PUBLIC INSPECTION COPY



Ernst & Young LLP Frost Bank Tower Suite 1800 100 West Houston Street San Antonio, TX 78205-1457 Mail Address: P.O. Box 2938 San Antonio, TX 78299-2938 Tel: +1 210 228 9696 Fax: +1 210 242 7252 ev.com

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, an 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,

Stewart Goodson Executive Director

Stewart Hoodson

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

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

Department of the Treasury Internal Revenue Service For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2013

OMB No. 1545-1879

Name of exempt of	rganization			Employer identification number
ST. MARY	'S UNIVERSITY			74-1143128
Part I Ty	pe of Return and Return Information (Wh	ole Dollars Only)		
check the box leave line 1b,	of for the type of return being filed with Form to on line 1a, 2a, 3a, 4a, or 5a below and the ar 2b, 3b, 4b, or 5b, whichever is applicable, blan below. Do not complete more than one line in I	mount on that line of the nk (do not enter -0-). If you	return being filed	with this form was blank then
2a Form 990 3a Form 112 4a Form 990	-EZ check here ▶ b Total revenue, in 0-POL check here ▶ b Total tax (F -PF check here ▶ b Tax based on inv	r (Form 990, Part VIII, col f any (Form 990-EZ, line 9 form 1120-POL, line 22) restment income (Form 98 n 8868, Part I, line 3c or F)	2b
Part II De	claration of Officer			
withdr organi I mus date. inform	norize the U.S. Treasury and its designated Final awal (direct debit) entry to the financial institute zation's federal taxes owed on this return, and the contact the U.S. Treasury Financial Agent at 1-8 I also authorize the financial institutions involved ation necessary to answer inquiries and resolve issues	tion account indicated in e financial institution to del 888-353-4537 no later than in the processing of the related to the payment.	the tax preparation the entry to the 2 business days electronic paymer	on software for payment of the is account. To revoke a payment, prior to the payment (settlement) it of taxes to receive confidential
execut	opy of this return is being filed with a state agency and the electronic disclosure consent contained wi specifically identified in Part I above) to the selected s	thin this return allowing di	s part of the IRS sclosure by the IF	Fed/State program, I certify that I S of this Form 990/990-EZ/990-
organizations 20 correct, and cor- return. I conser to the IRS and delay in processi	of perjury, I declare that I am an officer of 013 electronic return and accompanying schedules mplete. I further declare that the amount in Part at to allow my intermediate service provider, trans to receive from the IRS (a) an acknowledgement ong the return or refund, and (c) the date of any refund.	s and statements, and to the state of the state of the same of the same of the state of the stat	ne best of my kni hown on the cop originator (ERO) ejection of the tra	owledge and belief, they are true, y of the organization's electronic to send the organization's return
Part III De	claration of Electronic Return Originator (E	ERO) and Paid Prepare	r (see instructio	ns)
my knowledge. It is the return. It is not to be a formation to be RS e-file Provide organization's re	have reviewed the above organization's return and if I am only a collector, I am not responsible for rethe organization officer will have signed this form e filed with the IRS, and have followed all other lers for Business Returns. If I am also the Paid Peturn and accompanying schedules and statement aid Preparer declaration is based on all information of V	eviewing the return and only before I submit the return requirements in Pub. 4163, Preparer, under penalties of s, and to the best of my	y declare that this n. I will give the Modernized e-File periury I declare	form accurately reflects the data officer a copy of all forms and (MeF) Information for Authorized that I have examined the above
ERO's	ture Stewart Goodson, C. A.	Date Check if also paid preparer	Check if self-employed	ERO's SSN or PTIN P00084462 EIN 34-6565596
yours	s name (or if self-employed), ss, and ZIP code SAN ANTONIO	TX	78299-2938	Phone no. 210-228-9696
Inder penalties of and belief, they are	perjury, I declare that I have examined the above re true, correct, and complete. Declaration of preparer is based o	tum and accompanying sched	ules and statements	and to the best of my knowledge
Paid Preparer	Firm's name ▶	varer's signature	Date	Check if PTIN self-employed Firm's EIN
Jse Only	Firm's address ▶ and Paperwork Reduction Act Notice, see back of for	·····		Phone no.
o	wie i what is any is an analysis with the transfer of the	****		Form 8453-EO (2013)

Cumulative e	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									

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

•	Information	about F	Form 990	and its	instructions is a	at www.irs.gov/form990.

A F	or th	e 201	3 calend	lar year, or t	ax year begi	nning	06,	/01 ,201 3	B, and en	ding	_	0	5/31,	20 14	
_			C Name	of organization							D Emplo	yer identi	fication nu	ımber	
B c	heck if ap	plicable:	ST.	MARY'S U	NIVERSITY	7									
	Addre		Doing E	Business As							74-1	L14312	28		
	7 '	change	Numbe	er and street (or l	P.O. box if mail is	not delivered to s	treet addres	s)	Room/suit	te	E Teleph	one numb	er		
	Initial	return	ONE	CAMINO S	ANTA MARI	ΞA					(210)	436-	3414		
	Termi	inated	City or	town, state or pi	rovince, country,	and ZIP or foreign	postal code								
	Amen	ded	SAN	ANTONIO,	TX 78228	8-8504					G Gross	receipts \$	217	7,258	,811.
	Applic	cation		and address of p			M MENO	GLER, P	RESIDEI	NT	H(a) Is this			Yes	X No
	pendi	ng	ONE	CAMINO S	ANTA MARI	A, SAN AN					H(b) Are al	dinates? Lsubordinate:	s included?	Yes	No
ī	Tax-ex	empt st	1	X 501(c)(3)	501(c) () 		4947(a)(1)		527	1		list. (see inst		
				TMARYTX.E) (IIISCII	(110.)	+3+7 (a)(1)	OI	021	H(c) Group			_	928
				X Corporation	Trust	Association	Other >	•	I Yes	ar of format	tion: 1926				
_	art I	<u> </u>	mmary	Corporation	Hust	Addiction	Other		L 100	ar or rorma	tion. IJZ	J III Otal	ic or regard	2011110110.	
				the organizat	ion's mission	or most significa	nt activities	. GEF G	CHEDIII.	F O					
a)	١.	Brierry	y describe	e tile Organizat	1011 5 1111551011 (or most significal	iii aciiviiies	S	CITEDOL						
Š															
rns	2	Charl		if the		discontinued its				then 250/					
Governance	1				-		•						1		33.
		Numb	er or vou	ng members o	ı ine göverilini 	g body (Part VI, I	ime ia)	// line 4 ln)				3			32.
es	4					the governing b									
<u>×</u>	5					endar year 2013						• • —			,551.
Activities &	6	Total	number o	of volunteers (es	stimate if neces	ssary)						6			32.
`						/III, column (C),									$\frac{6,412}{110}$
	b	Net ur	nrelated b	ousiness taxab	le income from	Form 990-T, lin	ie 34								5,412
	_										Prior Ye			urrent Y	
e		Contri	ibutions a	nd grants (Part	VIII, line 1h)			COF	Y FOR	٦١	19,259				8,819
Revenue	9	Progra	am servic	e revenue (Part	t VIII, line 2g)			BUBLICI	NSPECTIO	N	L07,828				3,229
Re	10	mvest	unent me	onie (Part VIII,	Column (A), iii	ies 3, 4, and 70)				┚ ┡──		,301.			1,647
	11					, 6d, 8c, 9c, 10c						346.			7,773
	12					t equal Part VIII					L33,707				5,922
	13					lumn (A), lines 1					30,909	,685.	3	2,614	4,344
	14					umn (A), line 4)						(ו		
es						nefits (Part IX, co					59,962	2,965.	6	1,723	3,429
èus	16a	Profes	ssional fu	indraising fees	(Part IX, colum	n (A), line 11e)						(
Expenses	b	Total 1	fundraisir	ng expenses (P	art IX, column	(D), line 25) ▶ _	2,	494,562	2.	_					
ш	17	Other	expense	s (Part IX, colu	mn (A), lines 1	1a-11d, 11f-24e))				35,572	2,678.	3	3,641	1,965
	18	Total	expenses	. Add lines 13-	-17 (must equa	ıl Part IX, columi	n (A), line 2	25)			L26,445				9,738
	19	Rever	nue less e	expenses. Subt	ract line 18 fro	m line 12					7,261	,968.		6,516	6,184
Net Assets or Fund Balances										Begin	ning of Cur	rent Year	Eı	nd of Yea	ar
sets	20	Total a	assets (Pa	art X, line 16)						3	309,820	,821.	32	9,201	1,904
t As	21	Total I	liabilities	(Part X, line 26))					L	60,210	,317.	5	5,584	4,852
F S	22	Net as	ssets or f	und balances.	Subtract line 2	1 from line 20.				. 2	249,610	,504.	27	3,617	7,052
Pa	rt II	Sig	gnature	Block											
Und	der per	nalties c	of perjury,	I declare that I h	nave examined the	his return, includir	ng accomp	anying sched	ules and sta	atements, a	and to the b	est of my	/ knowledg	je and b	elief, it is
true	e, corre	ct, and	complete.	Deciaration of pr	eparer (other tha	n officer) is based	on all inior	mation of wn	ich prepare	r nas any k	nowieage.				
Sig			Signature	of officer							Dat	е			
He	re														
			Type or pr	int name and title)										
		Print/	Type prepa	arer's name		Preparer's signa	ature		Date		Check	if	PTIN		
Paic		STE	WART	GOODSON							l l	mployed	P0008	84462	2
	parer			► ERNST &	YOUNG U	.S. LLP					Firm's EIN	▶ 34	-65655		
Use	Only					AN ANTONIC), TX 7	78299-29	938		Phone no.		0-228-		
May	, the I					vn above? (see i					1 . 110.10 110.		-		Y No

For Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2013) Page 2
Pa	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
	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?
	services? 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 \$)
46	Total program service expenses \(\) 110, 320, 531

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

 JSA 3E1020 2.000 47643P 1184
 F

 60626890
 60626890

 Form 990 (2013) Page **3**

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a complete Schedule D, Part VI b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Χ complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV....... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form **990** (2013)

74-1143128

Form 990 (2013) Page **4**

Part IV **Checklist of Required Schedules** (continued) No 21 Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or 21 Χ government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Χ Χ 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year Χ 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Χ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. Χ 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III......... 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Χ Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets. or qualified 30 30 Χ conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Χ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Χ related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O...............

Form **990** (2013)

74-1143128

Form 990 (2013)

JSA 3E1040 1.000 ST. MARY'S UNIVERSITY 74-1143128

Part V Statements Regarding Other IRS Filings and Tax Compliance 195 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х and services provided to the payor? 7a Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

47643P 1184 60626890

Form **990** (2013)

Page 5

Form 990 (2013) ST. MARY'S UNIVERSITY 74-1143128 Page **6**

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.

Sect	tion A. Governing Body and Management			Λ
0000	tion A. Coverning Body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	33		
ıu	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit	1		
_	any other officer, director, trustee, or key employee?	1	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	1		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	1		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir	ıt		
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	š,		
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	g		
	the year by the following:			
а	The governing body?		X	_
b	Each committee with authority to act on behalf of the governing body?	1	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			37
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Reven		(a)	Х
Secti	ion B. Folicies (This Section B requests information about policies not required by the internal Neven	de Cou	Yes	No
40-	Did the constitution have lead thereton handles an efficience	10a	Х	
10a	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters		X	
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .		X	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?		Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			
	describe in Schedule O how this was done		X	
13	Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval b	y		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			7.7
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	9		
Soot	organization's exempt status with respect to such arrangements? ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed			الماصم
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sect available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain in Schedule O)	on 501(c)(3)s	oniy)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	interest	policy	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Mei-Lin Lee, Finance Director, One Camino Santa Maria, San antonio, TX 782 210-436-3414	f the		

JSA Form **990** (2013)

3E1042 1.000

Form 990 (2013) ST. MARY'S UNIVERSITY 74-1143128 Page **7**

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	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)REV. MARTIN A. SOLMA, S.M.	1.00									
CHANCELLOR		X		Х				0	0	0
(2)EDWARD C. SPEED	1.00									
CHAIRMAN OF THE BOARD		x		Х				0	0	0
(3)DORIS A. SLAY-BARBER	1.00									
VICE-CHAIRMAN OF THE BOARD	+	X		Х				0	0	0
(4)RAYMOND CARVAJAL, R.PH.	1.00									
SECRETARY	+	Х		Х				0	0	0
(5)CHARLES T. BARRETT JR.	1.00									
TRUSTEE		Х						0	0	0
(6)DAVID W. BIEGLER	1.00									
TRUSTEE		Х						0	0	0
(7)JACK BIEGLER	1.00									
TRUSTEE		X						0	0	0
(8)BROTHER WILLIAM J CAMPBELL SM	1.00									
TRUSTEE		X						0	0	0
(9)R. MICHAEL CASSEB	1.00									
TRUSTEE		X						0	0	0
(10)REBECCA QUINTANILLA CEDILLO	1.00									
TRUSTEE		X						0	0	0
(11)WALTER D. DOWNING, JR.	1.00									
TRUSTEE		X						0	0	0
(12)REV. JAMES F. FITZ, S.M.	1.00	_								
TRUSTEE		X						0	0	0
(13)KELLEY FROST	1.00	4						_		
TRUSTEE		X						0	0	0
(14)BARBARA GENTRY	1.00									_
TRUSTEE		X						0	0	Form 990 (2013)

Form **990** (2013)

JSA

Part VII Section A. Officers, Directors, Tru		y Em	plo			and H	ligl			continu		
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe d a d	rson lirect	e than or is both a or/truste	an	Reportable compensation from the	Reportable compensation from related organizations	ar	stimated nount of other npensation	•
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganizatio d related anization	i
15) GISELA GIRARD	1.00											
TRUSTEE		X						0	0			0
16) STEVEN D. JANSMA	1.00											
TRUSTEE		X						0	0			0
17) BROTHER JOSEPH KAMIS, S.M.	1.00											
TRUSTEE	1 00	X						0	0			0
18) SISTER LAURA M LEMING FMI PH.D TRUSTEE	1.00	Х						0	0			0
19) CHRISTOPHER R. MARTINEZ	1.00											
TRUSTEE	1 00	X						0	0			0
20) LARRY MILLS TRUSTEE	1.00	Х						0	0			0
21) BROTHER RONALD OVERMAN, S.M. TRUSTEE	1.00	Х						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	Х						0	0			0
25) MICHAEL A. SCHOTT TRUSTEE	1.00	Х						0	0			0
		21					_	0	0			0
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• • •				>	3,089,293.	0		293,7	
d Total (add lines 1b and 1c)	_						•	3,089,293.	0		293,7	
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re		\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	ortab \$15	le c	om 00?	per	sation "Yes,	aı "	nd other compens	sation from the le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors	, - 5					2						
Complete this table for your five highest com- compensation from the organization. Report of year.												

(A) (B) (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

JSA
3E1055 1.000

Form 990 (2013) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 1.00 26) DARRELL G. STEWART TRUSTEE Χ JAMES (MARTY) TRUSS 1.00 TRUSTEE Χ 0 0 28) MAJ. GEN. ALFRED A. VALENZUELA 1.00 TRUSTEE Х 0 0 0 BROTHER EDWARD VIOLETT SM PH.D TRUSTEE 0 0 Χ 0 1.00 BROTHER THOMAS WENDORF SM PH.D TRUSTEE Χ 0 0 0 MARTIN BEIRNE TRUSTEE Χ n 0 0 32) HELEN BERRIDGE 1.00 TRUSTEE 0 0 0 X 33) HARVEY NAJIM 1.00 TRUSTEE (UNTIL JUNE 2013) X 0 0 THOMAS M. MENGLER 40.00 PRESIDENT 0 Χ Χ 366,882. 0 26,924. 35) KATHERINE M. SISOIAN 40.00 V.P. - STUDENT DEVELOPMENT Χ 127,530. 0 15,389. 36) RUDY A. VELA 40.00 V.P. - MISSION AND RECTOR 111,739 19,548. 1b Sub-total c Total from continuation sheets to Part VII, Section A 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? If "Yes," complete Schedule J for such individual Χ 3 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? If "Yes," complete Schedule J for such 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Χ **Section B. Independent Contractors** 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 (A) (B) (C) Name and business address Description of services Compensation

(A)
Name and business address

(B)
Description of services

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 ▶

Form 990 (2013) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 37) RICHARD D. KIMBROUGH 40.00 V.P. - UNIVERSITY ADVANCEMENT Χ 98,674. 10,377. ANDRE HAMPTON 40.00 38) PROVOST Х 0 214,491. 0 23,213. 39) REBECKAH J. DAY 40.00 V.P. - ADM AND FINANCE 0 Х 189,555 0 17,917. SUZANNE M. PETRUSCH 40.00 V.P. - ENROLLMENT MANAGEMENT 0 Х 0 150,129 15,318. CHARLES E. CANTU 40.00 DEAN - LAW SCHOOL 0 304,467 0 20,742. X TANUJA SINGH 40.00 DEAN - BUSINESS SCHOOL Λ X 0 20,562. 232,869 WINSTON F. EREVELLES DEAN-SCIENCE ENGINEERING/TECH Х 0 186,752 0 17,901. 44) ROBERT W. PIATT 40.00 PROFESSOR 0 X 243,430. 0 19,268. 45) DAVID W. SOMMER 40.00 PROFESSOR 0 Χ 223,135. 0 23,072. VICTORIA M. MATHER 40.00 PROFESSOR 0 Χ 221,652 0 22,633. 47) DAVID A. SCHLUETER 40.00 PROFESSOR 214,546. 18,676. 1b Sub-total c Total from continuation sheets to Part VII, Section A 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? If "Yes," complete Schedule J for such individual Χ 3 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? If "Yes," complete Schedule J for such 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Χ **Section B. Independent Contractors** 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

(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, Tru	ıstees, Ke	y En	ıplo	ye	es,	and H	lig	hest Compensat	ed Employ	yees (d	ontinue		Page 8
	(A) e and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from d	Esi am	(F) timated ount o other pensati	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		orga and	om the anization related nization	d
48) MICHAEL S. AF	RIENS	40.00					х		203,442.		0		22,2	205
PROFESSOR							Λ		203,442.		0		22,2	
c Total from continu	ation sheets to Part VII, So	ection A						* * *						
2 Total number of ind	lividuals (including but not sation from the organization	limited to t		liste				o re	eceived more than	\$100,000	of			
	ion list any former offic a? <i>If "Yes," complete Sched</i> e											3	Yes	No X
4 For any individual organization and	listed on line 1a, is the serelated organizations greater	sum of repeater than	ortab \$15	ole (com 00?	per	sation "Yes	n a	nd other compens	sation from	the such	4	Х	
5 Did any person list	ted on line 1a receive or ed to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or indivi	dual	5	Λ	Х
Section B. Independen		es, comple	10 001	iout	iie o	101	Sucri	ροι	3011					
	e for your five highest com the organization. Report c													
	(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) Compens	ation	
2 Total number of in	ndependent contractors (in				nite	d to	thos	e I	isted above) who	received				

JSA 3E1055 1.000 Form **990** (2013)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues С Fundraising events 136,073 **d** Related organizations 1d 1,151,362 1e 7,302,039 Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . 1f 6,209,345 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 14,798,819 Program Service Revenue **Business Code** 90,772,565 EDUCATIONAL AND GENERAL - TUITION & FEES 611310 90.772.565 611710 15,141,233 15,141,233 b AUXILIARY SERVICES C EDUCATIONAL PROGRAM FEE 611710 1,584,371 1,584,371 d EDUCATIONAL HEALTH INSURANCE 611710 853,290 853,290 EDUCATION AND INSTITUTIONAL FEE 611710 1,076,236 1,076,236 2,915,534 2,915,534 All other program service revenue 112,343,229 Investment income (including dividends, interest, and 3,264,822 3,218,410. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (i) Real (ii) Personal 355,315 6a Gross rents **b** Less: rental expenses . . . 365,369. -10,054. Rental income or (loss) . . d Net rental income or (loss) -10,053 -10,053 (i) Securities (ii) Other Gross amount from sales of 86,374,219. assets other than inventory **b** Less: cost or other basis and sales expenses 82,267,394. 4,106,825. c Gain or (loss) d Net gain or (loss) 4,106,825 4,106,825. Other Revenue Gross income from fundraising ATCH 2 events (not including \$ _____136,073. of contributions reported on line 1c). See Part IV, line 18 a 122,406 c Net income or (loss) from fundraising events -7,720 -7,720. 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold
b Net income or (loss) from sales of inventory Miscellaneous Revenue 11a b **d** All other revenue

Form **990** (2013)

7,307,462

46,412

e Total. Add lines 11a-11d Total revenue. See instructions

343,229

134,495,922

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 resp				
	not include amounts reported on lines 6b, 7b, 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			
	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):				
а	Management	6,522,433.	5,558,938.	914,424.	49,071.
	Legal	104,575.	45,001.	59,574.	
c	Accounting	281,981.	13,599.	268,382.	
d	Lobbying	3,650.		3,650.	
е	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	0.000	0.000		
	(A) amount, list line 11g expenses on Schedule O.)	8,082.	8,082.	267.000	256 770
	Advertising and promotion	780,669.	256,011.	267,880.	256,778.
13	Office expenses	5,311,121. 757,811.	4,840,375.	399,530. 495,427.	71,216.
14	Information technology	286,984.	150,531.	136,453.	1,130.
15	Royalties	3,954,910.	2,992,788.	957,496.	4,626.
16	Occupancy	2,570,596.	2,363,426.	156,214.	50,956.
17	Payments of travel or entertainment expenses	2,370,330.	2,303,120.	150,211.	30,730.
10	for any federal, state, or local public officials	o			
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.)				
	ACADEMIC PROGRAM TOTAL	1,540,469.	1,286,734.	241,539.	12,196.
	PROGRAM AND EVENTS TOTAL	329,024.	262,915.	19,301.	46,808.
	IMPROVEMENT TOTAL	1,147,437.	1,033,285.	114,152.	
	BAD DEBT TOTAL	285,206.		285,206.	
	All other expenses	127 070 720	110 220 521	15 164 645	2 /0/ 562
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	127,979,738.	110,320,531.	15,164,645.	2,494,562.
JSA					F 000 (0040)

JSA 3E1052 1.000

Form **990** (2013)

47643P 1184 60626890

Form 990 (2013) Page **11**

Part X Balance Sheet

		Chack if Schodula O contains a recognize or	noto	to any line in this Do	rt V		
		Check if Schedule O contains a response or	поце	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	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	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu	, and (contributing employers			
		organizations (see instructions). Complete Part II of Sche			0	6	0
ets	7	Notes and loans receivable, net			15,620,182.	7	15,660,350.
Assets	8	Inventories for sale or use			552,852.	8	416,256.
`	9	Prepaid expenses and deferred charges			1,531,240.	9	1,367,439.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation	10b	87,861,886.	96,565,419.	_	101,942,025.
	11	Investments - publicly traded securities			113,749,052.		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	١		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			0	1.5	0
_	16	Total assets. Add lines 1 through 15 (must equal			309,820,821.	16	329,201,904.
	17	Accounts payable and accrued expenses			9,325,098.	17	6,629,932.
	18	Grants payable	0	10	0		
	19	Deferred revenue			5,734,225.	19	5,656,404.
	20	Tax-exempt bond liabilities			20,968,000.	20	19,493,000.
Liabilities	21	Escrow or custodial account liability. Complete Pa			0	21	0
ρij	22	Loans and other payables to current and for					
Lia		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			15,267,535.	23	17,893,545.
	24	Unsecured notes and loans payable to unrelated			15,207,555.		17,000,040.
	25	Other liabilities (including federal income tax,				27	
	-0	parties, and other liabilities not included on lines					
		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.
		Organizations that follow SFAS 117 (ASC 958),	checl		· · ·		
Assets or Fund Balances	27	complete lines 27 through 29, and lines 33 and			120 744 050	^-	140 604 660
alar	27 28	Unrestricted net assets			139,744,852. 46,367,685.	27	148,624,662. 57,463,527.
Ä	29	Temporarily restricted net assets Permanently restricted net assets			63,497,967.	28 29	67,528,863.
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958)			03,497,907.	29	07,320,003.
o.		complete lines 30 through 34.	, cnec	k nere			
ts	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
Ą	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Net	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.

Form **990** (2013)

74-1143128

JSA 3E1053 1.000

47643P 1184 60626890

orm 99	0 (2013)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	34,4	95,9	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	27,9	79,7	738.
3	B Revenue less expenses. Subtract line 2 from line 1				16,1	.84
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	49,6	10,5	04.
5	Net unrealized gains (losses) on investments	5		16,7	80,1	.93.
6	Donated services and use of facilities	6		6	92,4	100.
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			17,	771.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	73,6	17,0)52.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplair	n in			
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	_		2c	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent accour			20	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaıı	n in			
_	Schedule O.	,				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torti	n in	3a	Х	
I-	the Single Audit Act and OMB Circular A-133?		tho.	Ja	27	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	me	3h	Х	

Form **990** (2013)

60626890

3E1054 1.000 47643P 1184

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

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.

Inspection Employer identification number

Nan	ne of t	he organization							Emplo	yer iden	tification number
ST	. MA	RY'S UNIVERSIT	ΥΥ							74	-1143128
Pa	rt I	Reason for Publ	ic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instru	uctions	
The	orga	ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1				association of churches		ed in s	ection	170(b)(1)(A)(i)		
2	X			(1)(A)(ii). (Attach Schedul							
3	Щ		•	ervice organization descri			-				
4			= :	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(k	o)(1)(A)(iii). Enter the
_		hospital's name, cit									
5		An organization op section 170(b)(1)(A		nefit of a college or university	ersity	owned	l or ope	erated b	by a go	vernme	ental unit described in
6				or governmental unit des	crihed	in sact	ion 170	(b)(1)(Δ)(γ)		
7	H		_	es a substantial part of it						it or fro	om the general nublic
•	ш	described in sectio	=		о очрр	011 110	m a go	· • • • • • • • • • • • • • • • • • • •	ziitai aii	01 110	om the general paolio
8				on 170(b)(1)(A)(vi). (Com	inlete F	Part II)					
9				es: (1) more than 331/3 %	-			contrib	utions	membe	ership fees, and gross
-		=	=	exempt functions - subj							
		•		ome and unrelated busin			-				
				e 30, 1975. See section							, , , , , , , , , , , , , , , , , , , ,
10		· · · · · -		ted exclusively to test for			-).	
11	П		•	rated exclusively for the		-				-	, or to carry out the
		purposes of one or	r more publicly su	pported organizations de	escribe	d in s	ection 5	509(a)(1) or se	ection 5	09(a)(2). See section
		509(a)(3). Check th	e box that describ	es the type of supporting	organ	ization	and co	mplete	lines 11	1e throu	ugh 11h.
		a Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d	Type III	I-Non-fι	unctionally integrated
е		By checking this bo	ox, I certify that the	e organization is not conf	trolled	direct	ly or inc	directly	by one	or mor	e disqualified persons
		other than foundati	ion managers and	other than one or more	publicly	y supp	orted o	rganiza	tions d	escribe	d in section 509(a)(1)
		or section 509(a)(2).								
f		-		n determination from the					ype II,	or Typ	e III supporting
Q	I	-	006, has the orga	nization accepted any gift	or cor	ntributi	ion from	any of	the		
		following persons?							.,		. Vaa Na
				tly controls, either alone							
				the supported organization	on?						
				scribed in (i) above?	 hovo?						11g(ii)
L				on described in (i) or (ii) a ut the supported organization							119(11)
h		ame of supported	(ii) EIN	(iii) Type of organization		ls the	(v) Did v	ou notify	(vi) I	s the	(vii) Amount of monetary
		organization	(11) =114	(described on lines 1-9	organiz	zation in	the orga	anization	organiz	zation in	support
				above or IRC section (see instructions))	your go	listed in overning	in col. (i	of your ort?	col. (i) o	rganized U.S.?	
				(occ mendenens)	Yes	ment?	Yes	No	Yes	No	
(A)											
(D)											
(B)											
(C)											
(D)											
(E)											
Tot	al										

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 2

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.) Part II

Sec	tion A. Public Support			, _[
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f). Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					40	
12	Gross receipts from related activities, etc. (,				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup	•	•	44 (5)		44	0/
14	Public support percentage for 2013 (I					15	<u>%</u> %
15	Public support percentage from 2012						
ıva	a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,						
~	check this box and stop here . The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization			_	-		
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org	anization meets	s the "facts-an	d-circumstances	s" test, check t	his box and s t	top here.
	Explain in Part IV how the organization						-
	supported organization						▶ □
18	Private foundation. If the organization	did not check a	a box on line 13	s, 16a, 16b, 17a	a, or 17b, check	this box and se	
	instructions						<u>▶</u>

Schedule A (Form 990 or 990-EZ) 2013

JSA 3E1220 1.000

47643P 1184 60626890 74-1143128

Schedule A (Form 990 or 990-EZ) 2013 Page 3

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.)

Sec	tion A. Public Support			, i	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
-	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth or	fifth tax vear a	s a section 5017	c)(3)
	organization, check this box and stop here .	ū			•	•	```
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2013 (line 8,			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	<u> </u>
	tion D. Computation of Investmen					1 1	
<u> 17</u>	Investment income percentage for 2013 (lir			13. column (f))		17	%
18	Investment income percentage from 2012 S					18	
	331/3% support tests - 2013. If the org						
134	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2012. If the orga	-	•	•	•		
D	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		-	•			
				,,	,		

JSA 3E1221 1.000

Schedule A (Form 990 or 990-EZ) 2013

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).

47643P 1184 60626890

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

ST. MARY'S	UNIVERSITY	74-1143128				
Organization t	vpe (check one):	, 1 1113120				
Filers of:	Section:					
Form 990 or 9	00-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private f	oundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private found	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation				
instructions. General Rule	ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a					
	erty) from any one contributor. Complete Parts I and II.	y or more (in money or				
Special Rules						
unde the g	section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during reater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) For Parts I and II.	the year, a contribution of				
durin	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 <i>exclusively</i> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An or	panization 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
5		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
6		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$ 7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$\$00,000.	Person X Payroll Noncash (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 Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 14 _		\$19,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 15 _		\$6,335.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 17 _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Parti	Contributors (see instructions). Use duplicate copies of Pa	in i ii addilionai space is nee	dea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 20 _		\$5,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 21 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 22 _		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 23 _		\$60,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 24 _		\$30,586.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number

			/4-1143128
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 25 _		\$25,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$25,928.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		\$20,071.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 28 _		\$37,550.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 29 _		\$371,366.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 30 _		\$6,500.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Parti	Contributors (see instructions). Use duplicate copies of Pa	nt i ii additional space is nee	aea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 31 _		\$5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 32 _		\$26,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 33 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 34 _		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 35 _		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 36 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

JSA

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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 37		\$123,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 38 _		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 39 _		\$5,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 40 _		\$11,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 41 _		\$166,667.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 42 _		\$5,000.	Person Payroll Noncash (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	
_ 43 _		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 45 _		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
46		\$45,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 47 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 48 _		\$6,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
49		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
51		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
52		\$ 26,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
53		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 54		\$6,040.	Person Payroll Noncash (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 Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 55 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 56 _	Name, audress, and zir + 4	\$20,700.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 57		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 58 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 59 _		\$15,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$5,690.	Person X Payroll Noncash (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 Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$32,112.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$206,197.	Person X Payroll Noncash (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 Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 67		\$86,475.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 68 _		\$40,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 69 _		\$5,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 70 _		\$5,486.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 71 _		\$11,620.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 72 _		\$58,084.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 73 _		\$\$45,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 74		\$101,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 75 		\$6,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 76 _		\$22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 77 		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 78 _		\$25,000.	Person X Payroll Noncash (Complete Part II for

Name of organization ST. MARY'S UNIVERSITY

Employer identification number

			/4-1143128
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 79 _		- \$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		- - \$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 81 _		- \$ <u>10,000</u> . -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 82 _		- \$ <u>11,025</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 83 _		- \$ <u>5,148.</u> -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 84 _		- - \$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

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

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt Lif additional space is nee	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 91 _		\$5,375.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92_		\$43,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$5,295.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$22,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 96 _		\$17,256.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number

			/4-1143128
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 97 _		\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$1,500,100. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 99 _		\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_100		\$ <u>50,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$ <u>25,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$ <u>18,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** _103 Χ Person **Payroll** 12,500. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 104 Χ Person **Payroll** 7,309. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 105 Χ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 106 Х Person **Payroll** 26,200. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution _107 Χ Person **Payroll** 49,250. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 108 Χ Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.)

47643P 1184

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109		\$25,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$518,799.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$6,365.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$5,000.	Person X Payroll Noncash (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			
_115 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_116 _		\$106,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

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

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

74-1143128

raitii					
(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		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
109	STOCK	\$24,858.	_VAR 		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

Page 3

Name of organization ST. MARY'S UNIVERSITY

Employer identification number

74_	1	1	42	1	2	Q

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.

	use duplicate copies of Part III if additi	onai space is neede	a.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(a) Transf	or of gift	
		(e) Transf	er or girt	
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	or of gift	
		(e) Hallsh	er or girt	
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee
		_	-	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its See separate instructions.

instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

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	e organization answered "Yes,"	to Form 990, Part IV, line 5 (Proxy Ta	ax) or Form 990-EZ, Pa	rt V, line 35c (Proxy Tax), th	nen			
•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.						
Name	e of organization			Employer identif	fication number			
	r. MARY'S UNIVERSITY74-1143128							
Pa	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.							
1	•	organization's direct and indirect p						
2								
3	Volunteer hours							
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3)					
1		cise tax incurred by the organization	. , , , ,	5 > \$				
2		cise tax incurred by organization m						
3		a section 4955 tax, did it file Form						
-								
	If "Yes," describe in Part IV.							
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).			
1	Enter the amount directly e	expended by the filing organization	for section 527 ex	cempt function				
	activities			▶\$				
2		ng organization's funds contributed						
		es						
3		enditures. Add lines 1 and 2. En						
_	line 17b			▶\$				
4	Did the filing organization file	e Form 1120-POL for this year?	(EINI) -f -IIt'-		Yes No			
5		and employer identification numb s. For each organization listed, en						
		tributions received that were prom						
		nd or a political action committee (F						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
				filing organization's	contributions received and			
				funds. If none, enter -0	promptly and directly delivered to a separate			
					political organization. If			
					none, enter -0			
(1)								
` ,								
(2)								
(3)								
(4)								
(5)		<u> </u>						
(0)								
(6)			1					

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

Schedule C (Form 990 or 990-EZ) 2013

ST	MADALIC	IINTVERSITY

Sch	edule C (Form 990 or 990-EZ) 2013	ST. MA	RY'S UNI	VERSITY		74-1	143128	Page 2	
Pa	Complete if the org section 501(h)).	anizati	on is exen	npt under sectio	n 501(c)(3) and	filed Form 5768 (elec	tion under		
Α				o an affiliated grou I share of excess		art IV each affiliated gr ditures).	oup memb	er's	
В	Check ▶ if the filing organ	nization	checked I	oox A and "limited	l control" provisi	ons apply.			
			ying Expen			(a) Filing	(b) Affilia	ted	
	(The term "expenditu	ıres" me	eans amour	nts paid or incurred	l.)	organization's totals	group to	als	
1 a	Total lobbying expenditures to	influenc	e public op	inion (grass roots lo	obbying)				
b	Total lobbying expenditures to	influenc	e a legislat	ive body (direct lob	bying)				
С	Total lobbying expenditures (a	dd lines	1a and 1b)						
d									
е									
f									
	columns.								
	If the amount on line 1e, column (a)	or (b) is:	The lobbying	g 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 pl	us 15% of the excess	s over \$500,000.				
	Over \$1,000,000 but not over \$1,50	00,000	\$175,000 pl	us 10% of the excess	s over \$1,000,000.				
Over \$1,500,000 but not over \$17,000,000			\$225,000 pl	us 5% of the excess	over \$1,500,000.				
	Over \$17,000,000		\$1,000,000.						
9	Grassroots nontaxable amour								
h									
i	Subtract line 1f from line 1c. If	zero or	less, enter -	0					
j	If there is an amount other	than zer	o on either	line 1h or line 1i	, did the organiz	ation file Form 4720			
	reporting section 4911 tax for	this yea	r?				Yes	No	
	, -	ons tha	t made a se	aging Period Unde ection 501(h) electi instructions for li	on do not have t	o complete all of the fiv f on page 4.)	e		
		Lobk	ying Exper	nditures During 4-Y	ear Averaging Pe	riod			
	Calendar year (or fiscal year beginning in)	(a)	2010	(b) 2011	(c) 2012	(d) 2013	(e) Tot	al	
2 a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
С	: Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount								

Schedule C (Form 990 or 990-EZ) 2013

JSA 3E1265 1.000

(150% of line 2d, column (e)) f Grassroots lobbying expenditures

> 47643P 1184 60626890

 Schedule C (Form 990 or 990-EZ) 2013
 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	d Fori	n 5768		
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
description of the lobbying activity.	Yes	No		Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local					
legislation, including any attempt to influence public opinion on a legislative matter or					
referendum, through the use of:					
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
• • • • • • • • • • • • • • • • • • •		X			
d. Mailings to members, legislators, or the public?		X			
Publications or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?	Х				5,043
j Total. Add lines 1c through 1i				2	5,043
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		х			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501((a)(5)		oction		
501(c)(6).	င်)(၁)	, OI S	3CHOII		
				Ye	s No
1 Were substantially all (90% or more) dues received nondeductible by members?				1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	OR (I	o) Pai	t III-A,	line 3, i	S
Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amou					
political expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year			2b		
c Total			2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year?	bbyir	9	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		• • •	5		
Part IV Supplemental Information			<u> </u>		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g	roup	list); P	art II-A,	line 2; a	nd
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 ACTIVITIE	s,_				
PLUS \$19,500 PAID FOR LEGAL COUNSEL FEES.					

Schedule C (Form 990 or 990-EZ) 2013

74-1143128

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013

Page 4

SCHEDULE D (Form 990)

Supplemental Financial Statements ► 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	accounts
Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	accounts
Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
Aggregate grants from (during year)	
Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes No
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	103110
conferring impermissible private benefit?	
Part Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7.	Yes No
1 Purpose(s) of conservation easements held by the organization (check all that apply).	<u> </u>
Preservation of land for public use (e.g., recreation or education)	int land area
Protection of natural habitat Preservation of a certified historic stru	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	tion
easement on the last day of the tax year.	
Held at the End of	of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Register	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	during the
tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
,	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
►\$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that descr	
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in public service, provide the following amounts relating to these items:	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gai	n, provide the
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	
a Revenues included in Form 990, Part VIII, line 1	

Schedule D (Form 990) 2013

Sche	lule D (Form 990) 2013							Page	2
Par	t Organizations Maintaini	ng Collections of	Art, Historic	al Treasures	, or Ot	her Similar Asse	ts (conti	nued)	
3	Using the organization's acquisition		other records, c	heck any of	the follow	ving that are a sign	nificant us	se of its	s
	collection items (check all that app	ly):							
а	Public exhibition			an or exchan					
b	Scholarly research		e Of	her					
С	Preservation for future gene								
4	Provide a description of the organ	nization's collections	and explain h	ow they furth	er the or	ganization's exemp	t purpose	in Par	t
	XIII.								
5	During the year, did the organization	on solicit or receive o	donations of art,	historical trea	sures, or	other similar			
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of	he organizati	on's colle	ction?	Yes	N	<u>o</u>
Par	t IV Escrow and Custodial Ar	rangements. Com	plete if the or	ganization a	nswered	"Yes" to Form 99	0, Part IV	, line 9	€,
	or reported an amount or	n Form 990, Part ኦ	K, line 21.						
1a	Is the organization an agent, truste	e, custodian or othe	r intermediary fo	or contribution	s or othe	r assets not			
	included on Form 990, Part X?					[Yes	No	0
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the following	table:					
						Amount			_
С	Beginning balance			1	С				_
d	Additions during the year			1	d				_
е	Distributions during the year				е				_
f	Ending balance				f				_
2a	Did the organization include an am				•		Yes	No	0
	If "Yes," explain the arrangement in								-
	t V Endowment Funds. Com								_
· ai	Endownione i dilaci.	(a) Current year	(b) Prior year		ears back	(d) Three years back	(e) Four y	ears back	_
1a	Beginning of year balance	153,558,110.				124,769,237.	116,4		_
	Contributions	3,622,294.	1,479,75		8,664.			57,78	_
	Net investment earnings, gains,	3,022,251.	1,170,75	0.	0,001.	500,132.	1,5.	37,70	<u> </u>
Ū	and losses	22,420,938.	23,059,02	08 _7 39	9,887.	26,116,630.	12.4	47,59	a
Ч	Grants or scholarships	3,262,000.	3,237,81		0,400.			42,41	_
	Other expenditures for facilities	3,202,000.	3,237,01	3,41	.0,400.	3,221,332.	3,3.	12,41	
-	and programs	1,809,612.	1,996,23		9,729.	2 107 706	2 1	5 A A E	c
	. •	1,809,612.	1,990,23	2,00	9,729.	2,197,796.	2,1	54,45	<u>o</u> .
	Administrative expenses	184 500 830	152 654 06	5 124 26	0 400	146 260 051	104 5	50 00	_
g	End of year balance					146,360,851.	124,76	09,23	<u>/</u> ·
2	Provide the estimated percentage			1g, column (a	a)) neid as	S:			
а	Board designated or quasi-endowr) % -						
	Permanent endowment > 38.6								
С	Temporarily restricted endowment	•	000/						
_	The percentages in lines 2a, 2b, an					alatana difandlar			
за	Are there endowment funds not in	the possession of the	ne organization	nat are neid	and admi	nistered for the	_		_
	organization by:							es No	<u>) </u>
	(i) unrelated organizations						3a(i)	K	_
_	(ii) related organizations						3a(ii)	X	
b	If "Yes" to 3a(ii), are the related org	•	•				3b		_
4	Describe in Part XIII the intended u		ion's endowmer	t funds.					_
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	o" to Form 000	Dort IV lin	0 110 C	oo Form 000 Dar	t V lina 1	0	
	Description of property			Cost or other basis			d) Book value		_
	Description of property		tment)	(other)		reciation	a) BOOK Value		
1a	Land			600,645			60	0,645	
b	Buildings		10	7,877,810	. 38,4	55,896.	69,42	1,914	
С	Leasehold improvements			426,040	. 1	.38,928.	28'	7,112	
d	Equipment		2	1,242,424	_	20,415.		2,009	
е	Other		5	9,656,992	. 34,3	346,647.	25,310		
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form					101,942		_

Schedule D (Form 990) 2013

JSA 3E1269 2.000

47643P 1184 60626890

Schedule D (Form 990) 2013			Page
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 valua Cost or end-of-year mark	
(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 valua Cost or end-of-year mark	
(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) li	ine 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990,	Part IV, line 11e or 11f. See Form	m 990, Part X,
1. (a) Description of liability	(b) Book value	e	
(1) Federal income taxes			
(2) PERKINS LOAN PROGRAM ADVANCEMENT	5,911,9	971.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 5,911,9	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

JSA 3E1270 1.000 47643P 1184

Schedule D (Form 990) 2013

Schedu	le D (Form 990) 2013		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	118,473,942.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 16,780,193.		
b	Donated services and use of facilities 2b 692,400.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 17,773.		
е	Add lines 2a through 2d	2e	17,490,366.
3	Subtract line 2e from line 1	3	100,983,576.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 898,000.		
b	Other (Describe in Part XIII.) 4b 32,614,346.		
	Add lines 4e and 4h	4c	33,512,346.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	134,495,922.
Part		_	131/133/3221
ıaıı	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	94,467,394.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		94,407,394.
	Denoted comings and use of facilities		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.) Add lines 3a through 3d		
е	Add lines za tillough zu	2e	
3	Subtract line 2e from line 1	3	94,467,394.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 898,000.		
b	Other (Describe in Part XIII.) 4b 32,614,344.		
С	Add lines 4a and 4b	4c	33,512,344.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	127,979,738.
	XIII Supplemental Information.		
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, I nation	ine 4; Part X, line
SEE	PAGE 5		
			_

JSA 3E1271 1.000 Schedule D (Form 990) 2013

47643P 1184 60626890

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.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 ST. MARY'S UNIVERSITY 74-1143128 Page **5**

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

Schedule D (Form 990) 2013

JSA 3E1226 1.000

47643P 1184 60626890

PUBLIC INSPECTION COPY

SCHEDULE E (Form 990 or 990-EZ)

Schools

► 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization ST. MARY'S UNIVERSITY 74-1143128 Part I

Pa	tl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
_	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please		37	
	describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
				37
b	Admissions policies?	5b		X
_	Employment of faculty or administrative staff?			Х
С	Employment of faculty or administrative staff?	5c		
ч	Scholarships or other financial assistance?	5d		Х
u	Ocholarships of other initiatical assistance:	Su		
_	Educational policies?	5e		Х
	24404101141 5010100	30		
f	Use of facilities?	5f		Х
-		<u> </u>		
g	Athletic programs?	5g		X
-				
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	_	1	
_	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	L

Schedule E (Form 990 or 990-EZ) (2013) Page **2**

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 E (Form 990 or 990-EZ) (2013)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule F (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

Inspect

Name of the organization Employer identification number ST. MARY'S UNIVERSITY 74-1143128 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total region (by type) (e.g., offices in the émployees, a program service, expenditures for describe specific type of fundraising, program services, region agents, and and investments independent investments. service(s) in region in region grants to recipients contractors in region located in the 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 853,594. Total from continuation sheets to Part I

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

Schedule F (Form 990) 2013

853.594

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2013

1	Part IV, line 15, for any re (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 Ente	er total number of recipient orga he IRS, or for which the grantee er total number of other organiz	or counsel has provi	ded a section 501(c)(3) e	quivalency lette	r		>		

Schedule F (Form 990) 2013

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

Part III

Schedule F (Form 990) 2013 Page **4**

Part	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)	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2013

JSA

3E1277 1.000 47643P 1184

60626890

Schedule F (Form 990) 2013 Page 5

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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

74-1143128

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.

Schedule F (Form 990) 2013 JSA

3E1502 1.000

PUBLIC INSPECTION COPY

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of th	ne organization					Employer identification	n number
ST. MA	ARY'S UNIVERSITY					74-1143128	}
Part I	Fundraising Activities. Com Form 990-EZ filers are not i				"Yes" to Form 9	90, Part IV, line	17.
1 In	dicate whether the organization rais				activities. Check a	all that apply.	
a	Mail solicitations	е	Solic	itation of i	non-government g	_j rants	
b	Internet and email solicitations	f	Solic	itation of	government grant	S	
с _	Phone solicitations	g	Spec	cial fundra	ising events		
d _	In-person solicitations						
or b If	d the organization have a written of key employees listed in Form 990, "Yes," list the ten highest paid indi- empensated at least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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		001. (1)	
1			100	110			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			
	st all states in which the organizat gistration or licensing.	ion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2013 Page 2 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 (add col. (a) through col. (c)) DINNER GOLF TOURNAMEN 1. (event type) (total number) (event type) Revenue 158,775. 48,675. 51,029. 258,479. 1 Gross receipts 2 Less: Contributions 38,790. 70,438. 26,845. 136,073. 3 Gross income (line 1 minus 88,337. 21,830. 12,239. 122,406. 4 Cash prizes 5 Noncash prizes Direct Expenses 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. -7,720. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more

	than \$15,000 on Form 990-E	Z, line 6a.			
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes% No	Yes% No	Yes% No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)			
	8 Net gaming income summary. Subtra	act line 7 from line 1, colu	umn (d)	>	
9	Enter the state(s) in which the organizat	ion operates gaming act	ivities:		
a b		gaming activities in each o			. Yes No
40 -	Management of the committee of the commi			and the decree	
	Were any of the organization's gaming I If "Yes," explain:	icenses revoked, suspe		ig the tax year?	Yes No

Sched	fulle G (Form 990 or 990-EZ) 2013 Page $f 3$
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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
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?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 ▶ \$
Par	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 G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)

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

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

Department of the Treasury ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization						Employer identification	n number
ST. MARY'S UNIVERSITY						74-1143128	
Part I General Information on Grants and A	Ssistance	,					
 Does the organization maintain records to substitute selection criteria used to award the grants of Describe in Part IV the organization's procedur 	r assistance	?					X Yes No
Part II Grants and Other Assistance to Go Part IV, line 21, for any recipient that	vernments	and Organiza	ations in the Unit	ted States. Com	plete if the organiza dditional space is ne	ation answered "Yeeded.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							
_(8)							
_(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and go 3 Enter total number of other organizations listed	vernment o	rganizations list 1 table	ed in the line 1 tab	le			

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

Schedule I (Form 990) (2013)

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

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					
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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)	Page 2
301ledule 1 (1 0111 330) (2013)	i age 🗲

	Complete if the organization answered "Yes" on Form 990, Part IV, line 2	2.
 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Part	Questions Regarding Compensation							
_			Yes	No				
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 Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees							
	Discretionary spending account 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b	X					
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?	2	X					
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 X Written employment contract							
	Independent compensation consultant X Compensation survey or study							
	X Form 990 of other organizations X 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:	4a		Х				
a	a Receive a severance payment or change-of-control payment?b Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
D	c Participate in, or receive payment from, a supplemental hondulamed retirement plant?							
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X				
	The second the second and provide the applicable amounts for each item in rait in.							
	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:							
а	The organization?	5a		Х				
b	Any related organization?	5b		Х				
	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:							
а	The organization?	6a		X				
b	Any related organization?	6b		X				
	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	7		X				
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	8		X				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

Schedule J (Form 990) 2013

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.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
THOMAS M. MENGLER	(i)	366,882.	(C	17,850.	9,074.	393,806.	0
1 PRESIDENT	(ii)	0	(C	d	0	C	
CHARLES E. CANTU	(i)	304,467.	(C	16,264.	4,478.	325,209.	0
2 DEAN - LAW SCHOOL	(ii)	0	(C	O	0	C	
ROBERT W. PIATT	(i)	243,430.	()C	14,790.	4,478.	262,698.	0
3 PROFESSOR	(ii)	0	(C	Q	0	C	
TANUJA SINGH	(i)	232,869.	(<u> </u>	16,084.	4,478.	253,431.	0
4 DEAN - BUSINESS SCHOOL	(ii)	0	C	C	O	0	C	
DAVID W. SOMMER	(i)	223,135.	() C	13,911.	9,161.	246,207.	0
5 PROFESSOR	(ii)	0	C	C	C	0	C	
VICTORIA M. MATHER	(i)	221,652.	(}C	13,472.	9,161.	244,285.	0
6 PROFESSOR	(ii)	0	(C	Q	0	C	
DAVID A. SCHLUETER	(i)	214,546.	() 	11,894.	6,782.	233,222.	0
7 PROFESSOR	(ii)	0	(C	0	0	C	
ANDRE HAMPTON	(i)	214,491.	() 	14,052.	9,161.	237,704.	0
8 PROVOST	(ii)	0	(C	0	0	C	
MICHAEL S. ARIENS	(i)	203,442.	(] 	13,131.	9,074.	225,647.	0
9 PROFESSOR	(ii)	0	(C	0	0	(
WINSTON F. EREVELLES	(i)	186,752.	 	}	13,423.	4,478.	204,653.	0
10 DEAN-SCIENCE ENGINEERING/TECH	(ii)	100 555	(C	12 122	1 150	005 450	
REBECKAH J. DAY	(i)	189,555.	⁽	}	13,439.	4,478.	207,472.	J0
11 V.P ADM AND FINANCE	(ii)	150 100	(C	10.040	4 470	165 447	
SUZANNE M. PETRUSCH	(i)	150,129.		}	10,840.	4,478.	165,447.	ļ ⁰
12 V.P ENROLLMENT MANAGEMENT	(ii)	U	· ·	, C	Ų	0	C	
	(i)							
13	(ii)							
	(i)							
14	(ii)							
4-	(i)			 				
15	(ii)							
40	(i)			 				
16	(ii)						Cal	edule J (Form 990) 2013

Schedule J (Form 990) 2013

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 J (Form 990) 2013

SCHEDULE K

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► 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 (Form990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

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

SI. MAKI S UNIVERSIII							1 11		20		
Part I Bond Issues											
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issuer	ued (e)) Issue price	(f) D	escription of pu	rpose	(g) De	feased	(h) (beha issu	If of	(i) Po finan	
						Yes	No	Yes	No	Yes	1
A CITY OF OLMOS PARK, TX HIGHER ED CORP SERIES 2007 52-1830729 XXXXXXXXX 12/13/20	007	8,500,000.	RESIDENCE C	ONSTRUCTION	PROJECT		х		х		2
											Г
B CITY OF OLMOS PARK, TX HIGHER ED CORP SERIES 2007 52-1830279 XXXXXXXXX 02/26/20	008	10,000,000.	RESIDENCE C	ONSTRUCTION	PROJECT		х		х		2
C SAN ANTONIO, TEXAS EDUCATION FACILITIES CORP. 52-1830729 XXXXXXXXX 07/28/20	010	8,724,000.	REFINANCING	1999 REVEN	JE BONDS		х		Х		
											ĺ
D											L
Part II Proceeds											
		Α		В	С				D		_
1 Amount of bonds retired		260,000	. 3	300,000.	9:	15,00	00.				_
2 Amount of bonds legally defeased											_
3 Total proceeds of issue	8	,651,557	. 10,1	.08,756.	8,72	24,00	00.				_
4 Gross proceeds in reserve funds											_
5 Capitalized interest from proceeds											_
6 Proceeds in refunding escrows											_
7 Issuance costs from proceeds		145,975	. 1	65,100.	'	74,00	00.				_
8 Credit enhancement from proceeds											_
9 Working capital expenditures from proceeds											_
10 Capital expenditures from proceeds	7	,455,582	. 9,9	43,656.							_
11 Other spent proceeds											_
12 Other unspent proceeds											_
13 Year of substantial completion		009	200		2001						_
	Yes	No	Yes	No	Yes	No		Yes	3	No	<u>) </u>
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		Х						_
17 Does the organization maintain adequate books and records to support the	v		v		x						
final allocation of proceeds?	Х		X		Λ						_
Part III Private Business Use					С						_
	V	A		B			-		D	N1 -	_
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	-	Yes	_	No	_
which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements that may result in private business use of		X		X		X	-+		_		_
		37		37		37					
bond-financed property? For Panerwork Reduction Act Notice, see the Instructions for Form 990		X		X		Х		adula I			_

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

Schedule K (Form 990) 2013

Schedule K (Form 990) 2013 Page 2 **Private Business Use** (Continued) SCHEDULE K Part III В С D No Yes Nο Yes No Yes Yes No 3a Are there any management or service contracts that may result in private business Χ b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bondfinanced property? Х Х d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government % % % 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ % % % Does the bond issue meet the private security or payment test? Χ Χ Χ 8a Has there been a sale or disposition of any of the bond-financed property to a non-Х X Χ governmental person other than a 501(c)(3) organization since the bonds were issued?. b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed % c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? Χ Χ **Arbitrage** Part IV Α В С D Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Χ X Χ 2 If "No" to line 1, did the following apply?........ a Rebate not due yet?..... X X Χ Х Χ Х **b** Exception to rebate? X X If you checked "No rebate due" in line 2c. provide in Part VI the date the rebate 3 Is the bond issue a variable rate issue?

X

Χ

Schedule K (Form 990) 2013

Χ

3E1296 1.000

JSA

4a Has the organization or the governmental issuer entered into a qualified hedge with

Schedule K (Form 990) 2013 Page 3 Arbitrage (Continued) Part IV В С D Yes No Yes No Yes No Yes No X X X 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? **b** Name of provider **d** Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Х Х Х 6 Were any gross proceeds invested beyond an available temporary period? 7 Has the organization established written procedures to monitor the Х Х Χ **Procedures To Undertake Corrective Action** Part V В С Α D Has the organization established written procedures to ensure that violations Yes No Yes No Yes No Yes No of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Χ Χ Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2013

JSA 3E1328 1 000 Schedule K (Form 990) 2013

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

JSA

Schedule K (Form 990) 2013

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.

JSA 3E1511 2.000

SCHEDULE M (Form 990)

Noncash Contributions

▶ 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.

OMB No. 1545-0047 Open To Public Inspection

Name of the organization ST. MARY'S UNIVERSITY

Department of the Treasury Internal Revenue Service

Employer identification number

74-1143128

Par	t Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
_	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property		1.0	FO 425	GET I TNG D		
9	Securities - Publicly traded	X	10.	52,435.	SELLING P	RICE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures				-		
14	Qualified conservation						
45	contribution - Other						
15	Real estate - Residential						
16 17	Real estate - Commercial Real estate - Other						
	Collectibles						
18 19							
20	Food inventory Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()				-		
27	Other ►()						
28	Other ►()						
	Number of Forms 8283 received	hy the oras	nization during the tax ve	ar for contributions for			
23	which the organization completed F	-			29		
	which the organization completed i	01111 0200,	r art iv, bonce notthowicag	joinont	[Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1-28, that		
	it must hold for at least three year						
	used for exempt purposes for the e	ntire holding	period?			30a	Х
b	If "Yes," describe the arrangement i	n Part II.					
31	Does the organization have a		tance policy that require	es the review of any r	non-standard		
	contributions?	-		=		31 X	
32 a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or s	sell noncash		
	contributions?	•		· ·	I	32a X	
b	If "Yes," describe in Part II.						
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a) is checked,		
	describe in Part II.						

Schedule M (Form 990) (2013) Page **2**

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.

JSA Schedule M (Form 990) (2013)

3E1508 1.000 47643P 1184

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2013
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection
Employer identification number

ST. MARY'S UNIVERSITY

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

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.

Schedule O (Form 990 or 990-EZ) 2013

Page 2

Page 2

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.

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization
ST. MARY'S UNIVERSITY

Final Part of the organization 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.

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

Schedule O (Form 990 or 990-EZ) 2013

Schedule O (Form 990 or 990-EZ) 2013 Page **2**

Name of the organization

ST. MARY'S UNIVERSITY

Final Plane of the organization number

74-1143128

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

THE ISSUANCE.

NAME AND ADDRESS

ATTACHMENT 1

COMPENSATION

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

ARAMARK FOOD SERVICES 5,141,260.

DESCRIPTION OF SERVICES

ARAMARK FOOD SERVICES 5,141,26 ST. MARY'S UNIVERSITY

SAN ANTONIO, TX 78228

KELLER-MARTIN CONSTRUCTION, INC. CONSTRUCTION 2,276,734.

4930 ENTERPRISE DRIVE

SAN ANTONIO, TX 78249-1339

SPAWGLASS CONTRACTORS INC. CONSTRUCTION 1,053,086.

9331 CORPORATE DRIVE

SELMA, TX 78154

ACADEMIC HEALTH PLANS, INC. STDNT HLTH INSURANCE 801,046.

1005 GLADE RD.

COLLEYVILLE, TX 76034

CHRISTIAN BROTHERS PROP/LIAB RISK POOL 448,027.

RISK POOLING TRUST

ROMEOVILLE, IL 60441-1896

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

136,073.

TOTAL ____136,073.

Schedule O (Form 990 or 990-EZ) 2013

74-1143128

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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

Name, address, and EIN (if a		(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, T	x 78228	SUPPORT	TX	1,125,368.	23,407,150.	ST. MARY'S U
(2)							
_(3)							
_(4)			-				
_(5)							
<u>(6)</u>							

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. Part II

(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	Section 5	g) 512(b)(13) rolled tity?
						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		Х
(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
_(5)							
<u></u>							

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000

Page 2 Schedule R (Form 990) 2013 **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	domicile (state or foreign	(d) Direct controlling entity	ind	(e) redominant come (related, unrelated, coluded from tax under ions 512-514)	(f) Share of tot income	al Share of end- year assets	Of- Dispro	(h) oportionate cations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man		(k) ercentage wnership
		country)		Seci	10115 512-514)			Yes	No		Yes	No	
(1)													
(2)													
<u>(3)</u>													
<u>(4)</u>													
<u>(5)</u>													
<u>(6)</u>													
<u>(7)</u>													
Part IV Identification of Rela	ated Organizations of one or more rela	Taxable a ated organi	as a Corporatizations treate	ion or d as a	Frust Com	plete if the org	ganization answ g the tax year.	ered "\	es" (on Form 990,	Part	IV,	
Name, address, and E	(a) EIN of related organization		(b) Primary :		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share	(f) e of tota come	(g) Share of end-of-year as		(h) Percen- tage ownershi	(i) Section 512(b)(13) controlled entity?
													Yes No
(1)													
(2)													
(3)													

JSA

(7)

3E1308 1.000

(6)

Part III

Schedule R (Form 990) 2013

47643P 1184 60626890

Schedule R (Form 990) 2013

74-1143128

Schedule R (For	rm 990) 2013	Page
Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	te. 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 relate	ted organizations list	ed in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s).				1e		Х
f	Dividends from related organization(s)				1f		
a	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	х	
,	20000 0: 100minos, 04mpinom, 0: 0moi 00000 to 10minos 0.gu: m2000(0)						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of naid employees with related organization(s)				10		X
U	Sharing of paid employees with related organization(s)				10		
р	Paimbursoment paid to related arganization(s) for expanses				1 n		Х
P	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses						X
q	Reimbursement paid by related organization(s) for expenses				1q		
_	Other transfer of each or preparity to related argenization(a)				4		Х
1	Other transfer of cash or property to related organization(s)				1r		X
s ^	Other transfer of cash or property from related organization(s).						^
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	· •		ction thres		i	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rminir	ng
		type (a-s)		amou	ınt invo	lved	-

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>	ST. MARY'S UNIVERSITY ALUMNI ASSOCIATIONS	С	741,271.	FMV
(2)	SOCIETY OF MARY OF MARIANIST PROVINCE	С	410,091.	FMV
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

JSA 3E1309 1.000 Schedule R (Form 990) 2013

47643P 1184 60626890

Schedule R (Form 990) 2013

74-1143128

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	Are all sec 501(organiz	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
(4)				section 512-514)	Yes	No			Yes	No	,	Yes	No	
7.7														
(2)														
(3)														
(4)														
<u>(5)</u>														
<u>(6)</u>														
<u>(7)</u>														
<u>(8)</u>														
<u>(9)</u>														
(10)														
(11)														
(12)														
(13)														
(14)														
<u>(15)</u>														
<u>(16)</u>														

JSA

3E1310 1.000

Schedule R (Form 990) 2013

47643P 1184 60626890

Schedule R (Form 990) 2013 Page 5

Part VII

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

Schedule R (Form 990) 2013