### **PUBLIC INSPECTION COPY**

# **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

Department of the Treasury Internal Revenue Service

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

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

Inspection

A F	or th	e 2014	4 calendar year, or tax year beginning 06/01, 2014, and endi	ng		05	/31 <b>,20</b> <sub>15</sub>
В.			C Name of organization		D Employer id	entific	ation number
<b>B</b> CI	heck if ap	pplicable:	ST. MARY'S UNIVERSITY				
	Addre		Doing Business As		74-1143	3128	}
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone n	umber	
	Initial	I return	ONE CAMINO SANTA MARIA		(210) 43	6 – 3	414
	Termi	inated	City or town, state or province, country, and ZIP or foreign postal code				
	Amen returr		SAN ANTONIO, TX 78228-8504		<b>G</b> Gross receip	ts \$	216,171,776.
		cation	F Name and address of principal officer: THOMAS M MENGLER, PRESIDENT		H(a) Is this a gro		n for Yes X No
	_ ,	9	ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228-8504		subordinates <b>H(b)</b> Are all subord		cluded? Yes No
ī	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 52	27	If "No," atta	ch a list.	. (see instructions)
J	Websi	ite: 🕨	WWW.STMARYTX.EDU		H(c) Group exem	ption nu	umber ▶ 0928
K	Form (	of organ	ization: X Corporation Trust Association Other L Year of	of formati	ion: 1926 <b>M</b>	State	of legal domicile: TX
Pa	art I	Sur	nmary				
			describe the organization's mission or most significant activities: TO FOSTER THE	FORI	MATION OF	PE	OPLE IN
ø	-		TH AND EDUCATE LEADERS FOR THE COMMON GOOD THROUGH CO				
anc			CATION, AND ACADEMIC EXCELLENCE.				
ern	2		this box if the organization discontinued its operations or disposed of more th	an 25%	of its net asset	. – – – S	
90	3		er of voting members of the governing body (Part VI, line 1a)			3	31.
જ	4	Numbe	er of independent voting members of the governing body (Part VI, line 1b)			4	30.
ties	5		number of individuals employed in calendar year 2014 (Part V, line 2a)			5	2,490.
Activities & Governance	6		number of volunteers (estimate if necessary)			6	30.
Act	-	Total	unrelated business revenue from Part VIII, column (C), line 12			7a	-110,378.
			prelated business taxable income from Form 990-T, line 34			7b	-110,378.
		1100 01			Prior Year	1.2	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		14,798,81	9.	17,102,135.
Jue	9	Progra	copy For	1	12,343,22	_	109,762,940.
Revenue	10	Invest	mm service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, 4, and 7d)  COPY FOR PUBLIC INSPECTION		7,371,64		16,762,284.
ă	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,75		8,095.
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,495,92	_	143,635,454.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		32,614,34		35,111,461.
	14		ts paid to or for members (Part IX, column (A), line 4)		32,011,3	0	
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		61,723,42	9.	61,797,116.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)		01,723,12	0	01//5//110.
per	h	Total f	undraising expenses (Part IX, column (D), line 25) ► 2,968,981.				
ŭ			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,641,96	55	34,409,008.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,979,73	_	131,317,585.
			ue less expenses. Subtract line 18 from line 12	_	6,516,18		12,317,869.
es	13	TCVCII	de less expenses. Subtract fine 10 from fine 12 , , , , , , , , , , , , , , , , , ,	Beginn	ning of Current		End of Year
Net Assets or Fund Balances	20	Total	pecate (Part Y, line 16)		29,201,90		334,115,659.
Ass Bal	21	Total	assets (Part X, line 16) iabilities (Part X, line 26)		55,584,85	_	52,111,728.
Let und		Not as	sets or fund balances. Subtract line 21 from line 20.		73,617,05	_	282,003,931.
	rt II		nature Block		737017705	,	202/003/331.
			f perjury, I declare that I have examined this return, including accompanying schedules and state	ments a	nd to the best o	f mv k	nowledge and belief it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer has	as any kn	iowledge.	,	
Sig	n	🕨 ;	Signature of officer		Date		
Hei	re		REBECKAH J. DAY VP ADMIN & FI	NANCI	F.		
			Type or print name and title				
		Print/	Type preparer's name Preparer's signature Date		Check	if P	PTIN
Paid	I	STEV	Type preparer's name Priparer's signature Date  NART GOODSON Date  O4	1/01/16	self-employ	,	P00084462
•	oarer	Firm'e	name ▶ ERNST & YOUNG U.S. LLP				6565596
Use	Only		address ▶ P.O. BOX 2938 SAN ANTONIO, TX 78299-2938		Phone no.		-228-9696
Mav	the I		cuss this return with the preparer shown above? (see instructions)				
			Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2014)

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For	m 990 (2014) Pa	age <b>2</b>
P	Statement of Program Service Accomplishments	77
_	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:	X
•	SEE SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on the	7
	• • • • • • • • • • • • • • • • • • • •	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	No
	services? Yes X  If "Yes," describe these changes on Schedule O.	] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$84,700,859 including grants of \$35,111,461 ) (Revenue \$84,700,859 )	
	INSTRUCTION, ACADEMIC SUPPORT, RESEARCH AND STUDENT FINANCIAL AID	
	ASSISTANCE: PROVIDES A CATHOLIC EDUCATION EXPERIENCE 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: 3,712 , STUDENT TO FACULTY RATIO:12	
	TO 1; 100 UNDERGRADUATE AND GRADUATE MAJORS AND OFFERS OVER 115	
	DEGREE PROGRAMS, WHICH INCLUDES 2 DOCTORAL AND 5 LAW PROGRAMS AND	
	15 UNDERGRADUATE AND 15 GRADUATE JOINT PROGRAMS.)	
	(Code:) (Expenses \$14,391,065. including grants of \$) (Revenue \$9,918,081)	
71.	Code:)(Expenses \$14,391,065. Including grants of \$)(Revenue \$9,918,081. )  STUDENT AND COMMUNITY SERVICES PROGRAMS: PROVIDES STUDENTS WITH	
	OPPORTUNITIES TO DEVELOP LEADERSHIP IN STUDENT, ACADEMIC, SOCIAL	
	AND PROFESSIONAL ORGANIZATIONS. (ENROLLMENT: 3,712, STUDENT TO	
	FACULTY RATIO: 12 TO 1)	
4c	(Code:) (Expenses \$13,556,857. including grants of \$) (Revenue \$15,144,000)	
	AUXILIARY ENTERPRISES: PROVIDES STUDENT WITH HOUSING, DINING AND	
	BOOKSTORE SERVICES AND FACILITIES TO EXPERIENCE COMMUNITY LIVING	
	ON CAMPUS EXPERIENCE. (ENROLLMENT; 3,712, STUDENT TO FACULTY RATIO: 12 TO 1)	
	RATIO: 12 TO 1)	
10	Other program services (Describe in Schedule O.)	
+0	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 112,648,781.	

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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 Χ 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 candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Χ 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 complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ 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 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Χ complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Χ Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Part	IV Checklist of Required Schedules (continued)			age 4
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
23a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	If "Yes," complete Schedule L, Part I	230		- 21
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		Х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.7
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
- •	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			•
91	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<b>-</b>		
JU	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
	10: Note. 7 th 1 of the 100 the 10 date required to complete of the date of the 100 th	_	990	

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Part V Statements Regarding Other IRS Filings and Tax Compliance 210 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\_ Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 **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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Χ c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 Χ 7a and services provided to the payor? 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 Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Χ 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 7h 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 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 Χ **14a** Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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 applie in this Part VI.

Coot	ion A. Coverning Redy and Management		• • •		X
Sect	ion A. Governing Body and Management			V	Na.
		4. 2	1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 3			
	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>1b</b> 3			
b	Enter the number of voting members included in line 1a, above, who are independent		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel			X	
	any other officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or ur				Х
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5	X	
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to el			Х	
	one or more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval		<u>-</u> .	v	
_	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:			v	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				37
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	- 1	X
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernai Revenue	Code	<i>.)</i> Yes	No
			4.0		NO
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of			v	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	•		v	
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the per-	•		3.7	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			37	
а	The organization's CEO, Executive Director, or top management official		15a	X	37
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 simila	_			3.5
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the			
<u>Cast</u>	organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \(\bigsec\)				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	l 990-T (Section	າ 501(ດ	e)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	andula (C)			
	X Own website Another's website X Upon request Other (explain in Sch	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's k		is:▶		

State the flame, address, and telephone number of the person who possesses the organizations books and records.

MEI-LIN LEE, FINANCE DIRECTOR, ONE CAMINO SANTA MARIA SAN ANTONIO, TX 7822 210-436-3414

JSA

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rt VII	Compensation of	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cor	ntractors								

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 neck ss pe	erson	e than o	an	(D)  Reportable compensation from	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<del>-</del>	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	0	Х		Х				0	0	0
(2)EDWARD C. SPEED	1.00									
CHAIRMAN OF THE BOARD	0	Х		Х				0	0	0
(3)DORIS A. SLAY-BARBER	1.00									
VICE-CHAIRMAN OF THE BOARD	0	Х		Х				0	0	0
(4) RAYMOND CARVAJAL, R.PH.	1.00									
SECRETARY	0	Х		Х				0	0	0
(5)THOMAS M. MENGLER, J.D.	40.00									
PRESIDENT	0	Х		Х				375,510.	0	27,854.
(6)DAVID W. BIEGLER	1.00									
TRUSTEE	0	X						0	0	0
_(7)JACK_BIEGLER	1.00									
TRUSTEE	0	X						0	0	0
(8) BROTHER WILLIAM J CAMPBELL, SM	1.00									
TRUSTEE	0	Х						0	0	0
(9)R. MICHAEL CASSEB, J.D.	1.00									
TRUSTEE	0	X						0	0	0
(10) REBECCA QUINTANILLA CEDILLO	1.00									
TRUSTEE	0	Х						0	0	0
(11)WALTER D. DOWNING, JR.	1.00									
TRUSTEE	0	Х						0	0	0
(12) REV. JAMES F. FITZ, S.M. TRUSTEE	1.00	X						0	0	0
(13)KELLEY FROST, PH.D. TRUSTEE	1.00	Х						0	0	0
(14)BARBARA GENTRY	1.00									-
TRUSTEE	0	Х						0	0	0

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (d	continued	<u>()</u>
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss per	ition more	n of the state of	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estii amo ot compe fror orgar and	mated bunt of ther ensation m the hization related hizations
		Ф	tee			ısated					
15) GISELA GIRARD TRUSTEE	1.00	Х						C	0		(
16) STEVEN D. JANSMA	1.00										,
TRUSTEE  17) BROTHER JOSEPH KAMIS, S.M.	1.00	X						C	0		C
TRUSTEE	0	X						C	0		(
18) SISTER LAURA M LEMING FMI PH.D TRUSTEE	1.00	Х						C	0		(
19) CHRISTOPHER R. MARTINEZ	1.00										
TRUSTEE	0	Х						C	0		(
20) LARRY MILLS	1.00										
TRUSTEE	1 00	X						C	0		(
21) BROTHER RONALD OVERMAN, S.M.	1.00								0		,
TRUSTEE 22) PHILIP J. PFEIFFER, J.D.	1.00	X							U		(
TRUSTEE	0	X							0		(
23) FERNANDO REYES	1.00										
TRUSTEE	0	Х							0		(
24) KENNETH S. SAKS, J.D.	1.00								_		
TRUSTEE	0	Х						C	0		(
25) MICHAEL A. SCHOTT	1.00										
TRUSTEE	0	Х						C	0		(
1b Sub-total							$\blacktriangleright$	375,510.	0	2	27,854.
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	3,272,311.	0		8,870.
d Total (add lines 1b and 1c)							<b>&gt;</b>	3,647,821.	0	32	26,724.
2 Total number of individuals (including but not reportable compensation from the organization				d ab	OOV	e) who	re	eceived more than	\$100,000 of		
Teportable compensation from the organization		127	/								Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	If	"Yes	3,"	complete Schedu	le J for such	4	X
<ul><li>individual</li></ul>										4	21
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "You Section B. Independent Contractors</i>										5	Х
	neneated is	ndene	anda	nt c	200	tracto	re t	hat received more	than \$100 000 a	v.f	
1 Complete this table for your five highest com- compensation from the organization. Report of											

year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 33

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(A)	(B)			(0	2)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related	box,	not ch unles er and	Posineck ss pe	ition more rson irect	e than o is both or/truste	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	am com	stimated nount of other pensation	fion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org: and	anizatio d related anization	on d
6) DARRELL G. STEWART, J.D. TRUSTEE	1.00	Х						0	0			
7) JAMES (MARTY) TRUSS, J.D. TRUSTEE	1.00	Х						0	0			(
8) MAJ. GEN. ALFRED A. VALENZUELA TRUSTEE	1.00 0	X						0	0			(
9) BROTHER EDWARD VIOLETT SM PH.D TRUSTEE	1.00	Х						0	0			(
0) BROTHER THOMAS WENDORF SM PH.D TRUSTEE	1.00	Х						0	0			
1) CHARLES T. BARRETT JR.	1.00							_				
TRUSTEE	0	X						0	0			
2) ANDRE HAMPTON	40.00							010 143			04 5	750
PROVOST	0			Х				212,143.	0		24,7	/58
3) REBECKAH J. DAY V.P ADM AND FINANCE	40.00			Х				193,831.	O		18,4	191
4) SUZANNE M. PETRUSCH	40.00											
V.P ENROLLMENT MANAGEMENT	0			Х				152,996.	o		15,7	794
5) CURTIS D. WHITE	40.00											
V.P IT & LIBRARY SERVICES	0			Х				95,746.	0		11,3	381
6) KATHERINE M. SISOIAN	40.00											
V.P STUDENT DEVELOPMENT	0			Х				133,200.	0		14,2	293
to Sub-total c Total from continuation sheets to Part VII, See d Total (add lines 1b and 1c) Total number of individuals (including but not line)	ction A			 	 	 	<ul><li>▶</li><li>re</li></ul>	ceived more than	\$100.000 of			<u> </u>
reportable compensation from the organization		127				,						
B Did the organization list any former office employee on line 1a? If "Yes," complete Schedul										3	Yes	No
For any individual listed on line 1a, is the su organization and related organizations great	ater than	\$15	0,0	00?	If	"Yes	," (	complete Schedu	le J for such		37	
individual										4	X	
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes										5		Х

year.

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

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

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		<b>_</b>	•				_	_	ed Employees (d			
(A) Name and title	Average hours per week (list any hours for related organizations	box,	not ch unles	s pe	ition more than one rson is both an lirector/trustee)			(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Est n am c comp	(F) stimated mount of other npensation rom the ganization	f on
	below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		an	d relate anizatio	d
7) RUDY A. VELA V.P MISSION AND RECTOR	40.00	-		Х				107,224.	0		20,6	592
) RICHARD D. KIMBROUGH V.P UNIVERSITY ADVANCEMENT	40.00			Х				206,655.	0		25,2	249
) TANUJA SINGH, D.B.  DEAN - BUSINESS SCHOOL	40.00				х			234,334.	0		21,2	286
) WINSTON F. EREVELLES, PH.D DEAN-SCIENCE ENGINEERING/TECH	40.00				Х			192,601.	0		18,5	556
) STEPHEN SHEPPARD, J.D.  DEAN - LAW SCHOOL	40.00				Х			224,753.	0		13,0	)3(
) ROBERT W. PIATT PROFESSOR	40.00					Х		254,845.	0		19,8	383
PROFESSOR	40.00					Х		226,178.	0		23,9	98
PROFESSOR	40.00					Х		237,479.	0		24,3	356
DAVID A. SCHLUETER PROFESSOR	40.00					Х		221,894.	0		19,3	399
PROFESSOR	40.00					Х		240,365.	0		4,5	752
DEAN - LAW SCHOOL	40.00						Х	338,067.	0		22,9	)5 <u>2</u>
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A			 			<b>&gt; &gt;</b>					
2 Total number of individuals (including but not reportable compensation from the organization		nose 1		d at	00V6	e) wno	re	ceived more than	\$100,000 of			
Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3	Yes	N
For any individual listed on line 1a, is the organization and related organizations gro	eater than	\$15	0,00	00?	<sup>l</sup> If	"Yes	," (	complete Schedu	le J for such	_		
individual	accrue co	mpen	satio	on f	fron	any	uni	related organization	on or individual	4	X	
for services rendered to the organization? If "Ye	es, comple	ie Scr	ıeau	ne J	ı tor	sucn i	ver.	SON		5	1	Σ

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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## Part VIII Statement of Revenue

		Check if Schedule O contain		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from to under sections 512-514
nts	1a	Federated campaigns	1a					
nou	b	Membership dues	1b					
Ž		Fundraising events		121,921.				
and Other Similar Amounts	d	Related organizations	1 1	1,022,332.				
ŝ	е	Government grants (contributions	s) 1e	7,711,122.				
her	f	All other contributions, gifts, grants						
ğ		and similar amounts not included above		8,246,760.				
an	g h	Noncash contributions included in line: <b>Total.</b> Add lines 1a-1f			17,102,135.			
<u>e</u>	"	Total. Add lilles 1a-11		Business Code	17,102,135.			
Program Service Revenue	2a	EDUCATIONAL AND GENERAL - TUI	TTON & FEES		90,950,150.	90,950,150.		
ğ   '	za b	AUXILIARY SERVICES	1101/ 11 11 11	611710	15,143,855.	15,143,855.		
<u> </u>	C	EDUCATIONAL PROGRAM FEE		611710	1,527,703.	1,527,703.		
Ser	d	EDUCATION AND INSTITUTIONAL F	EE	611710	1,260,300.	1,260,300.		
ق ا	e	EDUCATIONAL HEALTH INSURANCE		611710	880,932.	880,932.		
gc	f	All other program service revenue						
<u> </u>	g	Total. Add lines 2a-2f		▶	109,762,940.			
;	3	Investment income (includir	ng dividen	ds, interest,				
		and other similar amounts)		▶	3,406,937.		-110,378.	3,517,315
4	4	Income from investment of tax-e			0			
!	5	Royalties			0			
			(i) Real	(ii) Personal				
(	6a	Gross rents	302,200.					
		Less: rental expenses	321,337.					
		Rental income or (loss)	-19,137.					
١.	d 7a	Net rental income or (loss) Gross amount from sales of (i)	Securities	(ii) Other	-19,137.			-19,13
-   '	ı a		5,439,696.	(ii) Guici				
	<b>L</b>	Less: cost or other basis	5,439,696.					
	b		2,084,349.					
	С	and caree expenses 1 1 1 1	3,355,347.					
	d	Net gain or (loss)		▶	13,355,347.			13,355,34
<u>ه</u> ا <u>ده</u>	8a	Gross income from fundraising						
חני		events (not including \$121						
		of contributions reported on line 1						
צַ		See Part IV, line 18	a	157,868.				
Otner Kevenue	b	Less: direct expenses	b	130,636.				
5	С	Net income or (loss) from fundral	sing events.	▶	27,232.			27,23
9	9a	Gross income from gaming active See Part IV, line 19						
		Less: direct expenses	b		0			
10		Gross sales of inventory, returns and allowances	less		0			
	b	Less: cost of goods sold  Net income or (loss) from sales of	b					
$\vdash$		Miscellaneous Revenue	voiitoi y	Business Code	0			
	1.5							
11	1a							
	b			1				
	c d	All other revenue						
		Total. Add lines 11a-11d			0			
	е 2	Total revenue. See instructions			143,635,454.	109,762,940.		16,880,75

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## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX					
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	, , , , , , , , , , , , , , , , , , , ,	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	35,111,461.	35,111,461.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
	Benefits paid to or for members	U			
5	Compensation of current officers, directors, trustees, and key employees	2,421,353.	841,166.	984,462.	595,725.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	0			
_	persons described in section 4958(c)(3)(B)	48,711,640.	41,879,468.	5,696,219.	1,135,953.
	Other salaries and wages	40,711,040.	41,0/9,400.	5,090,219.	1,133,933.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,318,250.	2,534,944.	684,155.	99,151.
9	Other employee benefits	4,108,191.	3,308,406.	638,312.	161,473.
10	Payroll taxes	3,237,682.	2,672,864.	450,088.	114,730.
11	Fees for services (non-employees):	6,269,679.	5,415,513.	843,947.	10,219.
	Management	89,418.	37,547.	51,871.	10,219.
	Legal	310,276.	21,276.	289,000.	
	Accounting	23,449.	21,270.	23,449.	
	Lobbying Professional fundraising services. See Part IV, line 17	0		23 / 113 .	
	Investment management fees	1,100,000.		1,100,000.	
	Other. (If line 11g amount exceeds 10% of line 25, column	,,		,,	
3	(A) amount, list line 11g expenses on Schedule O.).	8,082.	8,082.		
12	Advertising and promotion	972,430.	371,370.	303,463.	297,597.
13	Office expenses	5,592,045.	5,105,285.	382,616.	104,144.
14	Information technology	682,022.	165,898.	449,144.	66,980.
15	Royalties	366,565.	195,924.	150,175.	20,466.
16	Occupancy	4,879,917.	3,803,405.	1,071,197.	5,315.
17	Travel	2,303,449.	2,073,815.	125,316.	104,318.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	944,962.	610,840.	320,585.	13,537.
20	Interest	958,623.	894,182.	64,441.	
21	Payments to affiliates	0	4 000	1 055 540	14 500
22	Depreciation, depletion, and amortization	5,946,563.	4,876,292.	1,055,549.	14,722.
23	Insurance	1,514,481.	1,100,844.	413,637.	
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	1,598,657.	1,105,686.	333,195.	159,776.
_	PROGRAM AND EVENTS TOTAL	391,216.	333,389.	1,149.	56,678.
	IMPROVEMENT TOTAL	232,174.	181,124.	42,853.	8,197.
	BAD DEBT TOTAL	225,000.	, ,	225,000.	
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	131,317,585.	112,648,781.	15,699,823.	2,968,981.
	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)				
JSA	10110WITING SOT 30-2 (ASC 330-120)	0			F 000 (0044)

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#### Form 990 (2014) Part X **Balance Sheet**

	Check if Schedule O contains a response or note to any line in this Part X						
		·		,	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,000.	1	5,000.
	2	Savings and temporary cash investments			29,963,975.	2	25,883,955.
	3	Pledges and grants receivable, net			1,074,786.	3	2,918,732.
	4	Accounts receivable, net			6,344,519.	4	4,505,136.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B).					
		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary	0		0
ts	_	organizations (see instructions). Complete Part II of Sche			15 660 350	_	15 000 000
Assets	7	Notes and loans receivable, net			15,660,350.	7	15,892,022.
ĕ	8	Inventories for sale or use			416,256. 1,367,439.	8	404,728.
	9	Prepaid expenses and deferred charges			1,307,439.	9	1,399,007.
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	102	195,723,427.			
	h	Less: accumulated depreciation			101,942,025.	10c	103,483,805.
	11	Investments - publicly traded securities			137,303,370.		128,233,325.
	12	Investments - other securities. See Part IV, line 11			35,124,184.		51,389,949.
	13	Investments - program-related. See Part IV, line 11			0		0
	14	Intangible assets		F	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0		
	16	Total assets. Add lines 1 through 15 (must equal			329,201,904.	16	334,115,659.
	17	Accounts payable and accrued expenses	6,629,932.	17	6,784,030.		
	18	Grants payable	0	18	0		
	19	Deferred revenue			5,656,404.		4,715,474.
	20	Tax-exempt bond liabilities			19,493,000.	20	17,948,000.
Liabilities	21	Escrow or custodial account liability. Complete Pa			O	21	0
ij	22	Loans and other payables to current and for					
Liat		trustees, key employees, highest compen			0		0
	23	disqualified persons. Complete Part II of Schedule Secured mortgages and notes payable to unrelate			17,893,545.	22	16,693,627.
	24	Unsecured notes and loans payable to unrelated			17,000,040.		10,000,027.
	25	Other liabilities (including federal income tax,		F			
		parties, and other liabilities not included on lines	-				
		of Schedule D			5,911,971.	25	5,970,597.
	26	Total liabilities. Add lines 17 through 25			55,584,852.	26	52,111,728.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here   X and			
anc	27	Unrestricted net assets			148,624,662.	27	149,059,964.
Bal	28	Temporarily restricted net assets			57,463,527.	28	61,262,523.
pu	29	Permanently restricted net assets			67,528,863.	29	71,681,444.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and			
şţs	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
¥	32	Retained earnings, endowment, accumulated inco				32	
Ž	33	Total net assets or fund balances			273,617,052.	33	282,003,931.
	34	Total liabilities and net assets/fund balances			329,201,904.	34	334,115,659.

Form **990** (2014)

ST. MARY'S UNIVERSITY 74-1143128

Form 99	90 (2014)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	43,6	35,4	154.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	31,3	17,5	585.
3	Revenue less expenses. Subtract line 2 from line 1	3		12,3	17,8	369.
4			4 273,617,		17,0	)52.
5				-4,5	24,4	187.
6	Donated services and use of facilities	6		5	93,4	497.
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				0
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	82,0	03,9	}31.
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: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	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 con	piled	lor			
	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 audi	ted 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 or	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e	xplaiı	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	fortl	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X	

Form **990** (2014)

#### **PUBLIC INSPECTION COPY**

#### **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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Inspection

Employer identification number

ST	. M	ARY'S UNIVERSITY					74	-1143128
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplete	e this pa	art.) See instructions	i.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E.)				
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An organization that norma	ally receives: (1) m	nore than 331/3 % of	its suppo	ort from	contributions, memb	ership fees, and gross
		receipts from activities rela	ated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	re than 331/3 % of its
		support from gross invest					•	tax) from businesses
		acquired by the organizatio	n after June 30, 19	975. See <b>section 509</b>	(a)(2). (C	Complete	Part III.)	
10	Щ	An organization organized a		-	_			
11		An organization organized			-			
		one or more publicly suppo	=			-		
		the box in lines 11a through					•	=
а		☐ Type I. A supporting orga	•	•	-			
		the supported organization	. , .	•	elect a m	ajority o	f the directors or trus	tees of the supporting
		_ organization. <b>You must ເ</b>	-					
b		☐ Type II. A supporting org	-					
		control or management of	· · · -	=	the sam	e persor	ns that control or mar	age the supported
		organization(s). You must						
С			- ::					lly integrated with,
		its supported organization		· ·				
d		Type III non-functionally						= ::
		that is not functionally inte	-	<del>-</del>	-		<u>=</u>	d an attentiveness
		requirement (see instruct	•	-				
е		Check this box if the orga						ıı, туре ііі
f	En	functionally integrated, or ter the number of supported			porting c	organizai	ion.	
t		ovide the following information	_					
9				(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,	arre or supported organization	(11) = 111	(described on lines 1-9		ur governing	support (see	other support (see
				above or IRC section (see instructions))	docur	ment?	instructions)	instructions)
				(0000	Yes	No		
(A)								
(B)								
(P)								
(C)								
<b>'</b> D'								
(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) 2014

ST. MARY'S UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2014 Page **2** 

Section A. Public Support  Calendar year (or fiscal year beginning in)   1 Giffs, grants, contributions, and membership fees received. (b) not include any "unusual grants.")	Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on l	line 5, 7, or 8	of Part I or if tl	ne organizatio	n failed to qua	
Calendar year (or fiscal year beginning in)	Sec				, р		,	
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 peid 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 I through 3  5 The portion of total contributions by each person (other than a governmental application of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4.  8 Coccion B. Total Support  Calendary arg for fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total organization interest, dividends, person (other mines are considered and organization).  7 Amounts from line 4.  8 Cross income from interest, dividends, person considered and organization or not the business is regularly carried on include gain or loss from the sale of capital assets (Explain in Part VI).  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10.  12 Cross receipts from related activities, etc. (see instructions).  12 Cross receipts from related person or not be business is regularly carried on include gain or loss from the sale of capital assets (Explain in Part VI).  15 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)).  16 3 31/3 % support exercitage for 2014 (line 6, column (f) divided by line 11, column (f)).  17 a 10%-facts-and-circumstances 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.  17 a 10%-facts-and-circumstances test. 2013. If the organization did not check a box on line 13, for 16a, and line 15 is 331/3 % or more, and if the organization meets the "facts-and-circumstances" test. The cket kins box and stop here. Explain in Part VI how the organization meets t			(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
membership fees received. (Do not include any "unusual grants".)  2	<b>G</b> u.G	maar year (er needr year beginning iii) P	(4) 20 10	(3) 20	(6) 20 12	(4) 20 .0	(0) 20	(1) 1 0 (0.1
organization's benefit and either paid to or expended on its behalf.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total Add lines 1 through 3.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support. Soldract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7.  Amounts from line 4.  6 Gross income from interest, dividends, payments roceived on securities loans, rents, royalities and income from similar sources.  9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business sictypials; and in part VI).  10 Total support. Add lines 7 through 10.  11 Total support. Add lines 7 through 10.  12 Gross receipts from related activities, etc. (see instructions).  12 Gross receipts from Path 10.  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  5 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)).  14 Public support percentage from 2013 Schedule A, Part II, line 14.  15 331/3% support test - 2014. 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.  16 17 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organiza	1	membership fees received. (Do not						
turnished 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 shown on line 11, column (f), the amount of th	2	organization's benefit and either paid						
5 The portion of total contributions by each parson (other than a parson of the parson (other than a parson of the parson of th	3	furnished by a governmental unit to the organization without charge						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  7 Amounts from line 4	4	Total. Add lines 1 through 3						
Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on .  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10 .  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here and 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in)    (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total  Amounts from line 4  Cross income from interest, dividends, payments received on securities loans; rents, royalties and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10.  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  16 33/13% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33/13% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17 10%-facts-and-circumstances test - 2014. If the organization qualifies as a publicly supported organization.  18 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a	6	Public support. Subtract line 5 from line 4.						
Amounts from line 4	Sec	tion B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on .  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10 .  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .  15 Public support percentage from 2013 Schedule A, Part II, line 14 .  16a 331/3% support test - 2014. 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 .  17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13 is 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization unalifies as a publicly supported organization where. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in the second organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization organization	Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
loss from the sale of capital assets (Explain in Part VI.)	9	activities, whether or not the business						
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets						
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						
Section C. Computation of Public Support Percentage  14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  16a 331/3% support test - 2014. 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  17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, or 17a, check this box and see	12	Gross receipts from related activities, etc. (s	see instructions) .				12	
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Public support percentage from 2013 Schedule A, Part II, line 14					44 1 (2)		44	0.1
<ul> <li>331/3% support test - 2014. 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.</li> <li>b 331/3% support test - 2013. 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.</li> <li>17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>								<u>%</u> %
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<ul> <li>17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>	b		•					
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <b>b</b> 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	172							
<ul> <li>b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>		10% or more, and if the organization	meets the "fa	cts-and-circums	tances" test, ch	eck this box a	nd <b>stop here.</b> [	Explain in
supported organization	b	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the organic	2013. If the organization meets	ganization did r s the "facts-an	ot check a box d-circumstances	on line 13, 16 " test, check t	a, 16b, or 17a his box and <b>st</b>	top here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						_	-	a publicly
	40	supported organization	did wat al!		160 104 17	or 175 -5- 5	this bessered :	<b>&gt;</b>
III 0 II U U U U U U U U U U U U U U U U	18	<u> </u>						

Schedule A (Form 990 or 990-EZ) 2014

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ST. MARY'S UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2014

#### 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.)

500	tion A. Public Support	any arraor are	Tiooto notou bi	Sievv, piedee e	ompioto i arti	,	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
		(4) 20 10	(3) 2011	(0) 2012	(4) 2010	(0) 2011	(i) rotai
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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
·	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
_		(4) 20 . 0	(3) 20	(0, 20.2	(4) 20 10	(0) 20	(1) 1 0101
9 10 a	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						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	fifth tax year	as a section 50	1(c)(3)
	organization, check this box and stop here .						▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,	column (f) divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2013 Sche					16	%
Sec	tion D. Computation of Investmen					'	
17	Investment income percentage for 2014 (lin			13, column (f))		17	%
18	Investment income percentage from 2013 S					18	<del>//</del>
	331/3% support tests - 2014. If the org						
·Ja	17 is not more than 331/3%, check this						. $\square$
<b>L</b>	331/3% support tests - 2013. If the orga			-			
D	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization of						

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Schedule A (Form 990 or 990-EZ) 2014 Page 4

ST. MARY'S UNIVERSITY

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Se

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	5c		
7	Part VI.  Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	6		
8	controlled entity with regard to a substantial contributor? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990).</i> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
9a	If "Yes," complete Part I of Schedule L (Form 990).  Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

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determine whether the organization had excess business holdings.)

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Sonicadi	le A (Form 990 or 990-EZ) 2014			Page :
Part	Supporting Organizations (continued)		Vaa	NI.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	1110		
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Section	on C. Type II Supporting Organizations	2		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on or type it emperating or gain autono		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
3ectio	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
ecti	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions):	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test Anguay (a) and (b) helay		Yes	No
a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	Za		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
а	trustees of each of the supported organizations? Fromde details in Fait vi.			

ST. MARY'S UNIVERSITY

74-1143128 Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014			Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. <b>See in</b>	structions. All
other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	v-integra	ited Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

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Schedule A (Form 990 or 990-EZ) 2014

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Type III Non-Eurotionally Integrated 509(a)(3) Supporting Organizations (continued)

Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
0	and 4c. Breakdown of line 7:			
8	DICANUOWII UI IIIIE 1.			
a b				
b				
c d	Excess from 2013			
e e	Excess from 2014			
_				

Schedule A (Form 990 or 990-EZ) 2014

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ST. MARY'S UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2014 Page **8** 

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2014

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#### **PUBLIC INSPECTION COPY**

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

## **Schedule of Contributors**

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	► Attach to Form 990, Form 990-EZ, or Form 990-PF.  Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www	v.irs.gov/form990.	<u> </u>						
Name of the organization			r identification number						
ST. MARY'S UNI	VERSITY	74-1	143128						
Organization type (cl	heck one):	/ 1 1	113120						
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation							
	501(c)(3) taxable private foundation								
	zation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule a	ınd a Special Ru	ıle. See						
or more (in	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, con money or property) from any one contributor. Complete Parts I and II. See instituted in the contributions.		=						
Special Rules									
regulations 13, 16a, or	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 16b, and that received from any one contributor, during the year, total contrib (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	n 990 or 990-EZ outions of the gro	(), Part II, line eater of <b>(1)</b>						
contributor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
contributor, contribution during the y General Ru	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes to totaled more than \$1,000. If this box is checked, enter here the total contribution year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any ule applies to this organization because it received <i>nonexclusively</i> religious, charitable, on more during the year	ses, but no such putions that were of the parts unle ritable, etc., cor	e received ess the ntributions						
990-EZ, or 990-PF), t	ation that is not covered by the General Rule and/or the Special Rules does not but it <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or check the box or line 2, to certify that it does not meet the filing requirements of Schedule B (Fo	n line H of its For	rm 990-EZ or on its						

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) (2014)

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
1_		\$ <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
2 _		\$ <u>12,500</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
3 _		\$6,900.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$200,000.	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
5 _		\$250,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _		\$ <u>11,250</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$19,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$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
9 _		\$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
_ 10 _		\$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
_ 11 _		\$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
_ 12 _		\$6,040.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
13		\$ 20,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$10,000.	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
15		\$10,100.	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
16		\$105,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$5,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
18		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization ST. MARY'S UNIVERSITY

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$\$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
20		\$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
21		\$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
		\$\$	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		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$228,581.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

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
_ 25 _		\$984,677.	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
_ 26 _		\$985,762.	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 _		\$8,750.	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 _		\$16,389.	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
_ 29 _		\$20,540.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 30 _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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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
_ 31 _		\$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
_ 32 _		\$7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 33 _		\$6,600.	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 _		\$8,000.	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 		\$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
_ 36 _		\$1,101,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

	• • • • • • • • • • • • • • • • • • • •	(126 120 1 2	/4-1143120
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
_ 37 _		\$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
_ 38 _		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 39 _		\$6,000.	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
40		\$7,000.	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
_ 41 _		\$5,540.	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
_ 42 _		\$22,140.	Person   X     Payroll     Noncash     (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 43 _		\$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
_ 44 _		\$16,650.	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 _		\$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
46		\$25,100.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 47 _		\$50,000.	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 _		\$5,630.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 49 _		\$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		
_ 50 _		\$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		
_ 51 _		\$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		
52_		\$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		
_ 53 _		\$38,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 54 _		\$363,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Parti	Contributors (see instructions). Use duplicate copies of Pa	it i ii additional space is nee	dea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 55 _		\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 56 _		\$9,833.	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 _		\$25,000.	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 _		\$16,258.	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 		\$5,600.	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 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

MARY'S HNIVERSITY

anie or	organization SI. MAKI S UNIVERSIII		74-1143128
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ <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
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		\$ 9,320.	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		\$ <u>20,000</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
65		\$ 8,630.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

noncash contributions.)

(d)

Type of contribution

Χ

(a)

No.

\_ \_66

(b)

Name, address, and ZIP + 4

46,395.

(c) **Total contributions** 

Name of organization ST. MARY'S UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 67		\$5,625.	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 _		\$43,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 69 _		\$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
70		\$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
_ 71 _		\$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
_ 72 _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 73 _		\$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
74	Name, address, and Zir + +	\$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
_ 75 _		\$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
_ 76 _		\$5,572.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 77 _		\$91,500.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 78 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$\$.	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		\$10,188.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$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
_ 82		\$8,322.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$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
_ 84		\$5,600.	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 nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 85 _		\$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
_ 86 _		\$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
_ 87 _		\$50,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 88 _		\$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
_ 89 _		\$ 7,286. 	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 90 _		 \$6,250.	Person X 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
_ 91 _		\$12,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 92		\$ 5,247.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 93 _		\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 94 _		\$10,000.	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
95_		\$67,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 96 _		\$145,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of c	rganization SI. MARI'S UNIVERSIII	Employer identification number 74–1143128
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is n	eeded.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97_		\$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
98		\$5,483.	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_		\$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
_100_		\$16,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_101 _		\$7,840.	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
_102_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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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
_103 _		\$25,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_104_		\$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
_105_		\$7,435.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_106_		\$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
_107_		\$608,044.	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.)

Name of organization ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	ded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 24	STOCK	\$226,045.	VAR
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 80	STOCK	\$10,188.	_12/19/2014
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_82	STOCK	\$8,322.	_12/30/2014
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
92	STOCK	\$5,097.	_12/10/2014
(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
		\$	

Name of organization ST. MARY'S UNIVERSITY

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Employer identification number

				74-1143128			
Part III	Exclusively religious, charitable, etc.	, contributions to o	rganizations desc	ribed in section 501(c)(7), (8), or (10)			
	that total more than \$1,000 for the y						
	following line entry. For organizations						
	contributions of \$1,000 or less for the			ee instructions.) ► \$			
	Use duplicate copies of Part III if additi	onal space is neede	ed.				
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held			
Part I	(b) Fullpose of gift	(c) use	or girt	(a) Description of now girt is near			
		(e) Transf	er of gift				
	Transferee's name, address, an	nd ZIP + 4	Relation	ship of transferor to transferee			
				•			
(a) No.							
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
Part I							
		(e) Transf	er of gift				
	Transferee's name, address, an	id ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held			
Part I	(2) 1 a. poec e. g	(0, 000		(a) Decempered of new gardeness			
	(e) Transfer of gift						
	Transferee's name, address, an	id 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	er of aift				
		(3) 1.41101					
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee			
	Tansieree s name, address, an		Neiativi	p or transfer to transfer to			
				Schedule B (Form 990, 990-E7, or 990-PF) (2014			
				SCREAMING R (FORM UNIT GOD-EZ OF GOD-DE) (2017)			

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#### 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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► 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 instructions is at www.irs.gov/form990.

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.

Гах)	(see separate instructions), ther		Tax) (see separate in	structions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
	MARY'S UNIVERSITY			74-11	
Pai		organization is exempt under			nization.
1	Provide a description of the	organization's direct and indirect p	political campaign ac	tivities in Part IV.	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Par	t I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5, , , , , , ▶\$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a					
	If "Yes," describe in Part IV.				
	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	n for section 527 ex	kempt function	-
2		ng organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. En			
<b>4 5</b>	Enter the names, addresses organization made payment the amount of political confi	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entributions received that were promoted or a political action committee (	per (EIN) of all section liter the amount paic nptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, suc
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)			_		
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

Р	art II-A	Complete if the org section 501(h)).	ganizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ection under	
A	Check ▶	ck ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check ▶	▶  if the filing orga	nization	checked I	box A and "limited	control" provisi	ons apply.		
				ying Expen			(a) Filing	(b) Affiliated	
		(The term "expendit	ures" m	eans amour	nts paid or incurred.	.)	organization's totals	group totals	
		obying expenditures to i							
		obying expenditures (ad							
		xempt purpose expendit							
		empt purpose expendit							
		g nontaxable amount.			·	F			
	columns	=		o annount i	rom the renewing				
		ount on line 1e, column (a	a) or (b) is	The lobbying	ng nontaxable amount	is:			
		\$500,000	., (,		amount on line 1e.				
		00,000 but not over \$1,000	0.000		lus 15% of the excess	over \$500.000.			
		000,000 but not over \$1,5			lus 10% of the excess				
		500,000 but not over \$17,		· ·	lus 5% of the excess of				
	Over \$17	7,000,000		\$1,000,000					
_	g Grassro	ots nontaxable amount	(enter 2	5% of line 1f	)				
		t line 1g from line 1a. If							
i	i Subtract	t line 1f from line 1c. If a	zero or le	ss, enter -0-					
j	If there	is an amount other th	an zero	on either I	ine 1h or line 1i, o	did the organiza	tion file Form 4720		
	reporting	g section 4911 tax for t	his year?					Yes No	
			•		aging Period Unde				
	(S	ome organizations tha	t made a	section 50	1(h) election do no	t have to compl	ete all of the five colur	nns below.	
			See	the separa	te instructions for I	ines 2a through	2f.)		
			Lobi	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	1	
		ar year (or fiscal year beginning in)	(a)	2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total	
2	<b>a</b> Lobbying	nontaxable amount							
		ceiling amount fline 2a, column (e))							
_	<b>c</b> Total lobl	bying expenditures							
_ (	<b>d</b> Grassroo	ots nontaxable amount							
_		ots ceiling amount Fline 2d, column (e))							
1	f Grassroc	ots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2014

74-1143128

Sche	dule C (Form 990 or 990-EZ) 2014					Page 3
Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768		
	and "Was " response to lines to through ti helpy provide in Dort IV a detailed	(a	1)	(	b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Am	ount	
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:					
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
С	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		Х			
e	Publications, or published or broadcast statements?		X			
f ~	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
h i		Х	- 1		23	,449
j	Other activities?  Total. Add lines 1c through 1i	71				,449
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			7 1 1 2
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).				_	
				_	Yes	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		<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pai	t 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,"	OR (	b) Pa	rt III-A, IIn	e 3, is	
4	answered "Yes."					
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)			1		
_	political expenses for which the section 527(f) tax was paid).	11115	Ji			
а	Current year			2a		
b	Carryover from last year			2b		
	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es		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	bbyir	ng			
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Pai						
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	ıp list	); Part II-A,	lines 1	and
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
Omi						
011	ER LEGISLATIVE ACTIVITIES					
SCF	MEDULE C, PART II-B, LINE 1I					
148	OF \$38,919 DUES PAID TO INDEPENDENT COLLEGES AND UNIVERSITIES OF					
TEX	AS (ICUT) WERE EXPENDED FOR HIGHER EDUCATION LEGISLATIVE ACTIVITIE	ES,				
		- /				

Schedule C (Form 990 or 990-EZ) 2014

PLUS \$18,000 PAID FOR LEGAL COUNSEL FEES.

ST. MARY'S UNIVERSITY

74-1143128

Schedule C (Form 990 or 990-EZ) 2014 Part IV **Supplemental Information** (continued)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number ST. MARY'S UNIVERSITY 74-1143128 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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Schedule D (Form 990) 2014

**\$**\_\_\_\_

▶ \$

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1

74-1143128 Schedule D (Form 990) 2014

Sample organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):	Sche	dule D (Form 990) 2014							F	age <b>2</b>
collection items (check all that apply):  a	Par	t III Organizations Maintaini	ng Collections of	Art, Historical	Treasures,	or Oth	ner Similar Asse	ts (con	tinue	ed)
b Scholarly research c		collection items (check all that app			•			nificant i	use c	of its
Example 1 Preservation for future generations of a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990. Part X   ine 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Beginning balance  Beginning balance  Beginning balance  If Ending balance  If Ending balance  If Ending balance  If Ending balance  If Yes No  If "Yes," explain the arrangement in Part XIII the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Infrares (c) Increase year (c) Increase year (d) Increase year year year year year year year yea	_									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV I Eroca wand Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1			rations	e Othe						
Still   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   Mo   Mo   Mo   Mo   Mo   Mo   Mo								4		Dt
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		nization's collections	s and explain now	tney furthe	r the org	ganization's exemp	t purpos	se in	Part
Section   Sect	5		on solicit or receive (	lonations of art hi	storical treas	ures or o	other similar			
1	·						_	Yes		No
1a         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         Yes         No           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount         Amount           c         Beginning balance         1c         Amount         Included organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           b         If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         No         Included on Part XIII.         No           1a         Beginning of year balance         (a) Current year (b) Frior year (c) Trive years back         (a) From years back         (a) From years back         (b) From years back         (b) From years back         (b) From years back         (a) Current year         (b) From years back         (a) Current year         (b) From years back         (a) From years back         (b) From years (c) Two years back         (b) From years back         (a) From years back         (b) From years (c) Two years back         (b) From years (c) Two yea	Par				nization an	swered	"Yes" to Form 99	0, Part l	V, Iir	ne 9,
Included on Form 990, Part X?		or reported an amount o	n Form 990, Part >	K, line 21.						
Included on Form 990, Part X?	4.	la tha annualmetica an annut tourst				41				
b If "Yes." explain the arrangement in Part XIII and complete the following table:  C Beginning balance	1 a						Г	Vas		No
C   Beginning balance     16	h	If "Yes " explain the arrangement i	in Part XIII and comi	olete the following t	able.			163		] 140
C   Beginning balance   10	-	ii 100, oxpidiii dio dirangement		oroto the renoving t			Amount			
d Additions during the year	С	Beginning balance			10					
E   Stributions during the year   F   E										
f Ending balance	е									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f									
Describe   Factor   Part XIII   Check here if the explanation has been provided in Part XIII   Part XIII   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part X	2a					ustodial	account liability?	Yes		No
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four ye		<u> </u>								
1a   Beginning of year balance   174,529,730.   153,558,110.   134,369,499.   146,360,851.   124,769,237.   124,769,237.   134,369,499.   146,360,851.   124,769,237.										
1a Beginning of year balance       174,529,730.       153,558,110.       134,369,499.       146,360,851.       124,769,237.         b Contributions       3,885,000.       3,622,294.       1,479,750.       898,664.       900,132.         c Net investment earnings, gains, and losses       10,661,000.       22,420,938.       23,059,028.       -7,389,887.       26,116,630.         d Grants or scholarships       3,576,000.       3,262,000.       3,237,818.       3,410,400.       3,227,352.         e Other expenditures for facilities and programs       2,503,000.       1,809,612.       1,996,234.       2,089,729.       2,197,796.         f Administrative expenses       182,996,730.       174,529,730.       153,674,225.       134,369,499.       146,360,851.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment	ıaı	Endowment i dias.	·					(e) Four	vears	hack
b Contributions 3,885,000. 3,622,294. 1,479,750. 898,664. 900,132. c Net investment earnings, gains, and losses 10,661,000. 22,420,938. 23,059,0287,389,887. 26,116,630. d Grants or scholarships 3,576,000. 3,262,000. 3,237,818. 3,410,400. 3,227,352. e Other expenditures for facilities and programs 2,503,000. 1,809,612. 1,996,234. 2,089,729. 2,197,796. f Administrative expenses 5 End of year balance 182,996,730. 174,529,730. 153,674,225. 134,369,499. 146,360,851.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 31,1800 % b Permanent endowment ▶ 39,1800 % c Temporarily restricted endowment ▶ 29.6400 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations listed as required on Schedule R?	1a	Beginning of year balance								
c Net investment earnings, gains, and losses       10,661,000       22,420,938       23,059,028       -7,389,887       26,116,630         d Grants or scholarships       3,576,000       3,262,000       3,237,818       3,410,400       3,227,352         e Other expenditures for facilities and programs       2,503,000       1,809,612       1,996,234       2,089,729       2,197,796         f Administrative expenses       2,503,000       1,809,612       1,996,234       2,089,729       2,197,796         g End of year balance       182,996,730       174,529,730       153,674,225       134,369,499       146,360,851         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment       31,1800 %       Permanent endowment       39,1800 %       Yes       No         The percentages in lines 2a, 2b, and 2c should equal 100%.       The percentages in lines 2a, 2b, and 2c should equal 100%.       3a(i) X       3a(i) X         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) unrelated organizations       3a(i) X       3a(i) X       3a(i) X         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3a(i) X       3a(i) X         Complete if the or										
and losses 10,661,000 22,420,938 23,059,028 7-7,389,887 26,116,630.  d Grants or scholarships 3,576,000 3,262,000 3,237,818 3,410,400 3,227,352.  e Other expenditures for facilities and programs 2,503,000 1,809,612 1,996,234 2,089,729 2,197,796.  f Administrative expenses 2,503,000 1,809,612 1,996,234 2,089,729 1,97,796.  g End of year balance 182,996,730 174,529,730 153,674,225 134,369,499 146,360,851.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment			3,003,000.	3,022,274	1,4/5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00,004.		, 000	152.
d Grants or scholarships 3,576,000. 3,262,000. 3,237,818. 3,410,400. 3,227,352.  e Other expenditures for facilities and programs 2,503,000. 1,809,612. 1,996,234. 2,089,729. 2,197,796.  f Administrative expenses 9 End of year balance 182,996,730. 174,529,730. 153,674,225. 134,369,499. 146,360,851.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 31.1800 %  b Permanent endowment ▶ 39.1800 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  (iii) related organizations 3a(ii) x 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d	C		10 661 000	22 420 020	22 050	0.00	_7 200 007	26	116	630
e Other expenditures for facilities and programs 2,503,000. 1,809,612. 1,996,234. 2,089,729. 2,197,796.  f Administrative expenses 182,996,730. 174,529,730. 153,674,225. 134,369,499. 146,360,851.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 31.1800 %  b Permanent endowment ▶ 39.1800 %  c Temporarily restricted endowment ▶ 29.6400 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations 3a(ii) x   3a(i	اہ									
and programs			3,576,000.	3,202,000	. 3,237	,010.	3,410,400.	3,,	441,	354.
f Administrative expenses	е	-	0 500 000	1 000 610	1 000		0 000 500		100	<b>50</b>
g       End of year balance       182,996,730.       174,529,730.       153,674,225.       134,369,499.       146,360,851.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         Board designated or quasi-endowment       31.1800 %         Fermanent endowment = 39.1800 %         C Temporarily restricted endowment   29.6400 %         The percentages in lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		and programs	2,503,000.	1,809,612	1,996	0,234.	2,089,729.	∠,.	19/,	796.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 31.1800 %  b Permanent endowment ▶ 39.1800 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value (d)			100 006 500	154 500 500	150 654		104 060 400	146	2.50	0.5.1
a Board designated or quasi-endowment ▶ 31.1800 %  b Permanent endowment ▶ 39.1800 %  c Temporarily restricted endowment ▶ 29.6400 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iii) related organizations  (iiii) related organizations  (iiii) related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (do) Book value (c) (other)  1a Land  600,645.  600,645.  b Buildings  112,069,288. 40,575,998. 71,493,290.  c Leasehold improvements  484,845. 233,322. 251,523.  d Equipment  20,942,100. 14,675,620. 6,266,480.  e Other  Other	_							146,	360,	851.
b Permanent endowment ▶ 39.1800 %  Temporarily restricted endowment ▶ 29.6400 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (depreciation) (investment)  (investment)  (b) Cost or other basis (c) Accumulated depreciation depreciation answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (depreciation) (a) Equipment (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (d) Book value (depreciation)  Land (b) Cost or other basis (c) Accumulated (d) Book value (d) Book valu					g, column (a)	) held as:	•			
Temporarily restricted endowment ▶ 29.6400 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:     (i) unrelated organizations     (ii) related organizations     (iii) related organizations     b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated (c) Accumulated (d) Book value (c) A		=		)_% _						
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iii) related organizations  (iv) rest to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (investment)  (investment)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value (d) Book value (d) Book value (other)  (a) Cost or other basis (c) Accumulated depreciation  (a) Cost or other basis (c) Accumulated depreciation  (b) Cost or other basis (c) Accumulated (d) Book value (other)  (a) Cost or other basis (c) Accumulated (d) Book value (other)  (b) Cost or other basis (c) Accumulated (d) Book value (other)  (c) Accumulated (d) Book value (other)  (a) Cost or other basis (c) Accumulated (d) Book value (other)  (b) Cost or other basis (c) Accumulated (d) Book value (other)  (c) Accumulated (d) Book value (other)  (d) Book value (d) Book value (d) Book value (other)  (d) Book value (d) Book value (other)  (e) Accumulated (d) Book value (other)  (d) Book value (other)  (e) Accumulated (d) Book value (other)  (e		·								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	С									
Ves   No   Ves   No   Ves   No   Ves   No   Ves   No   Ves   No   Ves			•							
(i) unrelated organizations       3a(i) X         (ii) related organizations       3a(ii) X         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       600,645.       600,645.       600,645.         b Buildings       112,069,288.       40,575,998.       71,493,290.         c Leasehold improvements       484,845.       233,322.       251,523.         d Equipment       20,942,100.       14,675,620.       6,266,480.         e Other       61,626,549.       36,754,682.       24,871,867.	3a		the possession of the	ne organization tha	at are held ar	nd admin	istered for the	_		
(ii) related organizations         3a(ii)   X           b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?         3b   3b   3b   3b   3b   3b   3b   3b									Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.    Part VI   Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value									Χ	
4 Describe in Part XIII the intended uses of the organization's endowment funds.           Part VI         Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         600,645.         600,645.         600,645.           b         Buildings         112,069,288.         40,575,998.         71,493,290.           c         Leasehold improvements         484,845.         233,322.         251,523.           d         Equipment         20,942,100.         14,675,620.         6,266,480.           e         Other         61,626,549.         36,754,682.         24,871,867.		(ii) related organizations						3a(ii)		X
Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         600,645.         600,645.         600,645.           b Buildings         112,069,288.         40,575,998.         71,493,290.           c Leasehold improvements         484,845.         233,322.         251,523.           d Equipment         20,942,100.         14,675,620.         6,266,480.           e Other         61,626,549.         36,754,682.         24,871,867.	b							3b		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation			•	tion's endowment	unds.					
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         600,645.         600,645.         600,645.           b Buildings         112,069,288.         40,575,998.         71,493,290.           c Leasehold improvements         484,845.         233,322.         251,523.           d Equipment         20,942,100.         14,675,620.         6,266,480.           e Other         61,626,549.         36,754,682.         24,871,867.	Par	t VI Land, Buildings, and Equ	l <b>ipment.</b> afion answered "Ye	s" to Form 990	Part IV line	11a Se	e Form 990 Pari	t X line	10	
1a Land       600,645.       600,645.         b Buildings       112,069,288.       40,575,998.       71,493,290.         c Leasehold improvements       484,845.       233,322.       251,523.         d Equipment       20,942,100.       14,675,620.       6,266,480.         e Other       61,626,549.       36,754,682.       24,871,867.			(a) Cost or	other basis (b) Cos	t or other basis	(c) Acc	cumulated (d			
b Buildings       112,069,288. 40,575,998. 71,493,290.         c Leasehold improvements       484,845. 233,322. 251,523.         d Equipment       20,942,100. 14,675,620. 6,266,480.         e Other       61,626,549. 36,754,682. 24,871,867.	12	Land		tment)	` '	depre	eciation	61	20 6	
c Leasehold improvements       484,845.       233,322.       251,523.         d Equipment       20,942,100.       14,675,620.       6,266,480.         e Other       61,626,549.       36,754,682.       24,871,867.		<b>5</b>		110		40 E	75 000			
d Equipment       20,942,100.       14,675,620.       6,266,480.         e Other       61,626,549.       36,754,682.       24,871,867.		~		112						
e Other 61,626,549. 36,754,682. 24,871,867.				20						
			n (d) must equal Forr							

Schedule D (Form 990) 2014 Page **3** 

Part VII Investments - Other Securities.	ad "Ves" to Form 990	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) US EQUITIES	8,237,016.	FMV
(B) US MINERAL RIGHTS	1,749,000.	FMV
(C) INTL HEDGE FUND (HARBINGER, EG)	9,683,143.	FMV
(D) MULTI-STRATEGY PRIVATE EQUITY	17,721,182.	FMV
(E) FUNDS HELD IN TRUST BY OTHERS	4,537,994.	FMV
(F) US REAL ESTATE TRUST	9,461,614.	FMV
(G)		
(H)	F1 200 040	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	51,389,949.	
Part VIII Investments - Program Related.  Complete if the organization answere	ed "Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX Other Assets.  Complete if the organization answere	ed "Yes" to Form 990.	Part IV, line 11d. See Form 990, Part X, line 15.
	Description ,	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	) line 15.)	
Part X Other Liabilities. Complete if the organization answere line 25.	ed "Yes" to Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	е
(1) Federal income taxes		
(2) PERKINS LOAN PROGRAM ADVANCEMENT	5,970,5	597.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25	i.) ► 5,970,5	597.
2. Liability for uncertain tay positions. In Part VIII. provide th	- 44 -£ 4b £4 4 4 4	h

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 4E1270 1.000 74-1143128

Schedule	e D (Form 990) 2014			Page <b>4</b>
Part 2	Reconciliation of Revenue per Audited Financial Statements With R Complete if the organization answered "Yes" to Form 990, Part IV, line	Revenue per Returi	n.	
1	Total revenue, gains, and other support per audited financial statements	120.	1	103,493,006.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-	
а	Net unrealized gains (losses) on investments 2a	-4,524,487.		
b	Donated services and use of facilities 2b	593,500.		
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
	Add lines 2a through 2d		2e	-3,930,987.
3	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	107,423,993.
		1,100,000.		
a b	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  4a  4b	35,111,461.		
	Add lines 4a and 4b	•	4c	36,211,461.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	143,635,454.
Part 2	Reconciliation of Expenses per Audited Financial Statements With E	Expenses per Retu	_	· · ·
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	95,106,124.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ı		
_	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
c d	Other losses Other (Describe in Part XIII.)  2d			
	Other (Describe in Part XIII.)  Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	95,106,124.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			,,
	Investment expenses not included on Form 990, Part VIII, line 7b	1,100,000.		
b	Other (Describe in Part XIII.) 4b	35,111,461.		
С	Add lines 4a and 4b		4c	36,211,461.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	131,317,585.
Part 2			( ) / 1	4.5.47
2: Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	v, lines 1b and 2b; Pa e anv additional inforn	art v, i nation	ine 4; Part X, line
	PAGE 5	,		
	FAGE 3			
		<b>_</b>		<b></b>

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Schedule D (Form 990) 2014

ST. MARY'S UNIVERSITY

74-1143128

Page 5

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V

INTENDED USE OF ENDOWMENT FUNDS

ENDOWMENT SPENDING PURPOSES:

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

SCHEDULE D, PART XI

LINE 4B: SCHOLARSHIPS \$35,111,461

SCHEDULE D, PART XII

LINE 4B: SCHOLARSHIPS \$35,111,461

#### **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.

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

74-1143128

Pai	rt I			
			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			
	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
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5с		Х
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
		l _		3.5
g	Athletic programs?	5g		X
1.	Other autrequiries for activities?	F		37
n	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
c -	Does the organization require any financial aid or equiptones from a governmental agency?	6-	v	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	7.7
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	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	_	37	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

Schedule E (Form 990 or 990-EZ) (2014)

Schedule E (Form 990 or 990-EZ) (2014)

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

NONDISCRIMINATORY POLICY

SCHEDULE E, PART I, LINE 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 WEBSITE 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, PART I, LINE 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) (2014)

74-1143128

#### **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. ▶ Information about Schedule F (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

Employer identification number

ST.	MARY'S UNIVERSITY				74-1143128	3
Part	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	f its grants and other	
	assistance, the grantees' eligibili				•	
	grants or assistance?	ty for the grain	o or accidiance	s, and the delection offeri	a acca to awara the	Yes No
	grants or assistance?				L	162 NO
2	For grantmakers. Describe in	Part V the or	ganization's pı	rocedures for monitoring	the use of its grants a	and other
	assistance outside the United Sta	ates.				
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional so	pace is needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
	(a) region	offices in the	employees,	region (by type) (e.g.,	a program service,	expenditures for
		region	agents, and	fundraising, program services,	describe specific type of	and investments
			independent contractors	investments, grants to recipients	service(s) in region	in region
			in region	located in the region)		
				5 /		
(4)						
(1)	EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	248,140.
(2)	EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	163,858.
(3)	EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	116,845.
(0)	EURUPE			PROGRAM SERVICES	EDUCATION PROGRAM	110,045.
(4)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION PROGRAM	35,522.
(5)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION PROGRAM	97,064.
(6)						
(6)						
(7)						
(8)						
(-,						
(0)						
(9)						
10)						
11)						
12)						
12)						
13)						
14)						
15\						
15)						
16)						
17)						
	Sub total					661 400
	Sub-total					661,429.
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)					661,429.

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

Part II	Grants and Other Assista Part IV, line 15, for any re							d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
<b>2</b> End	ter total number of recipient orga the IRS, or for which the grantee	anizations listed above or counsel has prov	ve that are recognized as or ided a section 501(c)(3) e	charities by the quivalency lette	foreign country, red	cognized as ta	x-exempt  •		
	ter total number of other organiz	ations or entities					▶		

Schedule F (Form 990) 2014

#### 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 Part III can be duplicated if additional space is needed. (h) Method of valuation (e) Manner of (f) Amount of (g) Description (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of of non-cash cash non-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)

74-1143128 Schedule F (Form 990) 2014 Page 4

Part	V 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	N	0
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; do not file with Form 990)		Yes	X N	o
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 N	0
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 N	0
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 N	0
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; do not file with Form 990)		Yes	X N	o

Schedule F (Form 990) 2014 Page **5** 

Schedule 1 (1 omi 990) 201-

#### Part V Supplemental Information

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

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

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

DISBURSEMENTS TO SUPPORT OVERSEAS EDUCATION PROGRAMS. ALL DISBURSEMENTS

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

Schedule F (Form 990) 2014

74-1143128

#### **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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	of the organization					Employer identification	on number
ST.	MARY'S UNIVERSITY					74-1143128	
Par	Fundraising Activities. Co Form 990-EZ filers are not				"Yes" to Form 9	990, Part IV, line	17.
1	Indicate whether the organization ra	ised funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е	Solid	citation of	non-government g	grants	
b	Internet and email solicitations	f	Solid	citation of	government grant	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
	Did the organization have a written or key employees listed in Form 99 If "Yes," list the ten highest paid incompensated at least \$5,000 by the	0, Part VII) or entity dividuals or entities	in connec	ction with p	professional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser 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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota 3	List all states in which the organize registration or licensing.				contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 Page **2** 

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.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 DINNER	(b) Event #2 GOLF TOURNAMEN	(c) Other events	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	COI. (C)
Revenue	1	Gross receipts	179,125.	39,915.	60,749.	279,789
Œ		Less: Contributions Gross income (line 1 minus	92,689.	16,930.	12,302.	121,921
	3	line 2)	86,436.	22,985.	48,447.	157,868
	4	Cash prizes			0	
	5	Noncash prizes	420.		0	420
Expenses	6	Rent/facility costs	65,736.	20,463.	7,501.	93,700
t Expe	7	Food and beverages	36,516.		0	36,516
Direct	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4	1 through 9 in column (d	1	•	130,636
	11	Net income summary. Subtract line 1	0 from line 3 column (d	)		27,232
Pa						<u> </u>
		than \$15,000 on Form 990-E		,	, , ,	
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				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d	)	▶	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>&gt;</b>	
	a Is	Enter the state(s) in which the organizates the organization licensed to conduct of "No," explain:				. Yes No
		Vere any of the organization's gaming l	licenses revoked, suspe	ended or terminated durir	ng the tax year?	. Yes No

Schedule G (Form 990 or 990-EZ) 2014

74-1143128

ST. MARY'S UNIVERSITY

74-1143128

	SI: MAKI S UNIVERSIII	/ 4 11.	27770	
Sched	dule G (Form 990 or 990-EZ) 2014			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent			
	formed to administer charitable gaming?	-	Yes	No
13	Indicate the percentage of gaming activity conducted in:	i i i i		
а	The organization's facility	132		%
b	An outside facility			<del></del>
14	Enter the name and address of the person who prepares the organization's gaming/special events boo			70
17	records:	KS and		
	Name ►			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b		and the		
	amount of gaming revenue retained by the third party ▶ \$			
С				
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а		oceeds to	)	
-	retain the state gaming license?			No
b				
-	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par		s (iii) and	(v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			
SCH	G			

Schedule G (Form 990 or 990-EZ) 2014

#### **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 Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2014

**Open to Public** Inspection

Employer identification number

ST.	MARY'S UNIVERSITY						74-1143128	
Pai	t I General Information on Grants a	nd Assistanc	е				•	
	Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc	ints or assistand	æ?					X Yes No
Pai	Grants and Other Assistance to Part IV, line 21, for any recipient							es" to Form 990,
	1 (a) Name and address of organization or government	<b>(b)</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	(-)(-)	and governments listed in the li	t organizations ne 1 table	listed in the line 1	table	 		
Ear I	Panerwork Peduction Act Notice see the Instru							odulo I (Form 000) (2014

JSA

Schedule I (Form 990) (2014)

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.

<b>(b)</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
2 652	35 111 461			
2,032.	33,111,101.			
	(b) Number of recipients  2,652.	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance FMV, appraisal, other)

**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) (2014)

Schedule I (Form 990) (2014)

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. 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

ELIGIBILITY BASED UPON FEDERAL REGULATIONS.

Schedule I (Form 990) (2014)

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

► Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

ST.	MARY'S UNIVERSITY 74-1143128	3						
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  X Housing allowance or residence for personal use							
	X Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments							
	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	1b	Х					
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:							
а	Receive a severance payment or change-of-control payment?	4a		Х				
b								
С								
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х				
b	Any related organization?	6b		Х				
	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		Х				
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	Ė						
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe							
	in Part III	8		Х				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							

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

Regulations section 53.4958-6(c)? .

Schedule J (Form 990) 2014

#### 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-MI	SC 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)	in column (B) reported as deferred in prior Form 990		
THOMAS M. MENGLER, J.D.		375,510.	(	(	18,200.	9,654.	403,364.	0	
1 PRESIDENT	(i) (ii)	0	(	(	0	0	C	0	
CHARLES E. CANTU	(i)	338,067.	(	(	18,200.	4,752.	361,019.	0	
2 DEAN - LAW SCHOOL	(ii)	0	(	(	0	0	C	0	
ROBERT W. PIATT	(i)	254,845.	(	) (	15,131.	4,752.	274,728.	0	
3 PROFESSOR	(ii)	0	(		0	0	C	0	
TANUJA SINGH, D.B.	(i)	234,334.	(	)	16,534.	4,752.	255,620.	0	
4 DEAN - BUSINESS SCHOOL	(ii)	0	(	)	0	0	C	0	
DAVID W. SOMMER, PH.D	(i)	226,178.	(	)	14,257.	9,741.	250,176.	0	
5 PROFESSOR	(ii)	0	(	)	o d	0	C	0	
VICTORIA M. MATHER	(i)	237,479.	(	)	14,615.	9,741.	261,835.	0	
6 PROFESSOR	(ii)	0	(	)	o d	0	C	0	
DAVID A. SCHLUETER	(i)	221,894.	(	)	12,190.	7,209.	241,293.	0	
7 PROFESSOR	(ii)	0	(	)	o d	0	C	0	
ANDRE HAMPTON	(i)	212,143.	(	)	15,017.	9,741.	236,901.	0	
8 PROVOST	(ii)	0	(	)	o d	0	C	0	
WINSTON F. EREVELLES, P	(i)	192,601.	(	)	13,804.	4,752.	211,157.	0	
9 DEAN-SCIENCE ENGINEERING/TECH	(ii)	0	(	)	o d	0	C	0	
REBECKAH J. DAY	(i)	193,831.	(	)	13,739.	4,752.	212,322.	0	
10 <sup>V.P ADM</sup> AND FINANCE	(ii)	0	(		0	0	C	0	
SUZANNE M. PETRUSCH	(i)	152,996.	(		11,042.	4,752.	168,790.	0	
11 <sup>V.P ENROLLMENT MANAGEMENT</sup>	(ii)	0	(		0	0	C	0	
STEPHEN SHEPPARD, J.D.	(i)	224,753.	(		7,350.	5,680.	237,783.	0	
12 <sup>DEAN - LAW SCHOOL</sup>	(ii)	0	(		0	0	C	0	
REYNALDO VALENCIA, J.D.	(i)	240,365.	(		0	4,752.	245,117.	0	
13 <sup>PROFESSOR</sup>	(ii)	0	(		0	0	C	0	
RICHARD D. KIMBROUGH	(i)	206,655.	(		15,508.	9,741.	231,904.	0	
14 <sup>V.P UNIVERSITY ADVANCEMENT</sup>	(ii)	0	(		0	0	C	0	
	(i)								
15	(ii)								
	(i)								
_16	(ii)								
							Sch	edule J (Form 990) 2014	

Schedule J (Form 990) 2014

#### Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

SOCIAL CLUB DUES OR INITIATION FEES THE UNIVERSITY PROVIDES FOR THE

PAYMENT OF CERTAIN CLUB DUES WHEN IT IS DETERMINED TO FURTHER OUR EXEMPT

PURPOSES. THE UNIVERSITY MONITORS CLUB ACTIVITY FOR ANY PERSONAL USE AND

IS REIMBURSED FOR THESE AMOUNTS OR INCLUDES THEM IN TAXABLE COMPENSATION

FOR THE EMPLOYEE.

SCHEDULE K

#### SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

Name of the organization

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

OMB No. 1545-0047 Open to Public

Inspection

**Employer identification number** MARY'S HNIVERSITY 74-1143128

Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	USIP # (d) Date issued (e) Issue price (f) Description of purpose				irpose	(g) Defeased				(i) Poole financin	
									Yes	No	Yes	No	Yes
A CITY OF OLMOS PARK, TEXAS HIGHER EDU FAC CORP	52-1830729	xxxxxxx	12/13/20	07	8,500,000.	RESIDENCE C	ONSTRUCTION	PROJECT		Х		х	
CITY OF OLMOS PARK, TEXAS HIGHER EDU FAC CORP	XAS HIGHER EDU FAC CORP 52-1830279 XXXXXXXXX 02,		02/26/20	08 1	10,000,000.	RESIDENCE CONSTRUCTION PROJECT				Х		х	
CITY OF OLMOS PARK, TEXAS HIGHER EDU FAC CORP	52-1830729 XXXXXXXXX 07/28/2		07/28/20	010 8,724,000. RI		REFINANCING	UE BONDS		Х	- :	х		
Part II Proceeds													
					Α		В	C	<del></del>			D	
1 Amount of bonds retired					270,000	. 315,000.		960,000.		00.			
2 Amount of bonds legally defeased													
3 Total proceeds of issue	8,	651,557	. 10,1	8,724,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds		145,975. 165,		65,100.	. 74,000.		00.						
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
Capital expenditures from proceeds	7,	455,582	2. 9,943,656.										
1 Other spent proceeds													
2 Other unspent proceeds	unspent proceeds						0000		2001				
3 Year of substantial completion	ear of substantial completion				09		2009						
				Yes	No	Yes	No	Yes	No	,	Yes		No
4 Were the bonds issued as part of a current refund					X		Х	X					
5 Were the bonds issued as part of an advance refu					X		X		Х				
6 Has the final allocation of proceeds been made?	X		X		X								
7 Does the organization maintain adequate bo	37		37		37								
final allocation of proceeds?				Х		X		X					
art III Private Business Use					A		В	С			D		
1 Was the argenization a negtron in a grant and	hin or a mambar of at 110		Yes	No	Yes	No	Yes	, No		Yes		No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X	162	X	169	X	'	162		140
2 Are there any lease arrangements that may					^		^		Λ				
bond-financed property?					x		X		Х				
or Panerwork Reduction Act Notice see the Instructions f					25		1		Λ		dula K		

Schedule K (Form 990) 2014 Page 2 Private Business Use (Continued) SCHEDULE K Part III Α В C D No Yes Νo Yes No 3a Are there any management or service contracts that may result in private Yes Yes No **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 Х Χ 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-Χ 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 % % c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 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 C D 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes Nο Yes No Yes No Χ X X a Rebate not due yet? Χ X Χ Х Χ Х X X If "Yes" to line 2c. provide in Part VI the date the rebate computation was 3 Is the bond issue a variable rate issue?............. 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?..... X X Χ c Term of hedge..... d Was the hedge superintegrated? e Was the hedge terminated?.....

JSA 4E1296 1.000

74-1143128

ST. MARY'S UNIVERSITY

Schedule K (Form 990) 2014

Part IV Arbitrage (Continued)									
	Α		В		С		ı	)	
	Yes	No	Yes	No	Yes	No	Yes	No	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		Х			
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		Х		X		Х			
7 Has the organization established written procedures to monitor the		21		21		21			
requirements of section 148?		Х		Х		Х			
Part V Procedures To Undertake Corrective Action		Λ		Λ		Λ			
Pair V Trocedures to office take corrective Action	Procedures to Undertake Corrective Action  A B C								
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	162	NO	res	NO	res	NO	res	NO	
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?									
		X Cobs	dula IZ /aa	X		X			
Part VI Supplemental Information. Provide additional information for responses to	o questior	is on Sche	eaule K (se	e instruct	ions).				

74-1143128

Schedule K (Form 990) 2014

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

\$108,756.

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 OR SERVICE, ALL LEGAL DOCUMENTS FOR PROFESSIONAL CONTRACTUAL AGREEMENTS AND NEW FINANCING PROJECTS ARE SUBMITTED TO OUR TAX LEGAL CONSEL 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. THE

  ORGANIZATION CONSULTS WITH TAX PROFESSIONALS, WHEN NEW ACTIVITIES/RENTAL

JSA

ST. MARY'S UNIVERSITY 74-1143128

Schedule K (Form 990) 2014 Page **4** 

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

ARE BEING CONSIDERED.

JSA 4E1511 1.000

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

Employer identification number 74-1143128

ST. MARY'S UNIVERSITY

Par	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 o			
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							
9	Securities - Publicly traded	Х	9.	258,260.	SELLING F	PRICE	3	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received				00			
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	ement	29		Vaa	N.
20-	During the year did the surreit	dan massire	hu aantrihution aan aan a	which compared to Don't I the -	a 4 4branali		Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	-				200		Х
	to be used for exempt purposes for		olding period?			30a		
	If "Yes," describe the arrangement in		amaa mallan dhad aa '	a tha mandage of o				
31	Does the organization have a					24	v	
20-	contributions?					31	X	
3∠a	Does the organization hire or use	e third parti	es or related organization	s lo solicit, process, or s	en noncash	1		í

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

contributions? **b** If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2014)

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2014) 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, LINE 32A

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

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

Schedule M (Form 990) (2014)

74-1143128

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service 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

Name of the organization

74-1143128

FORM 990, PART III, LINE 1

MARY'S UNIVERSITY

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, LINE 2

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

FORM 990, PART VI, LINE 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

Schedule O (Form 990 or 990-EZ) 2014 Page **2** 

Name of the organization

ST. MARY'S UNIVERSITY

Figure 143128

CHAIRPERSON OF THE BOARD OF TRUSTEES OF ST. MARY'S UNIVERSITY (THE "BOARD OF TRUSTEES").

FORM 990, PART VI, LINES 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.

FORM 990, PART VI, LINES 11B

THE UNIVERSITY PREPARED THE FORM 990, WHICH WAS THEN REVIEWED INTERNALLY

AND BY ERNST & YOUNG. THE DRAFT WAS DISTRIBUTED TO THE AUDIT COMMITTEE

FOR THEIR REVIEW AND APPROVAL AND MADE AVAILABLE TO THE BOARD PRIOR TO

Schedule O (Form 990 or 990-EZ) 2014

Schedule O (Form 990 or 990-EZ) 2014 Page **2** 

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

SUBMISSION OF THE 990 FILING.

FORM 990, PART VI, LINE 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. IF AN
INDIVIDUAL IS DETERMINED TO HAVE A CONFLICT OF INTEREST, THAT INDIVIDUAL
SHALL REFRAIN FROM PARTICIPATING IN THE PROPOSED TRANSACTIONS. THE
INDIVIDUAL SHALL NOT VOTE ON SUCH MATTERS AND SHALL NOT BE PRESENT AT THE
TIME OF THE VOTE.

FORM 990, PART VI, LINE 13

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

FORM 990, PART VI, LINE 15A

CEO AND OFFICERS SALARIES ARE REVIEWED EACH FISCAL YEAR AND BENCHMARKED WITH THE CUPA STUDY DATA FOR COMPARABILITY. THE PRESIDENT (CEO) IS COMPARED TO CEO COMPENSATION REPORTED ON FORM 990 OF PEER INSTITUTIONS, SALARY RANGES AS REPORTED BY CUPA, THEN REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 19

AUDITED FINANCIALS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

Schedule O (Form 990 or 990-EZ) 2014

Schedule O (Form 990 or 990-EZ) 2014 Page **2** 

Name of the organization
ST. MARY'S UNIVERSITY

74-1143128

FORMS 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE WEB AT

WWW.STMARYTX.EDU.

FORM 990, PART XII, LINE 2C

ROMEOVILLE, IL 60441-1896

THE AUDITED FINANCIAL STATEMENTS ARE APPROVED BY THE A&E COMMITTEE.

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ARAMARK, ST. MARY'S UNIVERSITY ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	FOOD SERVICES	5,190,614.
SPAWGLASS CONTRACTORS, INC. 9331 CORPORATE DRIVE SELMA, TX 78154	CONSTRUCTION	2,419,833.
KELLER-MARTIN CONSTRUCTION, INC. 4930 ENTERPRISE DRIVE SAN ANTONIO, TX 78249-1339	CONSTRUCTION	1,062,715.
ACADEMIC HEALTH PLANS, INC.  1005 GLADE ROAD  COLLEYVILLE, TX 76034	HEALTH INSURANCE	1,047,699.
CHRISTIAN BROTHERS RISK POOLING TRUST	INSURANCE PROVIDER	457,651.

Schedule O (Form 990 or 990-EZ) 2014

74-1143128

#### SCHEDULE R (Form 990)

Department of the Treasury

# **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.

Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization

ST. MARY'S UNIVERSITY

74-1143128

45-5275423					entity
ANTONIO, TX 78228	SUPPORT	TX	1,225,000.	22,781,000.	ST. MARY'S U
	ANTONIO, 1X 78228	ANIONIO, IX /8228 SUPPORI	ANTONIO, IX 78228 SUPPORT IX	ANTONIO, 1X 78228 SUPPORT 1X 1,225,000.	ANTONIO, 1X 78228 SUPPORT 1X 1,225,000. 22,781,000.

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity			(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?		
						Yes	No	
(1) ST. MARY'S UNIVERSITY-ALUMNI ASSOCIATION 74-1742119								
ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	SUPPORT	TX	501(C)(3)	11D-III-O	N/A		X	
(2) SOCIETY OF MARY, PROVINCE OF THE U.S. 03-0415363								
4425 WEST PINE BLVD ST. LOUIS, MO 63108	RELIGIOUS ORG	MO	501(C)(3)	1	N/A		X	
(3) ST. MARY'S UNIVERSITY SCHOOL OF LAW FDN 20-4032309								
112 E PECAN ST., STE 2400 SAN ANTONIO, TX 78205	SUPPORT	TX	501(C)(3)	9	N/A		X	
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2014

JSA 4E1307 1.000

(6)

74-1143128

Schedule R (Form 990) 2014

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year. **(b)** Primary activity (g) Share of end-of-(i) (j) (c) (d) (e) Predominant (h) (k) Legal Direct controlling Name, address, and EIN of Share of total Code V-UBI Percentage General or Disproportionate income (related, domicile related organization entity income amount in box 20 year assets managing ownership allocations? unrelated, excluded from (state or of Schedule K-1 partner? foreign (Form 1065) tax under sections 512-514) country) Yes No Yes No (1) (2) (3) (4) (5) (6) (7)

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)( controll entity
<u>(1)</u>							Yes N
(2)							
(3)							
(4) (5)							$\vdash$
(6)							
(7)							

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Schedule R (Form 990) 2014

74-1143128

ST. MARY'S UNIVERSITY

Schedule R (Form 990) 2014

Par	V Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.						
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ι,	Yes No			
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х			
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	Х			
g	Sale of assets to related organization(s)				1g	Х			
h	h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i	Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х			
•									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х			
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s).								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
0	Sharing of paid employees with related organization(s)				10	Х			
р	Reimbursement paid to related organization(s) for expenses				1р	Х			
q	Reimbursement paid by related organization(s) for expenses				1q	Х			
•									
r	Other transfer of cash or property to related organization(s)				1r	Х			
s	Other transfer of cash or property from related organization(s).				1s	Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and trans	action thres	sholds	S.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o	(d) of deter int invol				
<u>(1)</u>	ST. MARY'S UNIVERSITY ALUMNI ASSOCIATIONS	С	620,602.	FMV					
<u>(2)</u>	SOCIETY OF MARY, PROVINCE OF THE U.S.	С	401,730.	FMV					
<u>(3)</u>									

JSA 4E1309 1.000

(4)

(5)

(6)

Schedule R (Form 990) 2014

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	Are all	tion c)(3)	(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	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	No	1
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
11)													
(12)													
13)													
(14)				-									-
(16)													
10)													

4E1310 1.000

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

Page 4

ST. MARY'S UNIVERSITY

74-1143128

Schedule R (Form 990) 2014 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) 2014