
	8 Inventories for sale or use	247,625	8	316,461
	9 Prepaid expenses and deferred charges	1,175,121	9	369,017
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 407,654,602		
	b Less: accumulated depreciation	10b 115,428,726	296,036,052	10c 292,225,876
	11 Investments—publicly traded securities	113,243,932	11	115,994,115
	12 Investments—other securities. See Part IV, line 11	21,270,979	12	71,771,440
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	617,673	15	468,153
16 Total assets. Add lines 1 through 15 (must equal line 33)	576,891,919	16	542,721,581	
Liabilities	17 Accounts payable and accrued expenses	13,746,285	17	15,113,280
	18 Grants payable	1,799,586	18	1,027,633
	19 Deferred revenue	17,089,424	19	16,369,774
	20 Tax-exempt bond liabilities	117,916,129	20	117,174,868
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	50,043,225	24	50,111,075
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	19,648,545	25	16,087,049
	26 Total liabilities. Add lines 17 through 25	220,243,194	26	215,883,679
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	273,748,649	27	246,884,259
	28 Net assets with donor restrictions	82,900,076	28	79,953,643
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	356,648,725	32	326,837,902	
33 Total liabilities and net assets/fund balances	576,891,919	33	542,721,581	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	274,572,796
2	Total expenses (must equal Part IX, column (A), line 25)	2	291,553,006
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,980,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	356,648,725
5	Net unrealized gains (losses) on investments	5	-12,191,858
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-638,755
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	326,837,902

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 22016089

Software Version: 2022v5.0

EIN: 74-1109661

Name: University of the Incarnate Word

Form 990 (2022)

Form 990, Part III, Line 4a:

HIGHER EDUCATION: INSTRUCTION: SERVICES UNDERGRADUATE AND GRADUATE STUDENTS IN SAN ANTONIO AND SOUTH TEXAS AND RELATED ACADEMIC SUPPORT, RESEARCH AND PUBLIC SERVICE.

Form 990, Part III, Line 4b:

HIGHER EDUCATION: SCHOLARSHIPS AND FELLOWSHIPS: FINANCIAL AID FOR STUDENTS.

Form 990, Part III, Line 4c:

HIGHER EDUCATION: STUDENT SERVICES: ENROLLMENT SERVICES, REGISTRAR, ATHLETICS, HEALTH SERVICES AND COUNSELING.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BILL SHOWN TRUSTEE/TREASURER	1.0 0	X		X				0	0	0
DR THOMAS M EVANS TRUSTEE/PRES/CEO/EX OFFICIO	38.5 0	X		X				1,139,801	0	78,137
JACK LEWIS III TRUSTEE/CHAIRPERSON UNTIL 5/2023	1.5 0	X		X				0	0	0
SR YOLANDA TARANGO TRUSTEE /SECRETARY/EX OFFICIO	2.0 0	X		X				0	0	0
SUZANNE GOUDGE TRUSTEE/VICE CHAIRPERSON	1.0 0	X		X				0	0	0
BOBBY ROSENTHAL TRUSTEE	1.5 0	X		X				0	0	0
DAVID ADELMAN TRUSTEE	1.0 0	X						0	0	0
DR CHRIS ALVARADO UIW ALUMNI ASSC PRES/EX OFFICIO	1.0 0	X						0	0	0
DR GLENN AMBROSE FACULTY SENATE/EX OFFICIO	40.0 0	X						97,596	0	22,125
DR IVY TAYLOR TRUSTEE	1.0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDUARDO CABALLERO MD TRUSTEE	1.0 0	X						0	0	0
EDWARD C PRADO TRUSTEE	1.0 0	X						0	0	0
ERNIE SADAU TRUSTEE	1.0 0	X						0	0	0
GARY JOERIS TRUSTEE	1.0 0	X						0	0	0
HENRY BONILLA TRUSTEE	1.0 0	X						0	0	0
JENNIFER S GATES TRUSTEE	1.0 0	X						0	0	0
JOHN W FEIK JR TRUSTEE	1.0 0	X						0	0	0
JULIANNA SANDOVAL SGA PRESIDENT/EX OFFICIO (UNITL 5/2023)	1.0 0	X						0	0	0
KENNETH D WELLS MD TRUSTEE	1.0 0	X						0	0	0
KRISTI WYATT TRUSTEE	1.0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIO BARRERA TRUSTEE	1.0 0	X						0	0	0
PETER JOHN HOLT TRUSTEE	1.0 0	X						0	0	0
RICARDO HINOJOSA TRUSTEE	1.0 0	X						0	0	0
SR LETICIA DEJESUS RODRIGUEZ TRUSTEE	1.0 0	X						0	0	0
SR MARIA TERESA FLORES TRUSTEE	1.0 0	X						0	0	0
SR TERESA STANLEY TRUSTEE	1.0 0	X						0	0	0
SR THERESA MCGRATH TRUSTEE UNTIL (5/2023)	1.0 0	X						0	0	0
SUSAN PAPE TRUSTEE UNTIL (5/2023)	1.0 0	X						0	0	0
TODD B RASCO TRUSTEE	1.0 0	X						0	0	0
CYNTHIA S ESCAMILLA VP LEGAL AFF/GENERAL COUNSEL	40.0 0				X			352,670	0	26,228

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR BARBARA ARANDA-NARANJO	39.7									
PROVOST (Until 7/2022)	0.3				X			231,241	0	16,465
DR CAROLINE GOULET	39.5									
Interim Provost (From 7/2022)	0.5				X			268,565	0	28,870
DR DARRELL L HAYDON	37.5									
CFO & VP ADMIN SERVICES	2.5				X			375,692	0	40,923
JOHN M BURY	39.5									
CHIEF OF STAFF AND VP FOR STRATEGY AND ENROLLMENT	0.5				X			305,671	0	33,119
MARCOS FRAGOSO	28.9									
VP INTERNATIONAL AFFAIRS	11.1				X			284,797	0	34,831
RICHARD D KIMBROUGH II	39.0									
VP FOR EXTERNAL RELATIONS AND CHIEF DEVELOPMENT OFFICER	1.0				X			310,929	0	36,619
DR BLANDINE B HELFRICH	40.0									
ASSOC. DEAN OF FACULTY AFFAIRS/PROFESSOR	0					X		254,832	0	20,410
DR DAVID E GARZA	40.0									
ASSOCIATE DEAN OF CLINICAL AFFAIRS	0					X		258,145	0	26,430
DR JOHN T PHAM	39.7									
DEAN of School of Medicine (from 6/2022)	0.3					X		240,857	0	22,794
DR MICHAEL J MOHR	20.0									
ASSISTANT DEAN OF GRADUATE MEDICAL EDUCATION	20.0					X		249,776	0	27,987

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY J KINNE HEAD FOOTBALL COACH	40.0 0					X		331,191	0	34,974
CHRISTOPHER M GALLEGOS VP Dev & Univ Relations	40.0 0						X	148,479	0	18,469
DR DAVID M JURENOVICH SENIOR PHILANTHROPIC ADVISOR	40.0 0						X	151,767	0	92,879

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
University of the Incarnate Word

Employer identification number
74-1109661

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. 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 supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 under section 513						
4 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 3 received from disqualified persons						
b Amounts included on lines 2 and 3 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on 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 (Explain in Part VI.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete 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		
2	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
	3a		
b	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		
c	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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
	4a		
b	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 supervised by or in connection with its supported organizations.		
	4b		
c	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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported 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 amendment to the organizing document).		
	5a		
b	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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		
7	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).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
	8		
9a	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		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined on 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
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? <i>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.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

▶ 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 www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
University of the Incarnate Word

Employer identification number
74-1109661

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	174,123,705	176,163,887	148,348,388	143,137,804	142,511,455
b Contributions	1,830,008	5,372,422	203,929	6,562,176	4,621,924
c Net investment earnings, gains, and losses	-3,484,270	-5,436,674	33,475,955	6,175,594	340,306
d Grants or scholarships	1,378,091	1,090,867	1,033,872	3,798,528	753,000
e Other expenditures for facilities and programs	684,096	535,832	4,500,452	3,405,986	3,280,185
f Administrative expenses	189,808	349,231	330,061	322,672	302,696
g End of year balance	170,217,448	174,123,705	176,163,887	148,348,388	143,137,804

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 63.4 %
- b** Permanent endowment ▶ 20.56 %
- c** Term endowment ▶ 16.04 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	No	No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,684,544		43,684,544
b Buildings		296,505,891	76,854,505	219,651,386
c Leasehold improvements				
d Equipment		34,203,917	29,649,816	4,554,101
e Other		33,260,250	8,924,405	24,335,845
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				292,225,876

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) OTHER		
(B) Private Equity	5,575,907	F
(C) Real Estate	4,644,783	F
(D) Tangible Assets	1,362,971	F
(E) Temporary Investments	49,287,779	F
(F) CD Investments	10,000,000	F
(G) UIW International, Inc.	900,000	F
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	71,771,440	

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASES	14,810,851
DUE TO TIGMER	1,467,397
DEPOSITS	
AMOUNTS HELD ON BEHALF OF OTHERS	549,882
DUE TO IWEF	62,166
Due to SACHS	-803,247
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	16,087,049

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 22016089

Software Version: 2022v5.0

EIN: 74-1109661

Name: University of the Incarnate Word

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 1a Collections of art - financial statement footnote	COLLECTIONS OF ART THE UNIVERSITY'S WORKS OF ART, HISTORICAL TREASURES, AND ARTIFACTS ARE PROTECTED AND PRESERVED FOR EDUCATION, RESEARCH, AND PUBLIC SERVICE. THEY ARE NEITHER DISPOSED OF FOR FINANCIAL GAIN NOR ENCUMBERED IN ANY MANNER. ACCORDINGLY, SUCH COLLECTIONS ARE NOT RECORDED FOR FINANCIAL STATEMENT PURPOSES.

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	FURTHERANCE OF EXEMPT PURPOSE ARTWORK, ANTIQUES, AND HISTORICAL TREASURES SUPPORT A LIBERAL ARTS EDUCATION AND PROMOTE LIFELONG LEARNING AND THE DEVELOPMENT OF THE WHOLE PERSON.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE PURPOSE OF THE ENDOWMENT FUNDS OF THE UNIVERSITY IS TO UTILIZE THEM FOR INSTRUCTION, SCHOLARSHIPS, AND OPERATING EXPENSES.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>THE UNIVERSITY OF THE INCARNATE WORD, INCARNATE WORD EDUCATION FOUNDATION, UIW INTERNATIONAL, TEXAS INSTITUTE FOR GRADUATE MEDICAL EDUCATION AND RESEARCH, AND ST. ANTHONY CATHOLIC HIGH SCHOOL ARE DOMESTIC CORPORATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE (THE CODE). THESE ENTITIES ARE NOT PRIVATE FOUNDATIONS. THIS EXEMPTION DOES NOT APPLY TO UNRELATED BUSINESS INCOME (UBI), AS DEFINED BY SECTION 512(A)(1) OF THE CODE, WHICH IS SUBJECT TO FEDERAL INCOME TAX. THE UNIVERSITY HAD NO MATERIAL TAX LIABILITY RESULTING FROM SUCH UBI IN 2023 OR 2022. UNIVERSIDAD LICEO CERVANTINO IS A MEXICAN NONPROFIT CORPORATION ACQUIRED BY UIW INTERNATIONAL ON JUNE 4, 2015. U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE UNIVERSITY. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) OR TREASURY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE UNIVERSITY AND HAS CONCLUDED THAT AS OF MAY 31, 2023, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE UNIVERSITY HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE UNIVERSITY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS.</p>

SCHEDULE E (Form 990)

Schools

OMB No. 1545-0047

2022

Open to Public Inspection

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. Go to www.irs.gov/Form990EZ for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization University of the Incarnate Word

Employer identification number 74-1109661

Part I

Table with 3 columns: Question, YES, NO. Rows include questions 1 through 7 regarding nondiscrimination policies, record keeping, and financial aid.

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	RACIALLY NONDISCRIMINATORY POLICY THE UNIVERSITY OF THE INCARNATE WORD HAS PUBLICIZED ITS RACIALLY NONDISCRIMINATORY POLICY TOWARD STUDENTS VIA PROMOTIONAL ACTIVITIES ON TV, MAGAZINES AND NEWSPAPERS.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	ASSISTANCE GOVERNMENTAL AGENCY THE UNIVERSITY RECEIVES FEDERAL AND STATE GRANT FUNDS FOR FINANCIAL ASSISTANCE FOR STUDENTS AND OTHER EDUCATIONAL PURPOSES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
University of the Incarnate Word

Employer identification number
74-1109661

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	2			1,224,761
b Total from continuation sheets to Part I	0	2			135,735
c Totals (add lines 3a and 3b)	0	4			1,360,496

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* 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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EAST ASIA AND THE PACIFIC-Accrual; EUROPE (INCLUDING ICELAND AND GREENLAND)-Accrual; MIDDLE EAST AND NORTH AFRICA-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; SOUTH AMERICA-Accrual; SOUTH ASIA-Accrual; SUB-SAHARAN AFRICA-Accrual

Additional Data

Software ID: 22016089

Software Version: 2022v5.0

EIN: 74-1109661

Name: University of the Incarnate Word

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	1	Program Services	International Initiatives	680,905
East Asia and the Pacific	0	0	Program Services	International Initiatives	3,556

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	Study Abroad	173,235
North America (Canada & Mexico only)	0	0	Program Services	Study Abroad	63,815

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	Subscription	126,050
Europe (Including Iceland and Greenland)	0	0	Program Services	Subscription	19,475

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Subscription	6,080
North America (Canada & Mexico only)	0	0	Program Services	Mission Trip	51,866

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Mission Trip	31,629
South America	0	0	Program Services	Student Recruitment	13,220

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Student Recruitment	8,391
Europe (Including Iceland and Greenland)	0	0	Program Services	Student Recruitment	5,897

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	Student Recruitment	5,176
South Asia	0	0	Program Services	STUDENT RECRUITMENT	3,684

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	STUDENT RECRUITMENT	243
Middle East and North Africa	0	1	Program Services	Online Teaching	31,539

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	1	Program Services	Online Teaching	3,000
North America (Canada & Mexico only)	0	1	Program Services	Online Teaching	150

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	sister school development	20,059
North America (Canada & Mexico only)	0	0	Program Services	sister school development	6,567

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	equipment/supplies	20,528
North America (Canada & Mexico only)	0	0	Program Services	equipment/supplies	4,034

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	equipment/supplies	1,806
Europe (Including Iceland and Greenland)	0	0	Program Services	Conference	11,816

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	Conference	5,526
East Asia and the Pacific	0	0	Program Services	Conference	4,917

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Athletics	6,562
Europe (Including Iceland and Greenland)	0	0	Program Services	Athletics	6,463

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	Athletics	6,331
Sub-Saharan Africa	0	0	Program Services	Athletics	2,355

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	CE Abroad	15,308
Europe (Including Iceland and Greenland)	0	0	Program Services	Conference Presentations	5,290

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	Conference Presentation	3,791
East Asia and the Pacific	0	0	Program Services	Conference Presentation	1,503

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	Publishing/Article Fee	4,803
South Asia	0	0	Program Services	Publishing/Article Processing Fee	2,519

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	Memberships	1,400
North America (Canada & Mexico only)	0	0	Program Services	Translation Services	1,007

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
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.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization
University of the Incarnate Word

Employer identification number
74-1109661

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	<u>SWING IN</u> (event type)	<u>Baseball Fundraiser</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
1 Gross receipts	438,772	27,100	9,530	475,402	
2 Less: Contributions	304,602	27,100	9,530	341,232	
3 Gross income (line 1 minus line 2)	134,170	0	0	134,170	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	7,450		7,450	
	6 Rent/facility costs	24,349	7,839	120	32,308
	7 Food and beverages	40,279	3,226	2,544	46,049
	8 Entertainment	5,577			5,577
	9 Other direct expenses	200,609		725	201,334
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				292,718	
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-158,548	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

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 ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

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

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
University of the Incarnate Word

Employer identification number

74-1109661

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FACULTY/STAFF DEPENDENT WAIVERS	274	4,085,386			
(2) SCHOLARSHIPS, GRANTS, AND DISCOUNTS	6360	80,462,718			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	THE UNIVERSITY OF THE INCARNATE WORD DETERMINES WHETHER AN INDIVIDUAL QUALIFIES FOR SCHOLARSHIPS OR GRANTS BY AN APPLICATION PROCESS THAT DOES NOT DISCRIMINATE.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of the Incarnate Word

Employer identification number
74-1109661

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No 4b No 4c No	
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No 5b No	
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No 6b No	
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

Part II 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 instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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
Schedule J, Part I, Line 1a Travel for companions	TRAVEL FOR COMPANIONS WAS PROVIDED FOR DR. THOMAS M. EVANS, PRESIDENT. THIS BENEFIT WAS INCLUDED AS TAXABLE COMPENSATION ON HIS FORM W-2.

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
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	A MONTHLY HOUSING ALLOWANCE TOTALING \$75,000 PER YEAR IS PROVIDED TO DR. THOMAS M. EVANS, PRESIDENT. THIS BENEFIT WAS INCLUDED AS TAXABLE COMPENSATION ON HIS FORM W-2.

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
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	DUES OF \$7,462 WERE PAID TO PRIVATE DINING CLUBS DURING 2023 FOR THE PRESIDENT OF THE UNIVERSITY TO CONDUCT BUSINESS. THIS BENEFIT WAS INCLUDED AS TAXABLE COMPENSATION ON HIS FORM W-2.

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
Schedule J, Part II Key Employees	SISTER WALTER MAHER, VP FOR MISSION & MINISTRY IS NOT LISTED AS A KEY EMPLOYEE ON PART VII OR SCHEDULE J PART II SINCE THERE ARE NO TAXABLE WAGES REPORTED ON FORM W-2 FOR HER. SISTER MAHER'S COMPENSATION IS PAID DIRECTLY TO THE RELIGIOUS CONGREGATION AND NOT TO HER INDIVIDUALLY SINCE SHE TOOK A VOW OF POVERTY. HOWEVER, FOR INFORMATIONAL PURPOSES, COMPENSATION PAID FROM THE ORGANIZATION ON BEHALF OF SISTER MAHER WAS \$172,908 AND SHE RECEIVED NON-TAXABLE INSURANCE BENEFITS OF \$4,923.

Additional Data

Software ID: 22016089
Software Version: 2022v5.0
EIN: 74-1109661
Name: University of the Incarnate Word

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DR THOMAS M EVANS	(i)	811,850	100,000	227,951	21,350	56,787	1,217,938	0
TRUSTEE/PRES/CEO/EX OFFICIO	(ii)	0	0	0	0	0	0	0
1CHRISTOPHER M GALLEGOS	(i)	134,780	284	13,415	10,752	7,717	166,948	0
VP Dev & Univ Relations	(ii)	0	0	0	0	0	0	0
2DR DAVID M JURENOVICH	(i)	120,102	284	31,381	11,595	81,284	244,646	0
SENIOR PHILANTHROPIC ADVISOR	(ii)	0	0	0	0	0	0	0
3DR BARBARA ARANDA-NARANJO	(i)	212,145	10,000	9,096	15,325	1,140	247,706	0
PROVOST (Until 7/2022)	(ii)	0	0	0	0	0	0	0
4JOHN M BURY	(i)	284,769	10,000	10,902	21,350	11,769	338,790	0
CHIEF OF STAFF AND VP FOR STRATEGY AND ENROLLMENT	(ii)	0	0	0	0	0	0	0
5CYNTHIA S ESCAMILLA	(i)	284,238	10,000	58,432	21,350	4,878	378,898	0
VP LEGAL AFF/GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
6MARCOS FRAGOSO	(i)	238,091	10,000	36,706	20,007	14,824	319,628	0
VP INTERNATIONAL AFFAIRS	(ii)	0	0	0	0	0	0	0
7DR CAROLINE GOULET	(i)	231,672	0	36,893	19,224	9,646	297,435	0
Interim Provost (From 7/2022)	(ii)	0	0	0	0	0	0	0
8DR DARRELL L HAYDON	(i)	317,442	10,000	48,250	21,350	19,573	416,615	0
CFO & VP ADMIN SERVICES	(ii)	0	0	0	0	0	0	0
9RICHARD D KIMBROUGH II	(i)	280,356	10,000	20,573	21,350	15,269	347,548	0
VP FOR EXTERNAL RELATIONS AND CHIEF DEVELOPMENT OFFICER	(ii)	0	0	0	0	0	0	0
10DR DAVID E GARZA	(i)	242,197	0	15,948	18,387	8,043	284,575	0
ASSOCIATE DEAN OF CLINICAL AFFAIRS	(ii)	0	0	0	0	0	0	0
11DR BLANDINE B HELFRICH	(i)	229,591	0	25,241	17,775	2,635	275,242	0
ASSOC. DEAN OF FACULTY AFFAIRS/PROFESSOR	(ii)	0	0	0	0	0	0	0
12GARY J KINNE	(i)	300,838	261	30,092	21,350	13,624	366,165	0
HEAD FOOTBALL COACH	(ii)	0	0	0	0	0	0	0
13DR MICHAEL J MOHR	(i)	230,435	284	19,057	17,908	10,079	277,763	0
ASSISTANT DEAN OF GRADUATE MEDICAL EDUCATION	(ii)	0	0	0	0	0	0	0
14DR JOHN T PHAM	(i)	211,560	0	29,297	14,525	8,269	263,651	0
DEAN of School of Medicine (from 6/2022)	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization University of the Incarnate Word

Employer identification number 74-1109661

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Row A: CITY OF SAN ANTONIO TEXAS EDUCATION FACILITIES CORPORATION

Part II Proceeds

Table with columns 1-13 for bond proceeds and 14-17 for questions. Row 1: Amount of bonds retired. Row 14: Were the bonds issued as part of a current refunding issue of tax-exempt bonds?

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 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) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test?		X						
8a 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 issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 if self-remediation is not available under applicable regulations?	X							

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

Return Reference	Explanation
Schedule K, Part III, Line 9 POST ISSUANCE WRITTEN PROCEDURES	THE UNIVERSITY'S FINANCE DEPARTMENT CLOSELY MONITORS AND CONTROLS SALE AGREEMENTS, LEASES, AND OTHER CONTRACTS THAT MAY ARISE IN PRIVATE BUSINESS USE OF FACILITIES AND PROPERTY FINANCED WITH TAX-EXEMPT BONDS, AS WELL AS CAREFULLY SELECTING FUNDING SOURCES FOR CONSTRUCTION AND PURCHASE OF FACILITIES TAKING INTO CONSIDERATION THEIR FUTURE USE FOR ACTIVITIES THAT COULD POTENTIALLY RESULT IN PRIVATE BUSINESS USE. THE UNIVERSITY HAS IDENTIFIED APPROPRIATE PROCEDURES TO ENSURE THAT ITS BONDS REMAIN IN COMPLIANCE WITH FEDERAL TAX LAW.

Return Reference	Explanation
Schedule K, Part IV, Line 2c NO REBATE DUE	THE REBATE COMPUTATION WAS PERFORMED ON MAY 31, 2023. NO REBATE WAS DUE.

Return Reference	Explanation
Schedule K, Part I, Column (f) Line A	THE SERIES 2021 BONDS WERE ISSUED FOR THE PURPOSE OF FINANCING the renovation of a multi-story office building acquired by the University in 2019 and construct improvements and acquire fixtures and equipment to convert the building for academic and administrative functions of the University (to be known as "Founders Hall"), thereafter to renovate space in the University's existing Administration Building and other existing buildings on the University's main campus as certain existing groups and functions move to Founders Hall, and to refinance certain educational facilities and housing facilities.

Return Reference	Explanation
Schedule K, Part II Proceeds	For the Series 2021 Bonds, \$28,640,000 and \$40,104,631 were used to prepay the 2016 and 2019 loans respectively. In addition, cumulative investment earnings of \$707,738 and approximately \$2,974 of excess proceeds account for the remaining difference.

Return Reference	Explanation
Schedule K, Part I, Column (c) Line A	THERE ARE TWO CUSIP #S ASSOCIATED WITH THE SERIES 2021 BONDS -796247 DL5 & 796247 DV3.

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: CITY OF SAN ANTONIO, TEXAS EDUCATION FACILITIES CORPORATION The calculation for computing no rebate due was performed on 05/31/2023

Schedule L (Form 990) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization University of the Incarnate Word

Employer identification number 74-1109661

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOERIS GARY	TRUSTEE	2,157,616	GENERAL CONTRACTOR		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

- ▶ **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 Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of the Incarnate Word

Employer identification number
74-1109661

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	2	1,125	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		12,685	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	72,160	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	4	2,300	Market value
19 Food inventory	X	96	5,994	Market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶	See Additional Data			
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	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 purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - NUMBER OF CONTRIBUTIONS Food inventory - NUMBER OF ITEMS RECEIVED Art - Works of art - NUMBER OF CONTRIBUTIONS Collectibles - NUMBER OF CONTRIBUTIONS Clothing and household goods - NUMBER OF CONTRIBUTIONS Other - GIFT CERTIFICATES - NUMBER OF CONTRIBUTIONS Other - GIFT CERTIFICATES SPORTS/ENTERTAINMENT - NUMBER OF CONTRIBUTIONS Other - HOTEL STAYS - NUMBER OF CONTRIBUTIONS Other - FIREWORKS DISPLAY - NUMBER OF CONTRIBUTIONS Other - FLOORING - NUMBER OF CONTRIBUTIONS

Additional Data

Software ID: 22016089

Software Version: 2022v5.0

EIN: 74-1109661

Name: University of the Incarnate Word

Part I, Lines 25-28

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (<u>GIFT CERTIFICATES</u>)	152	43,282	Market value
Other ▶ (<u>GIFT CERTIFICATES SPORTS/ENTERTAINMENT</u>)	102	26,623	Market value
Other ▶ (<u>HOTEL STAYS</u>)	20	19,394	Market value
Other ▶ (<u>FIREWORKS DISPLAY</u>)	1	8,400	Market value
Other ▶ (<u>FLOORING</u>)	1	2,584	Market value

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
University of the Incarnate Word

Employer identification number

74-1109661

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 13,051,962 including grants of \$)(Revenue \$ 15,253,917) HIGHER ED.: AUX. ENTERPRISES: DORM & FOOD SVCS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a Form W-3, Transmittal of Wage and Tax Statements	ALL EMPLOYEES OF ST. ANTHONY CATHOLIC HIGH SCHOOL (EIN #20-0234338), RELATED ORGANIZATION, ARE PAID BY THE UNIVERSITY OF THE INCARNATE WORD. THE UNIVERSITY ISSUES ALL FORM W-2'S UNDER ITS TAXPAYER IDENTIFICATION NUMBER. SALARIES ARE ALLOCATED BACK TO THE HIGH SCHOOL FOR EMPLOYEES WHO ARE ASSIGNED THERE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	UNIVERSITY OF THE INCARNATE WORD'S BOARD OF TRUSTEES AMENDED ITS BYLAWS IN FISCAL YEAR 2023. THESE AMENDMENTS INCLUDED THE FOLLOWING SIGNIFICANT CHANGE RELATED TO COMPOSITION OF THE BOARD: ARTICLE 4.1 - The number of required ex-officio voting members of the board was specifically changed from 5 to 4 - removing the previous ex-officio voting member position which was to be held by one Sister of the Corporate Member - being either the General Superior of the Corporate Member or the General Council of the Corporate Member.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE MEMBER OF THE CORPORATION IS AND SHALL BE THE CONGREGATION OF THE SISTERS OF CHARITY OF THE INCARNATE WORD OF SAN ANTONIO, TEXAS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	FINAL CONFIRMATION OF THE APPOINTMENT OF TRUSTEES COMPRISING THE BOARD SHALL BE APPROVED BY THE CORPORATE MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE FOLLOWING DECISIONS ARE SUBJECT TO APPROVAL: A. ANY AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR BYLAWS OF THIS CORPORATION, OR OF ANY SUBSIDIARY CORPORATION; B . THE MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION, OR OF ANY SUBSIDIARY CORPORATION; C. ANY SALE OF ALL OR SUBSTANTIALLY ALL OF ANY PROPERTY OR ASSET OF THE CORPORATION, OR OF ANY SUBSIDIARY WHETHER INCORPORATED OR NOT, WHEN THE AMOUNT INVOLVED IS IN EXCESS OF \$5,000,000; D. ANY SALE, MORTGAGE OR PLEDGE OF ANY REAL PROPERTY OF THE CORPORATION, OR OF ANY SUBSIDIARY WHETHER INCORPORATED OR NOT, WHEN THE AMOUNT INVOLVED IS IN EXCESS OF \$5,000,000; E. THE APPOINTMENT OR REMOVAL FROM OFFICE OF THE PRESIDENT OF THE UNIVERSITY AFTER THE FORMAL RECOMMENDATION FROM THE BOARD OF TRUSTEES; F. ANY CHANGE OF DIRECTION FROM THE MISSION AND PHILOSOPHY OF THE UNIVERSITY AS ESTABLISHED BY THE BOARD OF TRUSTEES; G. THE FINAL CONFIRMATION AND APPOINTMENT OF ANY TRUSTEES COMPRISING THE BOARD, THE FINAL CONFIRMATION OF THE REMOVAL OF TRUSTEES, AND THE FINAL CONFIRMATION OF ANY CHANGE IN THE NUMBER OF TRUSTEES COMPRISING THE BOARD; H. THE APPOINTMENT OR REMOVAL OF THE CHAIRPERSON OF THE BOARD; AND I. THE CREATION OF ANY SUBSIDIARY CORPORATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE ASSOCIATE VICE PRESIDENT FOR BUSINESS & FINANCE AND COMPTROLLER PERFORMS A DETAILED REVIEW OF THE DRAFT OF THE FORM 990 INCLUDING SUPPORTING DOCUMENTATION. THE FINAL FORM 990 IS DISTRIBUTED ELECTRONICALLY TO THE PRESIDENT, Chief Financial Officer/Vice President for Administrative Services, AND BOARD OF TRUSTEES WITH THE OPPORTUNITY FOR THEM TO ASK QUESTIONS AND PROVIDE FEEDBACK.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	TRUSTEES OF THE UNIVERSITY ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. IT IS THE CONTINUING RESPONSIBILITY OF THE BOARD MEMBERS, EXECUTIVES, AND OFFICERS TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES TO THE BOARD OF TRUSTEES. THE INTERESTED PERSON SHALL LEAVE THE BOARD MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD MEMBERS OR COMMITTEE SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AFFECTED BOARD MEMBERS ABSTAIN FROM VOTING WHEN THERE IS A CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ESTABLISHES COMPENSATION FOR THE PRESIDENT AND OTHER EXECUTIVES BASED ON AN ANNUAL REVIEW. THE COMMITTEE REVIEWS THE DATA FROM THE ANNUAL COMPENSATION STUDY CONDUCTED BY THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA) FOR PRIVATE UNIVERSITIES IN OUR BUDGET RANGE WHEN DETERMINING EXECUTIVE COMPENSATION INCREASES. THE COMMITTEE ALSO PERIODICALLY REVIEWS CEO SALARIES AT OTHER PRIVATE UNIVERSITIES IN TEXAS. FURTHERMORE, THE COMMITTEE CONSIDERS TENURE, PERFORMANCE, AND OVERALL EXPERIENCE TO ENSURE THAT COMPENSATION PACKAGES REMAIN AT A COMPETITIVE LEVEL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ESTABLISHES COMPENSATION FOR THE PRESIDENT AND OTHER EXECUTIVES BASED ON AN ANNUAL REVIEW. THE COMMITTEE REVIEWS THE DATA FROM THE ANNUAL COMPENSATION STUDY CONDUCTED BY THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA) FOR PRIVATE UNIVERSITIES IN OUR BUDGET RANGE WHEN DETERMINING EXECUTIVE COMPENSATION INCREASES. THE COMMITTEE ALSO PERIODICALLY REVIEWS CEO SALARIES AT OTHER PRIVATE UNIVERSITIES IN TEXAS. FURTHERMORE, THE COMMITTEE CONSIDERS TENURE, PERFORMANCE, AND OVERALL EXPERIENCE TO ENSURE THAT COMPENSATION PACKAGES REMAIN AT A COMPETITIVE LEVEL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue: 166380, Related or Exempt Function Revenue: 166380, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	- Total Revenue: 1143550, Related or Exempt Function Revenue: 1085764, Unrelated Business Revenue: 57786, Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFER TO ST. ANTHONY CATHOLIC HIGH SCHOOL - -370485; TRANSFER TO TEXAS INSTITUTE FOR GRADUATE MEDICAL EDUCATION & RESEARCH - -268270;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule B, General Rule Explanation FORM 990, SCHEDULE B	THE UNIVERSITY HAS INCLUDED THE GROSS AMOUNT OF PLEDGES (UNCONDITIONAL PROMISES TO GIVE) RECEIVED DURING THE FISCAL YEAR ON SCHEDULE B IN ORDER TO REPORT ON THE FULL ACCRUAL BASIS. PLEDGES INCLUDED IN CONTRIBUTIONS ON PART VIII ARE REPORTED NET OF A GENERAL ALLOWANCE FOR UNCOLLECTIBLE PLEDGES (BASED ON HISTORICAL COLLECTIONS) AND A PRESENT VALUE DISCOUNT USING A 2% DISCOUNT RATE. IT IS NOT ADMINISTRATIVELY FEASIBLE TO CALCULATE THE ALLOWANCE FOR UNCOLLECTIBLE PLEDGES AND THE PRESENT VALUE DISCOUNT FOR INDIVIDUAL PLEDGES SINCE THEY ARE CALCULATED AT A SUMMARY LEVEL FOR FINANCIAL STATEMENT PURPOSES. THE TOTAL ALLOWANCE FOR UNCOLLECTIBLE PLEDGES AND PRESENT VALUE DISCOUNT FOR OUTSTANDING PLEDGES AT MAY 31, 2023 WAS \$410,197 AND \$30,899, RESPECTIVELY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 ORGANIZATION'S MISSION	STUDENTS SUPPORT EACH OTHER IN THE SEARCH FOR AND COMMUNICATION OF TRUTH, THOUGHTFUL INNOVATION, CARE OF THE ENVIRONMENT, COMMUNITY SERVICE, AND SOCIAL JUSTICE. THE UNIVERSITY OF THE INCARNATE WORD IS A CATHOLIC INSTITUTION THAT WELCOMES TO ITS COMMUNITY PERSONS OF DIVERSE BACKGROUNDS, IN THE BELIEF THAT THEIR RESPECTFUL INTERACTION ADVANCES THE DISCOVERY OF TRUTH, MUTUAL UNDERSTANDING, SELF-REALIZATION, AND THE COMMON GOOD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11A COPY OF FORM 990 TO GOVERNING BODY	The detailed review of the Form 990 is conducted by UIW management following the preparation and review of the return by the organization's paid preparer. An electronic copy of the Form 990, as open for public inspection, is emailed to each board member prior to filing with the IRS.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
University of the Incarnate Word

Employer identification number

74-1109661

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST ANTHONY CATHOLIC HIGH SCHOOL 3200 MCCULLOUGH AVE SAN ANTONIO, TX 78212 20-0234338	SECONDARY ED.	TX	501(c)(3)	2	UIW	Yes	
(2) INCARNATE WORD EDUCATION FOUNDATION 4301 BROADWAY CPO 315 SAN ANTONIO, TX 78209 27-1891305	SUPPORT ORG.	TX	501(c)(3)	Type I	UIW	Yes	
(3) UIW INTERNATIONAL INC 4301 BROADWAY CPO 315 SAN ANTONIO, TX 78209 74-3012580	SUPPORT ORG.	TX	501(c)(3)	Type I	UIW	Yes	
(4) UNIVERSIDAD LICEO CERVANTINO	EDUCATION	MX	501(c)(3)	2	UIW INT'L		No
(5) TEXAS INSTITUTE FOR GRADUATE MEDICAL 4301 BROADWAY CPO 315 SAN ANTONIO, TX 78209 81-1424767	SUPPORT ORG.	TX	501(c)(3)	7	UIW	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)	Yes	
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UIW International Inc	D	12,061,091	Cash
(2) UNIVERSIDAD LICEO CERVANTINO	D	170,000	Cash
(3) ST ANTHONY CATHOLIC HIGH SCHOOL	K	135,000	cash
(4) St Anthony Catholic High School	R	370,485	CASH
(5) TEXAS INSTITUTE FOR GRADUATE MEDICAL EDUCATION AND RESEARCH	R	268,270	CASH

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
Schedule R, Part VII UIW INTERNATIONAL, INC.	UIW INTERNATIONAL INC. (UIW INT'L), A TEXAS NONPROFIT CORPORATION AND RELATED ORGANIZATION, ACQUIRED UNIVERSIDAD LICEO CERVANTINO (ULC), A MEXICAN NONPROFIT CORPORATION THAT OPERATES MIDDLE SCHOOL, HIGH SCHOOL AND UNIVERSITY CAMPUSES IN IRAPUATO, MEXICO ON JUNE 4, 2015. UIW INT'L IS A 99% MEMBER OF ULC. UIW INT'L ENTERED INTO THIS AGREEMENT TO FURTHER THE UNIVERSITY OF THE INCARNATE WORD'S MISSION OF PROVIDING A FAITH-BASED EDUCATION.