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Ms. Mei Lin Lee
 St. Mary's University
 One Camino Santa Maria
 San Antonio, TX 78228-8504

Dear Mei Lin:

Enclosed are the original and one copy of your income tax returns and estimated tax vouchers for the period ended May 31, 2014 for:

St. Mary's University as follows...

2013 990 - Return of Organization Exempt from Income Tax
 2013 Schedule A - Public Charity Status and Public Support
 2013 Schedule B - Schedule of Contributors
 2013 Schedule C - Political Campaign and Lobbying Activities
 2013 Schedule D - Supplemental Financial Statements
 2013 Schedule E - Schools
 2013 Schedule F - Statement of Activities Outside the United States
 2013 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
 2013 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S
 2013 Schedule J - Compensation Information
 2013 Schedule K - Supplemental Information on Tax-Exempt Bonds
 2013 Schedule M - Noncash Contributions
 2013 Schedule O - Supplemental Information to Form 990 or 990EZ
 2013 Schedule R - Related Organizations and Unrelated Partnerships
 2014 990-W Estimated Tax Worksheet for Form 990-T
 2013 990-T - Exempt Organization Business Income Tax Return
 2013 8453-EO - U.S. Individual Income Tax Declaration for e-filing

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

The "Taxpayer's Copy" of your returns is on the enclosed CD-ROM copy in electronic format. The estimated shelf life of a CD-ROM is 5 to 10 years. Therefore it is recommended that you back-up this electronic taxpayer's copy of the return to your hard drive or server for record

Ms. Mei Lin Lee
St. Mary's University

retention. A bound hard copy of the return package is available upon written request to your E&Y client service team.

Prior to preparing your return(s), we provided you with summaries of transactions identified by the IRS as "Listed Transactions and Transactions of Interest". We asked questions to determine if you had participated in such transaction or any other Reportable Transaction requiring disclosure with the tax return(s). We have prepared your tax return(s) based on the information you provided in response to this questionnaire. If you indicated that you have not participated in any such transactions or you have not responded to our inquiries related to this request, your tax return(s) was/were prepared without any disclosure statement for these transactions. Otherwise, we have prepared your tax return(s) in accordance with the information you provided to us, and have attached the appropriate "Disclosure Statement(s) For Reportable Transaction" to your tax return (if required). If a copy of a Disclosure Statement for Reportable Transactions must also be filed with the Office of Tax Shelter Analysis, we have included an extra copy of that disclosure statement and filing instructions for it. E&Y will not be liable for any penalties resulting from your failure to provide us with accurate and timely information regarding such transactions or to timely file the required disclosure statements.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Very truly yours,

A handwritten signature in black ink that reads "Stewart Goodson". The signature is written in a cursive style with a large initial 'S'.

Stewart Goodson
Executive Director

ST. MARY'S UNIVERSITY
Instructions for E-filed
Form 990- Exempt Organization
For the period ended May 31, 2014

Signature ...

The file copy and public inspection copy of the returns should included on the enclosed CD-ROM should be signed by an officer, title indicated, and dated on page 1.

Filing ...

The federal copy of the return was e-filed by us on your behalf. Do not separately file a copy of the Form 990 with the Internal Revenue Service.

Payment of tax ...

No payment of tax is required.

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2013, or tax year beginning 06/01, 2013, and ending 05/31, 20 14

2013

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.


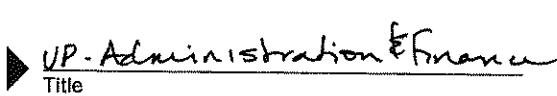
1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	134495922.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

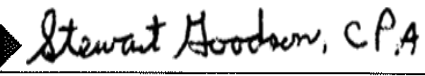
Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  4.13.2015 

Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature		Date	<u>03/04/15</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00084462</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>ERNST & YOUNG U.S. LLP</u>			EIN		<u>34-6565596</u>			
		<u>P.O. BOX 2938</u>			TX		<u>78299-2938</u>		Phone no. <u>210-228-9696</u>	
	<u>SAN ANTONIO</u>									

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8453-EO** (2013)

Cumulative e-File History 2013	
Federal	
Locator:	47643P
Taxpayer Name:	St. Mary's University
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	04/13/2015 10:24:15
Acknowledgement Date:	04/13/2015 11:01:34
Status:	Accepted
Submission ID:	74089220151035000006

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2013

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 06/01, 2013, and ending 05/31, 2014

Form sections B through K: B Check if applicable; C Name of organization ST. MARY'S UNIVERSITY; D Employer identification number 74-1143128; E Telephone number (210) 436-3414; G Gross receipts \$ 217,258,811; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: WWW.STMARYTX.EDU; K Form of organization: X Corporation; L Year of formation: 1926; M State of legal domicile: TX

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission; 2-7 Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances. Includes a 'COPY FOR PUBLIC INSPECTION' stamp.

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.

Signature and Preparer sections: Sign Here (Signature of officer, Date, Type or print name and title); Paid Preparer Use Only (Print/Type preparer's name STEWART GOODSON, Preparer's signature, Date, Check self-employed, PTIN P00084462, Firm's name ERNST & YOUNG U.S. LLP, Firm's EIN 34-656596, Firm's address P.O. BOX 2938 SAN ANTONIO, TX 78299-2938, Phone no. 210-228-9696)

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE 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 [X] 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 [X] 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 \$ 80,083,548. including grants of \$ 32,614,344.) (Revenue \$ 90,772,565.)

INSTRUCTION, ACADEMIC SUPPORT, RESEARCH AND STUDENT FINANCIAL AID ASSISTANCE: PROVIDES A CATHOLIC EDUCATION EXPERIERNCE THAT EVOKES ACADEMIC EXCELLENCE WHILE INTEGRATING LIBERAL STUDIES, PROFESSIONAL PREPARATION AND ETHICAL COMMITMENT. THE UNIVERSITY OFFERS CLASSES WHICH LEAD TO BACHELORS, MASTERS, PH.D AND JURIS DOCTOR DEGREES. (ENROLLMENT: 3,868, STUDENT TO FACULTY RATIO: 13 TO 1; 70 UNDERGRADUATE AND GRADUATE MAJORS AND OFFERS OVER 120 DEGREE PROGRAMS, WHICH INCLUDES 2 DOCTORAL AND 2 LAW PROGRAMS AND 12 UNDERGRADUATE AND 10 GRADUATE JOINT PROGRAMS.)

4b (Code:) (Expenses \$ 13,804,923. including grants of \$ 0) (Revenue \$ 15,141,233.)

AUXILIARY ENTERPRISES: PROVIDES STUDENT WITH HOUSING, DINING AND BOOKSTORE SERVICES AND FACILITIES TO EXPERIENCE COMMUNITY LIVING ON CAMPUS. (ENROLLMENT: 3,868, STUDENT TO FACULTY RATIO: 13 TO 1)

4c (Code:) (Expenses \$ 16,432,060. including grants of \$ 0) (Revenue \$ 6,429,431.)

STUDENT AND COMMUNITY SERVICES PROGRAMS: PROVIDES STUDENTS WITH OPPORTUNITIES TO DEVELOP LEADERSHIP IN STUDENT, ACADEMIC, SOCIAL AND PROFESSIONAL ORGANIZATIONS. (ENROLLMENT: 3,868, STUDENT TO FACULTY RATIO: 13 TO 1)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 110,320,531.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (33), 1b (32), 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 Forms 1023 (or 1024 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, physical address, and telephone number of the person who possesses the books and records of the organization: MEI-LIN LEE, FINANCE DIRECTOR, ONE CAMINO SANTA MARIA, SAN ANTONIO, TX 782 210-436-3414

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(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			
(1) REV. MARTIN A. SOLMA, S.M. CHANCELLOR	1.00	X		X				0	0	0
(2) EDWARD C. SPEED CHAIRMAN OF THE BOARD	1.00	X		X				0	0	0
(3) DORIS A. SLAY-BARBER VICE-CHAIRMAN OF THE BOARD	1.00	X		X				0	0	0
(4) RAYMOND CARVAJAL, R.PH. SECRETARY	1.00	X		X				0	0	0
(5) CHARLES T. BARRETT JR. TRUSTEE	1.00	X						0	0	0
(6) DAVID W. BIEGLER TRUSTEE	1.00	X						0	0	0
(7) JACK BIEGLER TRUSTEE	1.00	X						0	0	0
(8) BROTHER WILLIAM J CAMPBELL SM TRUSTEE	1.00	X						0	0	0
(9) R. MICHAEL CASSEB TRUSTEE	1.00	X						0	0	0
(10) REBECCA QUINTANILLA CEDILLO TRUSTEE	1.00	X						0	0	0
(11) WALTER D. DOWNING, JR. TRUSTEE	1.00	X						0	0	0
(12) REV. JAMES F. FITZ, S.M. TRUSTEE	1.00	X						0	0	0
(13) KELLEY FROST TRUSTEE	1.00	X						0	0	0
(14) BARBARA GENTRY TRUSTEE	1.00	X						0	0	0

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

(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			
15) GISELA GIRARD TRUSTEE	1.00	X					0	0	0	
16) STEVEN D. JANSMA TRUSTEE	1.00	X					0	0	0	
17) BROTHER JOSEPH KAMIS, S.M. TRUSTEE	1.00	X					0	0	0	
18) SISTER LAURA M LEMING FMI PH.D TRUSTEE	1.00	X					0	0	0	
19) CHRISTOPHER R. MARTINEZ TRUSTEE	1.00	X					0	0	0	
20) LARRY MILLS TRUSTEE	1.00	X					0	0	0	
21) BROTHER RONALD OVERMAN, S.M. TRUSTEE	1.00	X					0	0	0	
22) PHILIP J. PFEIFFER TRUSTEE	1.00	X					0	0	0	
23) FERNANDO REYES TRUSTEE	1.00	X					0	0	0	
24) KENNETH S. SAKS TRUSTEE	1.00	X					0	0	0	
25) MICHAEL A. SCHOTT TRUSTEE	1.00	X					0	0	0	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							3,089,293.	0	293,745.	
d Total (add lines 1b and 1c)							3,089,293.	0	293,745.	

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 **▶** 117

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 32

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

(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			
(26) DARRELL G. STEWART TRUSTEE	1.00	X					0	0	0	
(27) JAMES (MARTY) TRUSS TRUSTEE	1.00	X					0	0	0	
(28) MAJ. GEN. ALFRED A. VALENZUELA TRUSTEE	1.00	X					0	0	0	
(29) BROTHER EDWARD VIOLETT SM PH.D TRUSTEE	1.00	X					0	0	0	
(30) BROTHER THOMAS WENDORF SM PH.D TRUSTEE	1.00	X					0	0	0	
(31) MARTIN BEIRNE TRUSTEE	1.00	X					0	0	0	
(32) HELEN BERRIDGE TRUSTEE	1.00	X					0	0	0	
(33) HARVEY NAJIM TRUSTEE (UNTIL JUNE 2013)	1.00	X					0	0	0	
(34) THOMAS M. MENGLER PRESIDENT	40.00 0	X		X			366,882.	0	26,924.	
(35) KATHERINE M. SISOIAN V.P. - STUDENT DEVELOPMENT	40.00			X			127,530.	0	15,389.	
(36) RUDY A. VELA V.P. - MISSION AND RECTOR	40.00			X			111,739.	0	19,548.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 117

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

Table with 7 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. Rows include Richard D. Kimbrough, Andre Hampton, Rebeckah J. Day, Suzanne M. Petrusch, Charles E. Cantu, Tanuja Singh, Winston F. Erevelles, Robert W. Piatt, David W. Sommer, Victoria M. Mather, and David A. Schlueter.

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 117

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting and related organizations.

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 with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. This table is currently empty.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	136,073.					
	d Related organizations	1d	1,151,362.					
	e Government grants (contributions) . .	1e	7,302,039.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	6,209,345.					
	g Noncash contributions included in lines 1a-1f: \$		52,435.					
	h Total. Add lines 1a-1f			14,798,819.				
	Program Service Revenue	Business Code						
2a EDUCATIONAL AND GENERAL - TUITION & FEES			611310	90,772,565.	90,772,565.			
b AUXILIARY SERVICES			611710	15,141,233.	15,141,233.			
c EDUCATIONAL PROGRAM FEE			611710	1,584,371.	1,584,371.			
d EDUCATIONAL HEALTH INSURANCE			611710	853,290.	853,290.			
e EDUCATION AND INSTITUTIONAL FEE			611710	1,076,236.	1,076,236.			
f All other program service revenue				2,915,534.	2,915,534.			
g Total. Add lines 2a-2f			112,343,229.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,264,822.		46,412.	3,218,410.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real						
		(ii) Personal						
			355,315.					
		b Less: rental expenses						
	c Rental income or (loss)							
	d Net rental income or (loss)				-10,053.		-10,053.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			86,374,219.					
		b Less: cost or other basis and sales expenses						
	c Gain or (loss)							
	d Net gain or (loss)				4,106,825.		4,106,825.	
8a Gross income from fundraising events (not including \$ 136,073. of contributions reported on line 1c). See Part IV, line 18	a		ATCH 2					
	b Less: direct expenses	b						
	c Net income or (loss) from fundraising events				-7,720.		-7,720.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities				0		0	
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory				0		0	
Miscellaneous Revenue			Business Code					
11a _____								
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				0			0	
12 Total revenue. See instructions				134,495,922.	112,343,229.	46,412.	7,307,462.	

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 governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	32,614,344.	32,614,344.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,536,929.	1,015,253.	960,353.	561,323.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	48,753,856.	42,392,026.	5,314,574.	1,047,256.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,203,084.	1,872,499.	266,222.	64,363.
9 Other employee benefits	5,006,860.	3,721,297.	1,078,723.	206,840.
10 Payroll taxes	3,222,700.	2,715,335.	417,483.	89,882.
11 Fees for services (non-employees):				
a Management	6,522,433.	5,558,938.	914,424.	49,071.
b Legal	104,575.	45,001.	59,574.	
c Accounting	281,981.	13,599.	268,382.	
d Lobbying	3,650.		3,650.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	898,000.		898,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,082.	8,082.		
12 Advertising and promotion	780,669.	256,011.	267,880.	256,778.
13 Office expenses	5,311,121.	4,840,375.	399,530.	71,216.
14 Information technology	757,811.	261,246.	495,427.	1,138.
15 Royalties	286,984.	150,531.	136,453.	
16 Occupancy	3,954,910.	2,992,788.	957,496.	4,626.
17 Travel	2,570,596.	2,363,426.	156,214.	50,956.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	944,252.	571,401.	355,749.	17,102.
20 Interest	927,214.	865,527.	61,687.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,722,979.	4,621,297.	1,086,675.	15,007.
23 Insurance	1,264,572.	858,621.	405,951.	
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 <u>ACADEMIC PROGRAM TOTAL</u>	1,540,469.	1,286,734.	241,539.	12,196.
b <u>PROGRAM AND EVENTS TOTAL</u>	329,024.	262,915.	19,301.	46,808.
c <u>IMPROVEMENT TOTAL</u>	1,147,437.	1,033,285.	114,152.	
d <u>BAD DEBT TOTAL</u>	285,206.		285,206.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	127,979,738.	110,320,531.	15,164,645.	2,494,562.
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)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,000.	1	5,000.
	2 Savings and temporary cash investments	50,445,116.	2	29,963,975.
	3 Pledges and grants receivable, net	600,952.	3	1,074,786.
	4 Accounts receivable, net	5,175,484.	4	6,344,519.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	15,620,182.	7	15,660,350.
	8 Inventories for sale or use	552,852.	8	416,256.
	9 Prepaid expenses and deferred charges	1,531,240.	9	1,367,439.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 189,803,911.		
	b Less: accumulated depreciation	10b 87,861,886.	96,565,419.	10c 101,942,025.
	11 Investments - publicly traded securities	113,749,052.	11	137,303,370.
	12 Investments - other securities. See Part IV, line 11	25,575,524.	12	35,124,184.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	309,820,821.	16	329,201,904.	
Liabilities	17 Accounts payable and accrued expenses	9,325,098.	17	6,629,932.
	18 Grants payable	0	18	0
	19 Deferred revenue	5,734,225.	19	5,656,404.
	20 Tax-exempt bond liabilities	20,968,000.	20	19,493,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	15,267,535.	23	17,893,545.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	8,915,459.	25	5,911,971.
	26 Total liabilities. Add lines 17 through 25	60,210,317.	26	55,584,852.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	139,744,852.	27	148,624,662.
	28 Temporarily restricted net assets	46,367,685.	28	57,463,527.
	29 Permanently restricted net assets	63,497,967.	29	67,528,863.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	249,610,504.	33	273,617,052.
34 Total liabilities and net assets/fund balances	309,820,821.	34	329,201,904.	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 134,495,922. Line 2: Total expenses 127,979,738. Line 3: Revenue less expenses 6,516,184. Line 4: Net assets at beginning 249,610,504. Line 5: Net unrealized gains 16,780,193. Line 6: Donated services 692,400. Line 7: Investment expenses 0. Line 8: Prior period adjustments 0. Line 9: Other changes 17,771. Line 10: Net assets at end 273,617,052.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [] Cash [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
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?
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.

Table with 3 columns: Question, Yes, No. Row 2a: Yes [], No [X]. Row 2b: Yes [X], No []. Row 2c: Yes [X], No []. Row 3a: Yes [X], No []. Row 3b: Yes [X], No [].

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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.
10 An organization organized and operated exclusively to test for public safety.
11 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).
a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S.?, (vii) Amount of monetary support. Includes rows (A) through (E) and a Total row.

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

Schedule A (Form 990 or 990-EZ) 2013

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five 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

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. 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.

19b 33 1/3% support tests - 2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) () (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
---------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
---------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
---------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ ----- 25,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ ----- 19,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ ----- 6,335.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ ----- 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
---------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 60,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 30,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ ----- 25,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ ----- 25,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ ----- 20,071.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ ----- 37,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ ----- 371,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ ----- 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ 26,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 123,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 166,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 734,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	----- ----- -----	\$ ----- 26,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	----- ----- -----	\$ ----- 6,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	----- ----- -----	\$ ----- 20,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	----- ----- -----	\$ ----- 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	----- ----- -----	\$ ----- 5,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	----- ----- -----	\$ 32,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	----- ----- -----	\$ 206,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **ST. MARY'S UNIVERSITY**

Employer identification number
74-1143128

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	----- ----- -----	\$ 86,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	----- ----- -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	----- ----- -----	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	----- ----- -----	\$ 5,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	----- ----- -----	\$ 11,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	----- ----- -----	\$ 58,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	----- ----- -----	\$ 101,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	----- ----- -----	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	----- ----- -----	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	----- ----- -----	\$ ----- 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	----- ----- -----	\$ ----- 11,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	----- ----- -----	\$ ----- 5,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	----- ----- -----	\$ 12,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	----- ----- -----	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	----- ----- -----	\$ 13,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	----- ----- -----	\$ 5,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	----- ----- -----	\$ 43,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	----- ----- -----	\$ 5,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	----- ----- -----	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	----- ----- -----	\$ 17,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	----- ----- -----	\$ ----- 1,500,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	----- ----- -----	\$ ----- 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	----- ----- -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	----- ----- -----	\$ 7,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	----- ----- -----	\$ 26,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	----- ----- -----	\$ 49,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
110	----- ----- -----	\$ 518,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	----- ----- -----	\$ 6,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	----- ----- -----	\$ 106,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
27	STOCK ----- ----- -----	\$ 20,071.	12/24/2013
109	STOCK ----- ----- -----	\$ 24,858.	VAR
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization ST. MARY'S UNIVERSITY

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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$

Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes dashed lines for input.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes dashed lines for input.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes dashed lines for input.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes dashed lines for input.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (ST. MARY'S UNIVERSITY) and Employer identification number (74-1143128)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, media advertisements, mailings, publications, grants, and other activities, with a total amount of 25,043.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Questions include: Were substantially all dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question and Answer. Questions include: Dues, assessments and similar amounts from members; Section 162(e) nondeductible lobbying and political expenditures; Aggregate amount reported in section 6033(e)(1)(A) notices; Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

OTHER LEGISLATIVE ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

15% OF \$36,953 DUES PAID TO INDEPENDENT COLLEGES AND UNIVERSITIES OF

TEXAS (ICUT) WERE EXPENDED FOR HIGHER EDUCATION LEGISLATIVE ACTIVITIES,

PLUS \$19,500 PAID FOR LEGAL COUNSEL FEES.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2013

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21?
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" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

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

- a Board designated or quasi-endowment 32.0700 %
b Permanent endowment 38.6900 %
c Temporarily restricted endowment 29.2400 %
The percentages in 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:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b.

- (i) unrelated organizations
(ii) related organizations
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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) U.S. REAL ESTATE TRUST	5,027,479.	FMV
(B) U.S. MINERAL RIGHTS	2,165,000.	FMV
(C) INT'L HEDGE FUND (HARBINGER)	9,517,860.	FMV
(D) MULTI-STRATEGY PRIVATE EQUITY	14,142,773.	FMV
(E) FUNDS HELD IN TRUST BY OTHERS	4,271,072.	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	35,124,184.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	
(2) PERKINS LOAN PROGRAM ADVANCEMENT	5,911,971.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,911,971.

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" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 134,495,922.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 127,979,738.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V

ENDOWMENT SPENDING PURPOSES:

1. STUDENT SCHOLARSHIPS
2. PROFESSOR SALARIES AND SUPPORTING EXPENSES
3. ACADEMIC PROGRAMS
4. BOOK PURCHASES AND OTHERS
5. BUILDING MAINTENANCE

ASC 740 (FKA FIN48)

SCHEDULE D, PART X

THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE). THIS EXEMPTION DOES NOT APPLY TO UNRELATED BUSINESS INCOME, 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 UNRELATED BUSINESS INCOME IN 2014 OR 2013. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE 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 IRS OR TREASURY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE UNIVERSITY, AND HAS CONCLUDED THAT AS OF MAY 31, 2014, 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; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XI

LINE 2D:	RENT & FUNDRAISING EVENT NET:	\$	17,773
LINE 4B:	SCHOLARSHIPS		\$32,614,344
LINE 4B:	ROUNDING	\$	2

SCHEDULE D, PART XII

LINE 4B:	SCHOLARSHIPS	\$32,614,344
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SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I

Table with 3 columns: Question, YES, NO. Rows include questions 1-7 regarding nondiscrimination policies, supplemental page reference, and financial aid.

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

NONDISCRIMINATORY POLICY

SCHEDULE E, QUESTION 3

THE POLICY IS INCLUDED IN ALL STUDENT CATALOGUES AND BROCHURES AND THE GRADUATE AND UNDERGRADUATE APPLICATION FORMS AND AT THE UNIVERSITY'S WEBSITE.

ST. MARY'S UNIVERSITY IS AN EQUAL EDUCATION OPPORTUNITY INSTITUTION. THE UNIVERSITY'S ADMISSION STANDARDS AND PRACTICES ARE FREE FROM DISCRIMINATION ON THE BASIS OF AGE, SEX, RACE, CREED COLOR, DISABILITY, ETHNICITY OR NATIONAL ORIGIN. AS REQUIRED BY THE JEANNE CLERY DISCLOSURE OF CAMPUS SECURITY POLICY AND CAMPUS CRIME STATISTICS ACT, INFORMATION REGARDING CRIME STATISTICS, CAMPUS SAFETY, CRIME PREVENTION AND VICTIM'S ASSISTANCE IS AVAILABLE ON THE ST. MARY'S UNIVERSITY WEB SITE AT WWW.STMARYTX.EDU/POLICE/. A PAPER COPY OF THE REPORT IS AVAILABLE BY REQUEST. ADDITIONALLY, INFORMATION REGARDING GRADUATION AND RETENTION RATES IS AVAILABLE AT WWW.STMARYTX.EDU. ALL MATERIAL SENT TO ST. MARY'S UNIVERSITY BECOMES PROPERTY OF THE UNIVERSITY AND WILL NOT BE RELEASED. FINAL ADMISSION WILL BE GRANTED ONLY AFTER FINAL TRANSCRIPT OF HIGH SCHOOL AND/OR COLLEGE WORK IS RECEIVED

FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY

SCHEDULE E, QUESTION 6A

FINANCIAL AID IS PROVIDED TO ELIGIBLE STUDENTS BASED ON THE GOVERNMENTAL AGENCY'S REGULATIONS ON PELL, FSEOG, TEG AND OTHERS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	95,134.
(2) EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	180,550.
(3) EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	277,394.
(4) EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	171,437.
(5) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION PROGRAM	129,079.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					853,594.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					853,594.

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

Schedule F (Form 990) 2013

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 non-cash assistance	(g) Description of non-cash 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 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)* 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V **Supplemental Information**

Complete this part to 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).

SCHEDULE F, PART I, LINE 3, COLUMN (F)

ACCOUNTING METHOD IS CASH. THERE ARE NO INVESTMENTS. ALL ARE

DISBURSEMENTS TO SUPPORT OVERSEAS EDUCATION PROGRAMS. ALL DISBURSEMENTS

ARE MADE BY ST. MARY'S UNIVERSITY IN TEXAS.

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

SCHEDULE G
(Form 990 or 990-EZ)

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ST. MARY'S UNIVERSITY

74-1143128

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten 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" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DINNER (event type)	GOLF TOURNAMEN (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	158,775.	48,675.	51,029.	258,479.
	2	Less: Contributions	70,438.	26,845.	38,790.	136,073.
	3	Gross income (line 1 minus line 2).	88,337.	21,830.	12,239.	122,406.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		19,548.	6,660.	26,208.
	7	Food and beverages				
	8	Entertainment	90,729.			90,729.
	9	Other direct expenses	12,289.	900.		13,189.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				130,126.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-7,720.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	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 operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a 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 operate 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 operated 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 ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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 complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 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

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

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUC GRANTS, SCHOLARSHIPS & TUITION DISCOUNTS	2,580.	32,614,344.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

INSTITUTIONAL GIFT AID IS AWARDED IN VARIOUS FORMS VIA THE FOLLOWING SELECTION PROCESS: 1) ACADEMIC SCHOLARSHIPS: THE SELECTION OF THESE STUDENTS IS MADE BY THE OFFICE OF THE UNDERGRADUATE, GRADUATE, PH D AND LAW ADMISSIONS, AND THE STUDENT'S APPLICATION FOR ADMISSION SERVES AS THE SCHOLARSHIP APPLICATION, 2) TALENT AWARDS (ATHLETICS AND MUSIC): THE DECISION REGARDING THE AWARD RECIPIENTS IS MADE BY THE APPROPRIATE DEPARTMENT AND/OR COACH. STUDENTS ARE EITHER RECRUITED OR NOMINATE THEMSELVES FOR AWARD CONSIDERATION. SELECTION IS USUALLY BASED UPON PERFORMANCES AND AUDITIONS, AND 3) NEED BASED AWARDS: THE OFFICE OF

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FINANCIAL ASSISTANCE DETERMINES ELIGIBILITY BASED UPON THE FAFSA.

SELECTION IS MADE WITHIN APPROPRIATE UNIVERSITY GUIDELINES. NOTE: DUE TO

THE NATURE OF THE SCHOLARSHIPS/AWARDS, THE AMOUNTS ARE NETTED WITH

REVENUES, WHICH IS CONSISTENT WITH THE AUDITED FINANCIAL PRESENTATION.

THUS, THE AWARDS ARE NOT REPORTED AS GRANTS. STUDENT LOANS: ST. MARY'S

PARTICIPATES IN TWO FEDERAL LOAN PROGRAMS: 1) THE CAMPUS-BASED FEDERAL

PERKINS STUDENT LOAN PROGRAM, IN WHICH SELECTION OF STUDENT RECIPIENTS IS

MADE BY THE OFFICE OF FINANCIAL ASSISTANCE BASED UPON THE FAFSA AND

FEDERAL REGULATIONS, AND 2) THE FFLEP PROGRAM, IN WHICH THE STUDENT

SELF-SELECTS THE LENDER AND THE OFFICE OF FINANCIAL ASSISTANCE CERTIFIES

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ELIGIBILITY BASED UPON FEDERAL REGULATIONS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (e.g., maid, chauffeur, chef)

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows 1b through 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 in 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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS M. MENGLER PRESIDENT	(i)	366,882.	0	0	17,850.	9,074.	393,806.	0
	(ii)	0	0	0	0	0	0	0
2 CHARLES E. CANTU DEAN - LAW SCHOOL	(i)	304,467.	0	0	16,264.	4,478.	325,209.	0
	(ii)	0	0	0	0	0	0	0
3 ROBERT W. PIATT PROFESSOR	(i)	243,430.	0	0	14,790.	4,478.	262,698.	0
	(ii)	0	0	0	0	0	0	0
4 TANUJA SINGH DEAN - BUSINESS SCHOOL	(i)	232,869.	0	0	16,084.	4,478.	253,431.	0
	(ii)	0	0	0	0	0	0	0
5 DAVID W. SOMMER PROFESSOR	(i)	223,135.	0	0	13,911.	9,161.	246,207.	0
	(ii)	0	0	0	0	0	0	0
6 VICTORIA M. MATHER PROFESSOR	(i)	221,652.	0	0	13,472.	9,161.	244,285.	0
	(ii)	0	0	0	0	0	0	0
7 DAVID A. SCHLUETER PROFESSOR	(i)	214,546.	0	0	11,894.	6,782.	233,222.	0
	(ii)	0	0	0	0	0	0	0
8 ANDRE HAMPTON PROVOST	(i)	214,491.	0	0	14,052.	9,161.	237,704.	0
	(ii)	0	0	0	0	0	0	0
9 MICHAEL S. ARIENS PROFESSOR	(i)	203,442.	0	0	13,131.	9,074.	225,647.	0
	(ii)	0	0	0	0	0	0	0
10 WINSTON F. EREVELLES DEAN-SCIENCE ENGINEERING/TECH	(i)	186,752.	0	0	13,423.	4,478.	204,653.	0
	(ii)	0	0	0	0	0	0	0
11 REBECKAH J. DAY V.P. - ADM AND FINANCE	(i)	189,555.	0	0	13,439.	4,478.	207,472.	0
	(ii)	0	0	0	0	0	0	0
12 SUZANNE M. PETRUSCH V.P. - ENROLLMENT MANAGEMENT	(i)	150,129.	0	0	10,840.	4,478.	165,447.	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I, LINE 1A

SOCIAL CLUB DUES OR INITIATION FEES THE UNIVERSITY PROVIDES FOR THE
PAYMENT OF CERTAIN CLUB DUES WHEN IT IS DETERMINED TO FURTHER OUR EXEMPT
PURPOSES. THE UNIVERSITY MONITORS CLUB ACTIVITY FOR ANY PERSONAL USE AND
IS REIMBURSED FOR THESE AMOUNTS OR INCLUDES THEM IN TAXABLE COMPENSATION
FOR THE EMPLOYEE.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I Bond Issues

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY OF OLMOS PARK, TX HIGHER ED CORP SERIES 2007	52-1830729	XXXXXXXXXX	12/13/2007	8,500,000.	RESIDENCE CONSTRUCTION PROJECT		X		X		X
B CITY OF OLMOS PARK, TX HIGHER ED CORP SERIES 2007	52-1830279	XXXXXXXXXX	02/26/2008	10,000,000.	RESIDENCE CONSTRUCTION PROJECT		X		X		X
C SAN ANTONIO, TEXAS EDUCATION FACILITIES CORP.	52-1830729	XXXXXXXXXX	07/28/2010	8,724,000.	REFINANCING 1999 REVENUE BONDS		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	260,000.		300,000.		915,000.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	8,651,557.		10,108,756.		8,724,000.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	145,975.		165,100.		74,000.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	7,455,582.		9,943,656.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2009		2009		2001			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X	X			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

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

Schedule K (Form 990) 2013

Part III Private Business Use (Continued) SCHEDULE K

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and bond-financed property usage.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and qualified hedges.

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

SCHEDULE K PART I COLUMN E & SCHEDULE K, PART II, LINE 3

THE DIFFERENCE IN THE ISSUE PRICE SHOWN IN COLUMN E, AND PART II, LINE 3, TOTAL PROCEEDS OF ISSUE, IS THE EARNINGS DURING THE CONSTRUCTION PERIOD FOR THE CITY OF OLMOS PARK, TX HIGHER EDUCATION CORP SERIES 2007 BONDS LISTED IN A AND B. IN SCHEDULE K, PART I, ROW A, THE CUMULATIVE EARNINGS ARE \$151,557. IN SCHEDULE K, PART I, ROW B, THE CUMULATIVE EARNINGS ARE \$100,756.

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION WAS CALCULATED IN 2010 FOR ALL BONDS LISTED ON SCHEDULE K, PART I.

SCHEDULE K, PART V

THE UNIVERSITY HAS AN ANNUAL REVIEW PROCESS ON THE FOLLOWING:

1. PRIVATE BUSINESS USE - PRIOR TO LEASE, SERVICE, PROFESSIONAL CONTRACTUAL AGREEMENTS TO BE SIGNED AND NEW FINANCING PROJECTS BEING EVALUATED, ALL OF THE LEGAL DOCUMENTS ARE SUBMITTED TO OUR TAX LEGAL COUNSEL FOR REVIEW TO ENSURE THAT FEDERAL TAX REQUIREMENTS ARE MET.
 2. ANNUAL REVIEW OF THE UNIVERSITY'S SPACE RENTAL ON THE FINANCED PROPERTY IS REVIEWED TO ENSURE THAT FEDERAL TAX REQUIREMENTS ARE MET.
- PERIODICALLY THE ORGANIZATION SENDS COMMUNICATION TO OUR TAX

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

PROFESSIONALS FOR CONSULTATION WHEN NEW ACTIVITIES/RENTAL ARE BEING
CONSIDERED.

3. WHEN NEW BONDS ARE ISSUED, INVESTMENTS ARE PROHIBITED TO INVEST ON
THE GUARANTEED INVESTMENT CONTRACT (GIC). THE UNIVERSITY MONITORS THE
PROJECT PROGRESS TO ENSURE WE MEET THE AVAILABLE TEMPORARY PERIOD AND
COUNSEL OUR TAX LEGAL COUNSEL FOR ACTIONS WHEN THE PROGRESS OF THE
PROJECT MIGHT BE LAGGING FROM THE SCHEDULED TIMELINE.

4. ARBITRAGE - WE ENGAGED A FIRM TO PERFORM ARBITRAGE CALCULATION WHEN
NEW BONDS ARE ISSUED TO ENSURE WE ARE IN COMPLIANCE WITH FEDERAL TAX
REQUIREMENTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I Types of Property

Table with 5 columns: (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. Row 9 is filled with 'X', '10.', '52,435.', and 'SELLING PRICE'.

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

Table with 3 columns: Question, Yes, No. Row 30a: 'During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?' Yes: [], No: [X]. Row 31: 'Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?' Yes: [X], No: []. Row 32a: 'Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?' Yes: [X], No: []. Row 33: 'If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.' Yes: [], No: [].

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

Schedule M (Form 990) (2013)

Part II **Supplemental Information.** Complete this part to 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.

SCHEDULE M, PART I, QUESTION 32A

THE MANAGEMENT OF THE ORGANIZATION'S PHONATHON PROGRAM IS OUTSOURCED TO A THIRD PARTY BUT TAKES PLACE ON CAMPUS UTILIZING ST. MARY'S STUDENTS. THE DIRECTOR OF THE ANNUAL FUND OR HIS/HER DESIGNEE IS PRESENT AT ALL TIMES.

THE ORGANIZATION ALSO HIRES PROFESSIONALS TO SELL NON-CASH CONTRIBUTIONS WHEN RECEIVED, SUCH AS REAL ESTATE AND STOCKS.

SCHEDULE O
(Form 990 or 990-EZ)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.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

FORM 990, PART I, LINE 1

ST. MARY'S UNIVERSITY, AS A CATHOLIC MARIANIST UNIVERSITY, FOSTERS THE
FORMATION OF PEOPLE IN FAITH AND EDUCATES LEADERS FOR THE COMMON GOOD
THROUGH COMMUNITY, EDUCATION, AND ACADEMIC EXCELLENCE.

FORM 990, PART III, LINE 1

ST. MARY'S UNIVERSITY, AS A CATHOLIC MARIANIST UNIVERSITY, FOSTERS THE
FORMATION OF PEOPLE IN FAITH AND EDUCATES LEADERS FOR THE COMMON GOOD
THROUGH COMMUNITY, INTEGRATED LIBERAL ARTS AND PROFESSIONAL EDUCATION,
AND ACADEMIC EXCELLENCE. ST. MARY'S UNIVERSITY IS THE FIRST INSTITUTION
OF HIGHER LEARNING IN SAN ANTONIO AND THE OLDEST CATHOLIC UNIVERSITY IN
TEXAS AND THE SOUTHWEST.

FORM 990, PART VI, QUESTION 2

DAVID BIEGLER AND JACK BIEGLER ARE BROTHERS AND ARE ALSO ST. MARY
UNIVERSITY TRUSTEES.

FORM 990, PART VI, QUESTION 6

BYLAWS, ARTICLE 3: MEMBERS OF THE CORPORATION

3.1 MEMBERS OF THE CORPORATION

THE FOLLOWING SHALL BE THE MEMBERS OF THE CORPORATION (EACH INDIVIDUALLY
A "MEMBER" AND COLLECTIVELY THE "MEMBERS"):

(A) THE PROVINCIAL SUPERIOR OF THE SOCIETY OF MARY, PROVINCE OF THE
UNITED STATES, DULY APPOINTED ACCORDING TO THE RULE OF LIFE OF THE

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

SOCIETY OF MARY;

(B) ALL THE INDIVIDUALS SERVING ON THE PROVINCIAL COUNCIL OF THE SOCIETY OF MARY, PROVINCE OF THE UNITED STATES, DULY APPOINTED ACCORDING TO THE RULE OF LIFE OF THE SOCIETY OF MARY;

(C) THE DULY APPOINTED PRESIDENT OF THE UNIVERSITY, AND THE DULY ELECTED CHAIRPERSON OF THE BOARD OF TRUSTEES OF ST. MARY'S UNIVERSITY (THE "BOARD OF TRUSTEES").

FORM 990, PART VI, QUESTIONS 7A & 7B

BYLAWS, ARTICLE 3: 3.3 POWERS OF THE MEMBERS OF THE CORPORATION

THE MEMBERS OF THE CORPORATION SHALL ENJOY THE FOLLOWING POWERS: (A) TO APPROVE AND CHANGE THE BYLAWS OF THE UNIVERSITY UPON RECOMMENDATION OF THE BOARD OF TRUSTEES IN ACCORDANCE WITH ARTICLE 10; (B) TO APPROVE NOMINEES FOR THE BOARD OF TRUSTEES RECOMMENDED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OR THE TRUSTEE NOMINATING COMMITTEE (AS DEFINED BELOW) AND TO APPROVE THE DISMISSAL OF INDIVIDUALS SERVING ON THE BOARD OF TRUSTEES (EACH INDIVIDUAL SERVING ON THE BOARD OF TRUSTEES A "TRUSTEE" AND COLLECTIVELY "TRUSTEES") AS RECOMMENDED BY A VOTE OF THE BOARD OF TRUSTEES, PROVIDED THAT SUCH APPROVAL SHALL NOT, IN EITHER INSTANCE, BE UNREASONABLY WITHHELD; (C) TO APPROVE THE SALE OR TRANSFER OF ANY SUBSTANTIAL PART OF THE PHYSICAL PROPERTIES OF THE UNIVERSITY; (D) TO DETERMINE THE DISTRIBUTION OF THE ASSETS OF THE UNIVERSITY IN THE EVENT OF ITS DISSOLUTION; AND (E) TO APPROVE THE RECOMMENDATIONS FOR PRESIDENT OF THE UNIVERSITY AS PROPOSED BY THE PRESIDENTIAL NOMINATING COMMITTEE (AS DEFINED BELOW) OF THE BOARD OF TRUSTEES AND THAT SUCH APPROVAL SHALL NOT BE UNREASONABLY WITHHELD.

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

FORM 990, PART VI, QUESTION 11B

THE UNIVERSITY PREPARED THE RETURN, WHICH THEN WAS REVIEWED BY EY. THE DRAFT WAS DISTRIBUTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL AND MADE AVAILABLE TO THE BOARD PRIOR TO SUBMISSION OF THE 990 FILING.

FORM 990, PART VI, QUESTION 12C

OFFICERS AND DIRECTORS ARE REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST POLICY. THE INDIVIDUAL REPORTS TO THEIR RESPECTIVE SUPERVISOR AND/OR HUMAN RESOURCES OFFICE WHEN AN ISSUE ARISES. FACULTY WITH ADMINISTRATIVE RESPONSIBILITIES AND ALL STAFF ARE REQUIRED TO READ AND SIGN THE CODE OF BUSINESS CONDUCT ANNUALLY. MONITORING IS PERFORMED VIA CONTROLS AND FINANCIAL TRANSACTIONS AND SUPERVISORY OVERSIGHT.

FORM 990, PART VI, QUESTION 13

THE UNIVERSITY'S WHISTLEBLOWER POLICY WAS APPROVED BY THE BOARD OF DIRECTORS AND IMPLEMENTED ON MARCH 20, 2012.

FORM 990, PART VI, QUESTION 15A

CEO AND OFFICERS SALARIES ARE REVIEWED EACH FISCAL YEAR AND BENCHMARKED WITH THE CUPA STUDY DATA FOR COMPARABILITY. THE PRESIDENT (CEO) SALARY IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

Name of the organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
---------------------------------------------------	----------------------------------------------

FORM 990, PART VI, QUESTION 15B

ST. MARY'S UNIVERSITY PARTICIPATES ANNUALLY WITH THE CUPA ADMINISTRATIVE AND PROFESSIONAL HIGHER EDUCATION SALARY SURVEYS AND USES THESE SURVEYS TO REVIEW SALARY LEVELS ANNUALLY TO MAINTAIN ITS MARKET COMPETITIVENESS IN ASSESSING SALARY RANGES FOR KEY LEADERSHIP POSITIONS AND ALL PROFESSIONAL STAFF POSITIONS. FOR SUPPORT STAFF, THE UNIVERSITY PARTICIPATES IN A LOCAL SALARY SURVEY ANNUALLY TO ASSESS ITS SUPPORT STAFF POSITIONS MARKET COMPETITIVENESS AND TO ASSESS MARKET RANGES.

FORM 990, PART VI, QUESTION 19

AUDITED FINANCIALS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORMS 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE WEB AT [HTTP://WWW.STMARYTX.EDU](http://www.stmarytx.edu).

FORM 990, PART XI, LINE 9

RENT NET	10,053
FUNDRAISING EVENT NET	7,720
ROUNDING	(2)

	17,771

FORM 990, PART XII, QUESTION 2C

THE UNIVERSITY PREPARED THE REPORT, WHICH THEN WAS REVIEWED BY EY. THE DRAFT WAS DISTRIBUTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL AND MADE AVAILABLE TO THE BOARD PRIOR TO SUBMISSION OF THE 990 FILING. THE AUDITED FINANCIAL STATEMENTS ARE APPROVED BY THE INDEPENDENT

Name of the organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
---------------------------------------------------	----------------------------------------------

ACCOUNTANT (AUDIT COMMITTEE) AND NOT DISTRIBUTED TO THE BOARD PRIOR TO THE ISSUANCE.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK ST. MARY'S UNIVERSITY SAN ANTONIO, TX 78228	FOOD SERVICES	5,141,260.
KELLER-MARTIN CONSTRUCTION, INC. 4930 ENTERPRISE DRIVE SAN ANTONIO, TX 78249-1339	CONSTRUCTION	2,276,734.
SPAWGLASS CONTRACTORS INC. 9331 CORPORATE DRIVE SELMA, TX 78154	CONSTRUCTION	1,053,086.
ACADEMIC HEALTH PLANS, INC. 1005 GLADE RD. COLLEYVILLE, TX 76034	STDNT HLTH INSURANCE	801,046.
CHRISTIAN BROTHERS RISK POOLING TRUST ROMEDEVILLE, IL 60441-1896	PROP/LIAB RISK POOL	448,027.

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	136,073.
TOTAL	<u>136,073.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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
(1) ST. MARY'S HOLDINGS INC. 45-5275423 ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	SUPPORT	TX	1,125,368.	23,407,150.	ST. MARY'S U
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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. MARY'S UNIVERSITY-ALUMNI ASSOCIATION 74-1742119 ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	SUPPORT	TX	501(C)(3)	5	ST MARY'S U		X
(2) SOCIETY OF MARY OF MARIANIST PROVINCE 03-0415363 4425 WEST PINE BLVD ST. LOUIS, MO 63108	RELIGIOUS ORG	MO	501(C)(3)	1	ST MARY'S U		X
(3) ST. MARY'S UNIVERSITY SCHOOL OF LAW FDN 20-4032309 ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	SUPPORT	TX	501(C)(3)	9	ST MARY'S U		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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) ST. MARY'S UNIVERSITY ALUMNI ASSOCIATIONS	C	741,271.	FMV
(2) SOCIETY OF MARY OF MARIANIST PROVINCE	C	410,091.	FMV
(3)			
(4)			
(5)			
(6)			

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 section 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	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
