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 2015

Department of the Treasury Internal Revenue Service

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

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

Open to Public	
Inspection	

A F	or th	ie 201	5 calendar year, or tax year begi	nning 06	/ U⊥ , ∠U15	, and endin	<u>y</u>		05/.	31, 20 16		
В	neck if ap	nnlicable.	C Name of organization					D Employer ide	ntificat	ion number		
	_		ST. MARY'S UNIVERSITY	•								
	Addre		Doing Business As					74-1143128				
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street addre	ss)	Room/suite		E Telephone nu	mber			
	Initial	l return	ONE CAMINO SANTA MARI					(210) 436	5 – 34	14		
	Termi	inated	City or town, state or province, country,	and ZIP or foreign postal cod	е							
	Amen return		SAN ANTONIO, TX 78228	-8504				G Gross receipt	s \$	228,416,622.		
	Applio pendi	cation ing	F Name and address of principal officer:	THOMAS M. ME	NGLER, F	PRESIDEN'	r '	H(a) Is this a grou subordinates?		for Yes X No		
			ONE CAMINO SANTA MARI	A SAN ANTONIO,	TX 7822	8-8504		H(b) Are all subordin		ded? Yes No		
I	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 527	7	If "No," attacl	n a list. (s	see instructions)		
J	Websi	ite: 🕨	WWW.STMARYTX.EDU				1	H(c) Group exemp	tion num	ber ▶ 0928		
K	Form (of orgar	nization: X Corporation Trust	Association Other	>	L Year of	formation	on: 1926 M s	State of	legal domicile: TX		
Pa	art I	Su	mmary									
	1	Briefly	y describe the organization's mission o	or most significant activitie	s: TO FO	OSTER TH	E FOR	RMATION OF	PE	OPLE IN		
e		FAI	TH AND EDUCATE LEADERS	FOR THE COMMON	GOOD THE	ROUGH CO	MMUNI	 TY,				
an		EDU	CATION, AND ACADEMIC EX	CELLENCE.								
/er	2	Check	k this box ▶ if the organization of	discontinued its operation	ns or dispose	ed of more that	an 25% d	of its net assets				
Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3	32.		
			per of independent voting members of						4	31.		
ties			number of individuals employed in cal-						5	2,310.		
Activities &			number of volunteers (estimate if neces					I	6	38.		
Ac			unrelated business revenue from Part V	~					7a	322,796		
			nrelated business taxable income from						7b	257,830		
			The state of the s					Prior Year	-	Current Year		
	8	Contr	ibutions and grants (Part VIII, line 1h)					17,102,13	5.	15,368,764		
Revenue	9	Progra	am service revenue (Part VIII, line 2d)	Y FOR		109,762,940.		112,087,021				
, ve		Invest	am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), lin	es 3 4 and 7d)	PUBLIC IN	NSPECTION		16,762,28	_	3,044,590		
æ	11		revenue (Part VIII, column (A), lines 5					8,09		169,314		
	12		revenue - add lines 8 through 11 (mus				14	43,635,45	_	130,669,689		
	13		s and similar amounts paid (Part IX, col					35,033,4 <u>5</u> 35,111,46	_	36,643,097		
	14						_	33,111,40	0.	00,040,007		
			fits paid to or for members (Part IX, colu				-	61,797,116.		64,229,714		
Expenses			ies, other compensation, employee ben				<u> </u>	01,797,110.		04,229,714		
nec	IDA	Profe	ssional fundraising fees (Part IX, column	(D) Gas Of S	102 020				0.	0		
Ĕ			fundraising expenses (Part IX, column (24 400 00	0	2F 000 610		
			expenses (Part IX, column (A), lines 11					34,409,00	_	35,899,618		
			expenses. Add lines 13-17 (must equa					31,317,58	_	136,772,429		
- v	19	Rever	nue less expenses. Subtract line 18 from	m line 12				12,317,86		-6,102,740		
Net Assets or Fund Balances								ing of Current Y	_	End of Year		
sse 3ala	20							34,115,65	_	315,390,500		
et A	21		liabilities (Part X, line 26)					52,111,72	_	48,575,374		
			ssets or fund balances. Subtract line 2	1 from line 20			28	32,003,93	⊥. _	266,815,126		
	rt II		gnature Block									
Und	ler per ., corre	nalties o ect, and	of perjury, I declare that I have examined the complete. Declaration of preparer (other that	nis return, including accomp n officer) is based on all info	panying schedurmation of which	ıles and staten ch preparer ha:	nents, an s any kno	id to the best of owledge.	my kno	owledge and belief, it is		
				•				Ĭ				
Sig	n		Signature of officer					D-4-				
Hei			Signature of officer					Date				
1101	•											
		1 .	Type or print name and title	1=		T = .						
Paid	ı	Print/	Type preparer's name	Preparer's signature	, ,	Date			if PTI	N		
	arer	MEL	VA SCOTT	Melvo Sco	tt	04/07/	17	self-employe	d P	01207335		
	Only		s name ▶ ERNST & YOUNG U.					Firm's EIN 🕨 🤇	34-6	565596		
	Jy	Firm's	s address > 425 HOUSTON ST,	STE 600 FORT W	ORTH, TX	76102	I	Phone no.	317-3	335-1900		
May	the I	RS dis	scuss this return with the preparer show	n above? (see instruction	s)		<u> </u>			Yes X No		
For	Pape	rwork	Reduction Act Notice, see the separa	te instructions.						Form 990 (2015)		

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For	rm 990 (2015) Page 2
P	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O.
_	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
_	
4a	(Code:) (Expenses \$87,627,259. including grants of \$36,643,097.) (Revenue \$87,627,259.)
	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, LLM, PH.D AND
	JURIS DOCTOR DEGREE. (ENROLLMENT: 3,625, STUDENT TO FACULTY
	RATIO: 11 TO 1; 75 UNDERGRADUATE AND GRADUATE MAJORS AND OFFERS
	OVER 90 DEGREE PROGRAMS, WHICH INCLUDES 1 DOCTORAL AND 5 LAW
	PROGRAMS AND 16 UNDERGRADUATE/GRADUATE AND GRADUATE/LAW COMBINED
	PROGRAMS)
4b	o (Code:) (Expenses \$15,424,067. including grants of \$0.) (Revenue \$9,551,592.)
	STUDENT AND COMMUNITY SERVICES PROGRAMS: PROVIDES STUDENTS WITH
	OPPORTUNITIES TO DEVELOP LEADERSHIP IN STUDENT, ACADEMIC, SOCIAL
	AND PROFESSIONAL ORGANIZATIONS. (ENROLLMENT: 3,625, STUDENT TO
	FACULTY RATIO: 11 TO 1)
4c	: (Code:) (Expenses \$ 13,934,511. including grants of \$ 0.) (Revenue \$ 14,908,170.)
	AUXILIARY ENTERPRISES: PROVIDES STUDENTS WITH HOUSING, DINING AND
	BOOKSTORE SERVICES AND FACILITIES TO EXPERIENCE COMMUNITY LIVING
	ON CAMPUS EXPERIENCE. (ENROLLMENT: 3,625, STUDENT TO FACULTY
	RATIO: 11 TO 1)
_	1 Other was grown as given (Describe in Cabedula O.)
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) ■ Total program service expenses ▶ 116,985,837.
76	FIOTAL DIOMINIT 361 NOC CADCINGS ▼ TIV: 200: 001.

4e Total program service expenses ► 116,985,837.

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	X	
11	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	IIa	- 21	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110	- 21	
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
ű	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a		Х
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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		7	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
С	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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			
	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3.7
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
00	complete Schedule N, Part II	32		
33		22	Х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
ээа b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa	-23	
D	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	335		
30	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	33		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	٠.		
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
	the state of the s		~~~	

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Form 990 (2015) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance 209 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 Х 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 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 X **b** If "Yes," enter the name of the foreign country: ightharpoonup CAYMAN ISLANDS 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? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 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?..... 10 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. Section 501(c)(12) organizations. Enter: 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. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... 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 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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Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	32			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with			
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the organization delegate control over management duties customarily performed by or under the	direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	·	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point			
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem	ıbers,			
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken d	uring			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	I	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code	e.)	
				Yes	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 such chapter of the control of	pters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	m? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
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 that could	give			
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	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 and approve	, i			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci		4.5	37	
а	The organization's CEO, Executive Director, or top management official		15a	X	v
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		16-		X
	with a taxable entity during the year?		16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguar organization's exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure		100		
17 10	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable).	Soction	501/-	1/210	only)
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Savailable for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	section	501(0	:)(3)8	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of inte	rest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and MEI-LIN LEE, FINANCE DIRECTOR ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228- 210-436-3414	records	s: ▶		

JSA 5E1042 1.000 Form **990** (2015)

ST. MARY'S UNIVERSITY Form 990 (2015) 74-1143128

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	,							,		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	erson	e than of the is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		ee	stee			nsated				
	1.00 0. 1.00	Х		Х				0.	0.	0
VICE CHAIRWOMAN OF THE BOARD	0.	Х		Х				0.	0.	0
(3) RAYMOND CARVAJAL, R.PH. SECRETARY OF THE BOARD	1.00	Х		Х				0.	0.	0
(4)THOMAS M. MENGLER, J.D. PRESIDENT	40.00	Х		Х				381,618.	0.	41,552
(5)MARTIN BEIRNE JR., J.D. TRUSTEE	1.00	Х						0.	0.	0
(6)BROTHER REINALDO BERRIOS, S.M. TRUSTEE	1.00	Х						0.	0.	0
	1.00	Х						0.	0.	0
_(8)JACK_BIEGLER TRUSTEE	1.00	Х						0.	0.	0
(9)BROTHER WILLIAM J CAMPBELL, SM TRUSTEE	1.00	Х						0.	0.	0
(10)R. MICHAEL CASSEB, J.D. TRUSTEE	1.00	Х						0.	0.	0
(11)LETICIA CONTRERAS TRUSTEE	1.00	Х						0.	0.	0
(12)DAVID DICKSON TRUSTEE	1.00	Х						0.	0.	0
(13)WALTER D. DOWNING JR. TRUSTEE	1.00	Х						0.	0.	0
(14) REV. JAMES F. FITZ, S.M. TRUSTEE	$\frac{1.00}{0.}$	Х						0.	0.	0
JSA										Form 990 (2015)

JSA 5E1041 1.000

ST. MARY'S UNIVERSITY 74-1143128

Form 990 (2015) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one compensation amount of hours per compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 15) KELLEY FROST, PH.D. 1.00 TRUSTEE 0. Χ 0 0 0. BARBARA GENTRY 1.00 16) TRUSTEE 0. Χ 0 0. 0. 1.00 GISELA GIRARD 17) TRUSTEE 0. Х 0 0 0. STEVEN D. JANSMA, J.D. 1.00 TRUSTEE 0. 0 0 0. Χ BROTHER JOSEPH KAMIS, S.M 1.00 TRUSTEE 0. Χ 0 0 0. 1.00 SISTER LAURA M LEMING FMI, TRUSTEE 0. Χ 0 Λ 0. CHRISTOPHER R. MARTINEZ 1.00 TRUSTEE 0. 0 0. Χ 0 LARRY MILLS 1.00 TRUSTEE 0. X 0 0 0. JUDGE IRENE RIOS, J.D. 23) 1.00 TRUSTEE 0. Χ 0 0 0. 1.00 BROTHER RONALD OVERMAN, S.M. TRUSTEE 0. Χ 0 0 0. 25) PHILIP J. PFEIFFER, J.D. 1.00 TRUSTEE 0. 0 0. 0. 381,618. 0. 41,552. 1b Sub-total 3,609,584. 0. 547,215. c Total from continuation sheets to Part VII, Section A 3,991,202. 0. 588,767. d Total (add lines 1b and 1c) ▶ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 113 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Χ 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Χ **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

Form **990** (2015)

47643P 1184

ST. MARY'S UNIVERSITY 74-1143128

Form 990 (2015) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (B) (D) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 1.00 26) RUDOLPH RIVAS TRUSTEE 0. Χ 0 0 0. 27) KENNETH S. SAKS, J.D. 1.00 TRUSTEE 0. Χ 0 0. 0. MICHAEL A. SCHOTT 1.00 TRUSTEE 0. Х 0 0 0. DARRELL G. STEWART, J.D. 1.00 TRUSTEE 0. 0 0 0. Χ MAJ. GEN. ALFRED A. VALENZUELA 1.00 TRUSTEE 0. Χ 0 0 0. 1.00 BROTHER THOMAS WENDORF, SM PHD TRUSTEE 0. Χ 0 Λ 0. REBECCA QUINTANILLA CEDILLO 1.00 TRUSTEE (UNTIL 12/2015) 0. 0. Χ 0 0 33) REV. MARTIN A. SOLMA, S.M. 1.00 CHANCELLOR 0. X X 0 0 0. 34) ANDRE HAMPTON 40.00 PROVOST 0. Χ 216,744. 0. 36,772. REBECKAH J. DAY 40.00 V.P. - ADM AND FINANCE 0. Χ 194,023. 0 28,947. SUZANNE PETRUSCH (UNTIL 5/31/1 40.00 V.P. - ENROLLMENT MANAGEMENT 0. 154,544. 0 25,637. 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 113 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Χ 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Χ **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

year.

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

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

Form **990** (2015)

ST. MARY'S UNIVERSITY 74-1143128

Form 990 (2015) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (B) (D) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 40.00 37) CURTIS D. WHITE V.P. - IT & LIBRARY SERVICES 0. Χ 148,406. 0. 30,963. KATHERINE SISOIAN (UNTIL 5/31/ 40.00 38) V.P. - STUDENT DEVELOPMENT Х 0. 132,683. 0. 23,791. RUDY A. VELA (UNTIL 5/31/15) 40.00 V.P. - MISSION AND RECTOR 0. Χ 54,014 0 5,134. 40) RICHARD D. KIMBROUGH 40.00 V.P. - UNIVERSITY ADVANCEMENT 0. 209,407. 0 X 36,288. TIMOTHY EDEN (BEGAN 6/1/15) 40.00 V.P. - MISSION AND RECTOR 0. X 55,714 0 8,326. AARON TYLER (BEGAN 8/1/15) 40.00 PROVOST/VP ACADEMIC AFFAIRS 0. Х 0 28,005. 129,158. TANUJA SINGH, D.B. 40.00 DEAN - BUSINESS SCHOOL 0. 0 Χ 237,714 32,514. VICTORIA M. MATHER 40.00 PROFESSOR 0. X 222,638. 0 35,760. 45) WINSTON F. EREVELLES, PH.D 40.00 DEAN-SCIENCE ENGINEERING/TECH 0. Χ 204,774 0 29,154. STEPHEN SHEPPARD, J.D. 40.00 DEAN - LAW SCHOOL 0. Χ 326,258. 0 40,836. JANET B. DIZINNO 40.00 DEAN-HUMANITIES & SOCIAL SCIEN 0. 108,455 0 21,211. 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 113 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Χ 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Χ **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

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

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

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

Form **990** (2015)

ST. MARY'S UNIVERSITY 74-1143128 Form 990 (2015) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 48) ROBERT W. PIATT 40.00 **PROFESSOR** 0. X 247,005. 0. 31,238. DAVID W. SOMMER, PH.D 40.00 49) 0 35,271. PROFESSOR 0. Х 226,227. 50) DAVID A. SCHLUETER 40.00 PROFESSOR 0. Χ 224,161. 0 30,519. 51) CHARLES E. CANTU 40.00 LAW PROFESSOR 0. 307,744. 0 X 35,338. MICHAEL S. ARIENS 40.00 LAW PROFESSOR 0. X 209,915 0 31,511. 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 113 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Χ **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax (A) (B) (C) Name and business address Description of services Compensation

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

Form **990** (2015)

47643P 1184

ST. MARY'S UNIVERSITY

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
ع 1a Fe	ederated campaigns	1a					
and Other Similar Amounts c FL d Re e GG f All	embership dues	1b					
ૄૼ c Fu	indraising events	1c	176,347.				
<u>iē</u> d R∈	elated organizations	1d	853,000.				
ະ ເ <mark>ຮ</mark> e Go	overnment grants (contribu	itions) 1e	8,772,765.				
f All	other contributions, gifts,	grants,					
₹ an	d similar amounts not included	above . 1f	5,566,652.				
g No	oncash contributions included i		250,622.				
n ic	otal. Add lines 1a-1f	<u> </u>		15,368,764.			
2a ED 2 b AU 2 c ED 4 ED 6 F All			Business Code				
2a <u>ED</u>	UCATIONAL AND GENERAL -	TUITION & FEES	611310	93,349,777.	93,349,777.		
b AU	XILIARY SERVICES		611710	14,908,170.	14,908,170.		
C ED	UCATIONAL AND INSTITUTI	ONAL FEE	611710	1,389,483.	1,389,483.		
d ED	UCATIONAL PROGRAM FEE		611710	1,257,189.	1,257,189.		
e ED	UCATIONAL HEALTH INSURA	ANCE	611710	1,182,402.	1,182,402.		
g f All	I other program service rev						
g To	otal. Add lines 2a-2f		<u></u>	112,087,021.			T
	•	cluding dividen					
I	d other similar amounts).			2,955,564.		322,796.	2,632,76
I	come from investment of	•	•	0.			
5 Ro	oyalties			0.			
		(i) Real	(ii) Personal				
6a Gr	ross rents	488,355.					
b Le	ess: rental expenses	301,920.					
c Re	ental income or (loss)	186,435.					
d Ne	et rental income or (loss).			186,435.			186,43
7a Gr	ross amount from sales of	(i) Securities	(ii) Other				
as	sets other than inventory	97,415,711.					
b Le	ess: cost or other basis						
an	d sales expenses	97,326,685.					
I	ain or (loss)						
d Ne	et gain or (loss)			89,026.			89,02
ي <mark>ة 8a</mark> Gr	ross income from fundra	ising					
ev	ents (not including \$	176,347.					
ev of Se b Le	contributions reported on	line 1c).					
Se Se	ee Part IV, line 18	a	101,207.				
	ess: direct expenses		118,328.				
c Ne	et income or (loss) from fu	ndraising events.		-17,121.			-17,12
	ross income from gaming						
Se	ee Part IV, line 19	а					
I	ess: direct expenses						
c Ne	et income or (loss) from g	aming activities.	▶	0.			
I	oss sales of invento turns and allowances						
b Le	ess: cost of goods sold	b					
c Ne	et income or (loss) from sal			0.			
	Miscellaneous Revenu	е	Business Code				
11a _							
b _							
С _							
d Al	I other revenue						
	otal. Add lines 11a-11d		▶	0.			
0 .0	otal revenue. See instruction			130,669,689.	112,087,021.	322,796.	2,89

JSA 5E1051 1.000 Form **990** (2015)

ST. MARY'S UNIVERSITY 74-1143128 Page **10**

Part IX Statement of Functional Expenses

Form 990 (2015)

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

Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	36,643,097.	36,643,097.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	1 051 005	670 000	022 021	420 505
trustees, and key employees	1,951,295.	678,889.	832,821.	439,585.
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)	50,818,375.	43,271,594.	5,815,016.	1,731,765.
7 Other salaries and wages	30,010,373.	13,411,334.	J,013,010.	±,/3±,/03.
8 Pension plan accruals and contributions (include	2,299,394.	1,905,505.	302,081.	91,808.
section 401(k) and 403(b) employer contributions)	5,800,573.	4,373,638.	1,235,172.	191,763.
9 Other employee benefits	3,360,077.	2,758,814.	468,339.	132,924.
10 Payroll taxes11 Fees for services (non-employees):	3,300,077.	2,,50,011.	100,000.	100,001.
a Management	6,108,716.	5,197,657.	907,154.	3,905.
b Legal	130,157.	28,718.	101,439.	3,7555
c Accounting	344,340.	21,500.	322,840.	
d Lobbying	23,291.		23,291.	
e Professional fundraising services. See Part IV, line 17	0.		-, -	
f Investment management fees	1,068,000.		1,068,000.	
9 Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	8,082.	8,082.		
12 Advertising and promotion	1,046,731.	440,696.	321,778.	284,257.
13 Office expenses	6,006,389.	5,391,515.	508,661.	106,213.
14 Information technology	884,893.	315,545.	556,650.	12,698.
15 Royalties	555,979.	353,079.	149,510.	53,390.
16 Occupancy	4,635,179.	3,667,362.	963,103.	4,714.
17 Travel	2,251,954.	1,993,800.	166,584.	91,570.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	990,388.	673,121.	298,832.	18,435.
20 Interest	885,274.	829,712.	55,562.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	6,206,304.	5,156,735.	997,870.	51,699.
23 Insurance	1,526,925.	1,156,868.	368,557.	1,500.
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.)				100 000
a ACADEMIC PROGRAM TOTAL	1,696,917.	1,278,706.	288,302.	129,909.
bPROGRAM AND EVENTS TOTAL	954,783.	806,989.	F.4.1.0.1	147,794.
cBAD DEBT TOTAL	541,101.	24 015	541,101.	
d IMPROVEMENT_TOTAL	34,215.	34,215.		
e All other expenses	126 770 400	116 005 027	16 202 662	2 402 000
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 	136,772,429.	116,985,837.	16,292,663.	3,493,929.
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

JSA 5E1052 1.000

Form **990** (2015)

Form 990 (2015) Page **11**

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

	Check if Schedule O contains a response or note to any line in this Part X						
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,000.	1	5,000.
	2	Savings and temporary cash investments			25,883,955.	2	15,846,152.
	3	Pledges and grants receivable, net	2,918,732.	3	3,112,568.		
	4	Accounts receivable, net	4,505,136.	4	5,495,634.		
	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 personal schedule.	,		0.	5	0.
	6	Loans and other receivables from other disqualified persistence 4958(f)(1)), persons described in section 4958(c)(3)(B).	ons (as	defined under section			
		and sponsoring organizations of section 501(c)(9) volu	ntary e	employees' beneficiary	_		_
Š	_	organizations (see instructions). Complete Part II of Sche	dule L		0.	6	0.
Assets	7	Notes and loans receivable, net			15,892,022.	7	15,604,015.
Ą	8	Inventories for sale or use			404,728.	8	0.
	9	Prepaid expenses and deferred charges			1,399,007.	9	1,297,582.
	10 a	Land, buildings, and equipment: cost or	40-	202 025 020			
	L	other basis. Complete Part VI of Schedule D Less: accumulated depreciation			103,483,805.	100	104,722,337.
	11				128,233,325.	11	125,688,570.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11			51,389,949.	_	43,618,642.
	13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			0.	13	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			334,115,659.	16	315,390,500.
	17	Accounts payable and accrued expenses			6,784,030.	17	6,582,496.
	18	Grants payable			0.	18	0.
	19	Deferred revenue			4,715,474.	19	4,402,769.
	20	Tax-exempt bond liabilities			17,948,000.	20	16,322,000.
	21	Escrow or custodial account liability. Complete Pa	art IV c	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for	rmer	officers, directors,			
Liabilities		trustees, key employees, highest compen-					
jab		disqualified persons. Complete Part II of Schedule			0.		0.
_	23	Secured mortgages and notes payable to unrelate			16,693,627.	23	15,418,716.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		· ·	5,970,597.	٥.	E 040 202
	26	of Schedule D Total liabilities. Add lines 17 through 25			52,111,728.		5,849,393. 48,575,374.
_	20	Organizations that follow SFAS 117 (ASC 958),			JZ,111,720.	20	40,373,374.
es		complete lines 27 through 29, and lines 33 and	34.	There P and			
Fund Balances	27	Unrestricted net assets			149,059,964.	27	140,130,409.
3ali	28	Temporarily restricted net assets			61,262,523.	28	54,779,536.
ng .	29	Permanently restricted net assets		<u></u> [71,681,444.	29	71,905,181.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
ts (30	Capital stock or trust principal, or current funds _				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
t A	32	Retained earnings, endowment, accumulated inco				32	
Ne	33	Total net assets or fund balances			282,003,931.	33	266,815,126.
_	34	Total liabilities and net assets/fund balances			334,115,659.	34	315,390,500.

Form **990** (2015)

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ST. MARY'S UNIVERSITY 74-1143128

Form 99	00 (2015)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13	30,6	69,6	89.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	86,7	72,4	29.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	-6,1	02,7	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	32,0	03,9	31.
5	Net unrealized gains (losses) on investments	5	_	9,7	68,0	065.
6	Donated services and use of facilities	6		6	82,0	000.
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	26	6,8	15,1	26.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	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	versio	ıht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	he			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Χ	

Form **990** (2015)

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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

Open to Public 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 s	ection 1	70(b)(1)(A)(i).	
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	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 sect	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 from	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	-		-		contributions, memb	ership fees, and gross
		receipts from activities rela						
		support from gross invest	-	=		-		
		acquired by the organizatio	n after June 30, 19	975. See section 509	(a)(2). (C	Complete	e Part III.)	·
10		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
11		An organization organized						rry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	509(a)(1) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
		the box in lines 11a through	n 11d that describe	es the type of support	ing orga	nization	and complete lines 11	e, 11f, and 11g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	•	•	-			
		organization. You must c	. , .	•		, ,		
b		Type II. A supporting org	=		nnection	with its	supported organizati	on(s), by having
		control or management of	· · · · · · · · · · · · · · · · · · ·					
		organization(s). You must	• • • •	=		•		
С		Type III functionally integ			ited in co	onnectio	n with, and functiona	lly integrated with,
		its supported organization						
d		Type III non-functionally		•				ted organization(s)
		that is not functionally inte			-			
		requirement (see instruct	-	-	-		<u>=</u>	
е		Check this box if the orga		-				II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion.	
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
								,
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot.	.1							

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

Schedule A (Form 990 or 990-EZ) 2015

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ST. MARY'S UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2015 Page **2**

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on l	ine 5, 7, or 8	of Part I or if ti	he organizatio	n failed to qua	
Sect	tion A. Public Support	- · ·			·	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	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) Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(u) 2011	(5) 2012	(6) 2010	(a) 2014	(0) 2010	(i) Total
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. (s	ee instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
	tion C. Computation of Public Sup		_			T T	
	Public support percentage for 2015 (li	ne 6, column (f) divided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2014						<u>%</u>
16a	331/3% support test - 2015. If the o						
h	this box and stop here. The organization 331/3% support test - 2014. If the content is the state of the sta						
b	check this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization	-					
	Part VI how the organization meets t					-	•
	organization						▶
b	10%-facts-and-circumstances test - 2						
	15 is $10%$ or more, and if the orga						-
	Explain in Part VI how the organization				•	•	
	supported organization						
18	Private foundation. If the organization						
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2015

JSA

ST. MARY'S UNIVERSITY 74-1143128

Schedule A (Form 990 or 990-EZ) 2015 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	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	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop here						▶ 🔼
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,	column (f) divid-	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
Sec	tion D. Computation of Investmer	t Income Per	centage				
17	Investment income percentage for 2015 (lin	ne 10c, column ((f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2014	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2015. If the org					re than 331/3%,	and line
	17 is not more than 331/3%, check thi	s box and sto	p here. The org	anization qualifie	s as a publicly	supported organ	ization 🕨 🔃
b	331/3% support tests - 2014. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16	is more than 331	/3 %, and
	line 18 is not more than 331/3 %, check						
~~	Drivete foundation If the ergonization	باممطم لمما	a hay an line	14 100 or 10k	a abaalı thia h	av and ass inst	mustions N

20 Private JSA 5E1221 1.000

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ Schedule A (Form 990 or 990-EZ) 2015 Schedule A (Form 990 or 990-EZ) 2015 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box in 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.)

S

Secti	on A. All Supporting Organizations		V	NI.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		Yes	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4-		
_	purposes.	4c		
5а	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	. 54		

Schedule A (Form 990 or 990-EZ) 2015

10b

determine whether the organization had excess business holdings.)

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	lle A_(Form 990 or 990-EZ) 2015		F	Page 5
Part	Supporting Organizations (continued)		1.7	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		V	NI -
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	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		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Socti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	tructi	ione):	
a	The organization satisfied the Activities Test. Complete line 2 below.	su ucu	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
•	The organization supported a governmental only. Bossinso in rate vinew year supported a government only (see	n loti a	$\overline{}$	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
_	•			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
_		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 Page 6

ST. MARY'S UNIVERSITY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See in	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete 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 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-functionall	y-integra	ited Type III supporting	organization (see
instructions).			•

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 Page 7

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						
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	Total annual distributions. 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 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	•		(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
С							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
	D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а							
b							
С	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2015

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5E1232 1.000

ST. MARY'S UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2015

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).

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74-1143128

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

Schedule of Contributors

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

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

Employer identification number

ST. MARY'S UNIVERSIT	Y		74-1143128					
Organization type (check one)	<u> </u>		74 1143120					
Filers of:	Filers of: Section:							
Form 990 or 990-EZ	X 501(c)(3)	(enter number) organization						
	4947(a)(1) no	nexempt charitable trust not treated as a private fou	ndation					
	527 political c	organization						
Form 990-PF	501(c)(3) exe	mpt private foundation						
	4947(a)(1) no	nexempt charitable trust treated as a private foundat	ion					
	501(c)(3) taxa	ble private foundation						
Check if your organization is c Note. Only a section 501(c)(7 instructions.	•	Rule or a Special Rule. ion can check boxes for both the General Rule and a S	pecial Rule. See					
General Rule								
_	r property) from any o	Z, or 990-PF that received, during the year, contribune contributor. Complete Parts I and II. See instruction	_					
Special Rules								
regulations under se 13, 16a, or 16b, and	ctions 509(a)(1) and 1 that received from an	01(c)(3) filing Form 990 or 990-EZ that met the 33 1/70(b)(1)(A)(vi), that checked Schedule A (Form 990 or yone contributor, during the year, total contributions in 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)					
contributor, during t	ne year, total contributi	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that recons of more than \$1,000 exclusively for religious, chapter prevention of cruelty to children or animals. Complet	aritable, scientific,					
contributor, during the contributions totaled during the year for a General Rule applie	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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution. An organization that	s not covered by the G	seneral Rule and/or the Special Rules does not file So	chedule B (Form 990.					

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) (2015)

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990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

I all I	Contributors (see instructions). Ose duplicate copies	of Fatt in additional space is ne	edeu.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	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		\$\$	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_		\$\$	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
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	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		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990, 990-EZ, or 990-PF) (2015)		Page
Name of o	organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128	
Part I	Contributors (see instructions). Use duplicate cop	oies of Part I if additional spa	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
7		\$ 8 ,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
8		\$ 10,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
9		\$5,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns Type of contribution
10			Person X Payroll

		\$7,800.	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
12		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

\$ _

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(a)

No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

10,000.

(c)

Total contributions

60626890

Noncash
(Complete Part II for noncash contributions.)

(d)

Type of contribution

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(b)

Name, address, and ZIP + 4

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	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
14		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	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
16_		\$\$.	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
17		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

I all I	Contributors (see instructions). Ose duplicate copie	s of Fart III additional space is no	seded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$10,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$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
21		\$ 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
22		\$ 10,750.	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
23		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	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 copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26_		\$\$	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
27_		\$\$	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
28		\$\$	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
30		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization ST. MARY'S UNIVERSITY		Employer identification number 74-1143128			
Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and Zli	(c) 7 + 4 Total contributions	(d) Type of contribution		
31		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and Zli	(c) 7 + 4 Total contributions	(d) Type of contribution		
32		\$\$ 55,168	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZII	(c) P + 4 Total contributions	(d) Type of contribution		
33		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and Zli	(c) 7 + 4 Total contributions	(d) Type of contribution		
34		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZII	(c) P + 4 Total contributions	(d) Type of contribution		
35		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZII	(c) P + 4 Total contributions	(d) Type of contribution		
36			Person X Payroll		

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Noncash
(Complete Part II for noncash contributions.)

\$

21,000.

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	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
38_		\$\$.	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
39		\$\$.	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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	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		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$	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		\$\$	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		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I	Contributors (see instructions). Use duplicate copie	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
49		\$\$.	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		\$\$.	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		\$ 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
52		\$\$.	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
53		\$ 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
54		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	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
56_		\$\$	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
57_		\$\$	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_		\$\$	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		\$\$	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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	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_		\$\$	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		\$\$	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		\$\$	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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I	Contributors (see instructions). Use duplicate copie	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
67		\$\$	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
68		\$\$.	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		\$\$.	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		\$\$	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
71		\$\$	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_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of o	organization ST. MARY'S UNIVERSITY		Employer identification number 74-1143128
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	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		\$\$	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		\$\$.	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		\$ \$	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		\$ \$	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_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I	Contributors (see instructions). Ose duplicate copi	es of Part Fil additional space is ne	eeded.
(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		\$\$,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
81		\$\$	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		\$\$	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		\$\$64,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$ \$ 79,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2015)		Page 2
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 s	space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	(d) utions Type of contribution
85			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	(d) utions Type of contribution
86		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	(d) utions Type of contribution
87		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contrib	(d) utions Type of contribution

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	Name, address, and zir + +	\$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

\$ _

88

Х

Person Payroll

Noncash (Complete Part II for noncash contributions.)

10,000.

	3 (Form 990, 990-EZ, or 990-PF) (2015)		Page 2
Name of o	organization ST. MARY'S UNIVERSITY		Employer identification number 74-1143128
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional sp	ace is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tions Type of contribution
91		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tions Type of contribution
92		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d) tions Type of contribution
93		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d) tions Type of contribution
94			Person X Payroll

95_		\$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
96_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

\$ _

(a)

No.

5,000.

(c)

Total contributions

Noncash
(Complete Part II for noncash contributions.)

(d) Type of contribution

Page 2

Name of organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$9,720.	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		\$6,520.	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_		\$347,765.	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		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$46,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102_		\$9,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of o	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 no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$	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		\$\$	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		\$\$	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		\$\$	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		\$ 8,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108			Person X

Payroll

Noncash
(Complete Part II for noncash contributions.)

\$

12,000.

	8 (Form 990, 990-EZ, or 990-PF) (2015) organization ST. MARY'S UNIVERSITY		Page 2 Employer identification number
			74-1143128
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109_		\$\$	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
110		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$ 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
112		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions 114 Χ Person Payroll 10,000. \$ Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

60626890

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 2 Name of organization ST. MARY'S UNIVERSITY Employer identification number 74-1143128 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 115 Χ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 116 Χ Person **Payroll** 30,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 117 Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 118 Х Person **Payroll**

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
119		\$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
120		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

\$

(a)

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60626890

10,000.

(c)

Noncash (Complete Part II for noncash contributions.)

(d)

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Page 2

Name of o	organization ST. MARY'S UNIVERSITY		Employer identification number 74-1143128
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$\$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
124		\$ 231,674.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$15,495.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
34	STOCK		
		\$\$.	12/15/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
103	STOCK		
		\$5,092.	11/30/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
124	STOCK	_	
		\$228,888.	07/20/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

60626890

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Employer identification number

Name of organization ST. MARY'S UNIVERSITY

				/4-1143128				
Part III		the year from any ons completing Par e year. (Enter this in	one contributor. t III, enter the tota formation once.	Complete columns (a) through (e) and alof exclusively religious, charitable, etc.				
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held				
Part I	(a) i di possi di giit	(0) 000		(a) 2000 pilon of non girt is non				
				-				
		(e) Transf	er of gift					
	Transferee's name, address, an	d ZIP + 4	Relati	ionship of transferor to transferee				
(-) NI-								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
				-				
		(e) Transi	er of gift					
	_ ,							
	Transferee's name, address, an	d ZIP + 4	Relati	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
				-				
				-				
		(e) Transf	er of gift					
	Transferrate name address an	d 71D . 4	Doloti					
	Transferee's name, address, an	u ZIP + 4	Relati	ionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relati	Relationship of transferor to transferee				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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," on 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," on 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.

	e organization answered "Yes," (see separate instructions), then	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-E	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
ST.	MARY'S UNIVERSITY			74-11	
Pai	rt I-A Complete if the o	organization is exempt under	section 501(c) or i	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
Par		organization is exempt under s			
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2		sise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	•	organization is exempt under		. ,,,).
1		xpended by the filing organization			
2		ng organization's funds contributed			
3	Total exempt function expeline 17b	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL, 	
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom and or a political action committee (I	er (EIN) of all section ter the amount paid ptly and directly de	on 527 political organization from the filing organization livered to a separate po	ations to which the filing cation's funds. Also enter olitical organization, such
	(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)					

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

Schedule C (Form 990 or 990-EZ) 2015

(6)

ST	MARY'S	UNIVERSITY	7

Sche	edule C (Form 990 or 990-EZ) 2015	ST. MA	RY'S UNI	VERSITY		74-1	143128 Page 2
Pa	rt II-A Complete if the org section 501(h)).	janizati	on is exen	npt under section	501(c)(3) and	filed Form 5768 (ele	ction under
Α				an affiliated grou share of excess l		rt IV each affiliated g litures).	roup member's
В	Check ▶ if the filing orga	nization	checked b	oox A and "limited	control" provision	ons apply.	
	Limits	on Lobb	ying Expend	ditures		(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to i	nfluence	public opini	on (grass roots lobb	oying)		
	Total lobbying expenditures to i		-				
	Total lobbying expenditures (ad						
	Other exempt purpose expendit						
	Total exempt purpose expendito						
f	Lobbying nontaxable amount.	Enter the	e amount f	rom the following	table in both		
	columns.						
	If the amount on line 1e, column (a) or (b) is:			is:		
	Not over \$500,000			amount on line 1e.			
	Over \$500,000 but not over \$1,000			us 15% of the excess			
	Over \$1,000,000 but not over \$1,5			us 10% of the excess			
	Over \$1,500,000 but not over \$17,	000,000		us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000 Grassroots nontaxable amount	(ontor 25	\$1,000,000.				
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0-							
	If there is an amount other th					ion file Form 4720	
J	reporting section 4911 tax for the				•		Yes No
	reporting section 4011 tax for the			aging Period Unde			ics ito
	(Some organizations tha				٠,	ete all of the five colum	nns below.
		See	the separat	te instructions for I	ines 2a through	2f.)	
		Lobk	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	I
	Calendar year (or fiscal year beginning in)	(a)	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

JSA 5E1265 1.000

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Schedule C (Form 990 or 990-EZ) 2015 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** 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: Volunteers? а Χ Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Χ C Mailings to members, legislators, or the public? Χ d Publications, or published or broadcast statements? Χ е Grants to other organizations for lobbying purposes? Χ Direct contact with legislators, their staffs, government officials, or a legislative body? Χ Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Χ Х 23,291 Other activities? Total. Add lines 1c through 1i 23,291 i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 2a If "Yes," enter the amount of any tax incurred under section 4912 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? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 2 political expenses for which the section 527(f) tax was paid). Current year а 2a Carryover from last year 2b C 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 4 and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. OTHER LEGISLATIVE ACTIVITIES PART II-B, LINE 1I \$5,291 (14% OF \$37,794) DUES PAID TO INDEPENDENT COLLEGES AND UNIVERSITIES OF TEXAS (ICUT) WERE EXPENDED FOR HIGHER EDUCATION LEGISLATIVE ACTIVITIES, PLUS \$18,000 PAID FOR LEGAL COUNSEL FEES.

Schedule C (Form 990 or 990-EZ) 2015

74-1143128

ST. MARY'S UNIVERSITY 74-1143128

Schedule C (Form 990 or 990-EZ) 2015 Page **4**

Part IV Supplemental Information (continued)

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SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	5. 110 o. ga	p.o/ouo
ST.	MARY'S UNIVERSITY	74-1143128
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of	a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	ed by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	rvation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
Dэ	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assats
га	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ommar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenues of art, historical treasures, or other similar assets held for public exhibition, education	venue statement and balance sneet ition, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descri	ibes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
	works of art, historical treasures, or other similar assets held for public exhibition, educa	tion, or research in furtherance of
	public service, provide the following amounts relating to these items:	•
	(i) Revenue included in Form 990, Part VIII, line 1	
2		
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for illiancial gain, provide the
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	• ¢
a b	Revenue included in Form 990, Part VIII, line 1	

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

Schedule D (Form 990) 2015

ST. MARY'S UNIVERSITY 74-1143128

$\overline{}$	dule D (Form 990) 2015							Page 2				
Par												
3	Using the organization's acquisition		other records, ch	eck any of th	e follow	ving that are a sig	gnificant use	of its				
	collection items (check all that app	ly):										
а	Public exhibition		d Loa	n or exchang	e progra	ms						
b	Scholarly research		e Oth	er								
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's collections	and explain how	v they furthe	r the or	ganization's exem	pt purpose in	n Part				
	XIII.											
5	During the year, did the organization	on solicit or receive o	donations of art, h	istorical treas	ures, or	other similar						
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of th	e organizatio	n's collec	ction?	Yes	No				
Par	Part IV Escrow and Custodial Arrangements.											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form											
	990, Part X, line 21.		·	ŕ	ŕ	•						
1a	Is the organization an agent, truste	ee. custodian or othe	er intermediary fo	r contribution	s or othe	r assets not						
	included on Form 990, Part X?						Yes	No				
b	If "Yes," explain the arrangement i											
	3					Amount						
С	Beginning balance			1c								
d	Additions during the year											
e	Distributions during the year											
f	Ending balance											
2a	Did the organization include an am				ustodial	account liability?	Yes	No				
	If "Yes," explain the arrangement i					•		⊢''				
Par	· · · · · · · · · · · · · · · · · · ·	THE GITTAIN. OHOOK IN	ere ii tire explanat	on nao been p	oroviaca	on rait / an						
ıaı	Complete if the organizat	ion answered "Yes	s" on Form 990.	Part IV. line	10.							
	oomprote ii are organiza	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Four year	rs back				
		182,996,730.	174,529,730			134,369,499						
1a	Beginning of year balance	399,000.	3,885,000		2,294.	1,479,750		3,664				
b	Contributions	3,000.	3,003,000	3,022	1,2,1.	1,177,730	. 050	,001				
С	Net investment earnings, gains,	-7,200,000.	10,661,000	. 22,420	038	23,059,028	7,389	987				
	and losses	4,283,000.	3,576,000		2,000.	3,237,818		,400				
	Grants or scholarships	4,203,000.	3,370,000	3,202	.,000.	3,237,010	3,410	, 100				
е	Other expenditures for facilities	3,148,000.	2,503,000	1 000	9,612.	1 006 224	2 000	729.				
	and programs	3,140,000.	2,303,000	1,803	,012.	1,996,234	2,009	, 123				
f	Administrative expenses	160 764 730	100 000 730	174 500	720	152 674 225	. 134,369	100				
g	End of year balance	168,764,730.				153,674,225	. 134,309	,499.				
2	Provide the estimated percentage			Ig, column (a)) held as	:						
a	Board designated or quasi-endown		_%									
	Permanent endowment ► 43.0											
С	Temporarily restricted endowment											
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	the possession of the	ne organization th	at are held ai	nd admir	nistered for the	- T					
	organization by:						Yes	No				
	(i) unrelated organizations						3a(i) X					
	(ii) related organizations							X				
b	If "Yes" on line 3a(ii), are the relate	•	•				3b					
4	Describe in Part XIII the intended u		tion's endowment	funds.								
Par	Land, Buildings, and Equ Complete if the organiza	ipment.	s" on Form 000	Part IV line	110 0	000 Form 000 Pr	art V line 10	1				
	Description of property	(a) Cost or		st or other basis			(d) Book value)				
		(inves		(other)		reciation	· <i>'</i>					
1 a	Land			600,645.			600,	645.				
b	Buildings		114	,136,405.		92,559.	71,343,	846.				
С	Leasehold improvements			484,845.	3	38,497.	146,	348.				
d	Equipment		22	,094,243.	15,8	76,353.	6,217,	890.				
_ е	Other			,619,701.		06,093.	26,413,	608.				
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Form	n 990, Part X, colu	ımn (B), line 1	0c.)	▶	104,722,	337.				

Schedule D (Form 990) 2015

JSA 5E1269 1.000

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ST. MARY'S UNIVERSITY 74-1143128

Page 3 Schedule D (Form 990) 2015

(a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Closely-held equity interests (c) Closely Equity (c) Closely (c) C	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(2) Closely-held equity interests	(a) Description of security or category		(c) Method of valuation:
(2) Closely-held equity interests	(1) Financial derivatives		
(A) US SQUITTES (B) INTL HEDGE FUND (HARBINGER) 1,116.731. FMV (C) MULTIT-STRATEGY PRIVATE SQUITY 15,247,711. FMV (D) US REAL ESTART ENTEST 11,583,530. FMV (E) INTL HEDGE FUND (BAGLE GLOBAL) 7,508.125. FMV (F) INTL HEDGE FUND (BAGLE GLOBAL) 7,508.125. FMV (G) BAGLE GLOBAL 7,508.	(2) Closely-held equity interests		
(A) US SQUITTES (B) INTL HEDGE FUND (HARBINGER) 1,116.731. FMV (C) MULTIT-STRATEGY PRIVATE SQUITY 15,247,711. FMV (D) US REAL ESTART ENTEST 11,583,530. FMV (E) INTL HEDGE FUND (BAGLE GLOBAL) 7,508.125. FMV (F) INTL HEDGE FUND (BAGLE GLOBAL) 7,508.125. FMV (G) BAGLE GLOBAL 7,508.	(3) Other		
(C) MULTIT-STRATESY PRIVATE BOUTY 11, 5247,711. PMV (B) INTIT HEDGE FUND (EAGLE GLOBAL) 7,508.125. PMV (F) INTIT HEDGE FUND (EAGLE GLOBAL) 7,508.125. PMV (G) (H) 10.105. PMV (G) (H) 10.10	(A) US EQUITIES		FMV
(D) INS. REAL ESTATE TRUST			FMV
(f) INTL HEDGE FUND (EAGLE GLOBAL) 7, 508, 125. FMV (F) (G) (H) (F) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G			FMV
(F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			FMV
(c) (rt)		7,508,125.	FMV
(c) must equal Form 990, Part X, col. (B) line 12.)			
Part Vill Investments			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value		42 610 640	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Cost or end-of-year market value (c) (c) Cost or end-of-year market value (c) (c) Cost or end-of-year market value (c)		43,618,642.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7atal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10		d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.	(a) Description of investment	(b) Book value	
(4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5, 849, 393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5, 849, 393.	(1)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5, 849, 393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5, 849, 393.			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5, 849, 393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
(6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5, 849, 393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5, 849, 393.			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5, 849, 393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERRINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ■			
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5, 849, 393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5, 849, 393.			
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.		d "Yes" on Form 990	Part IV line 11d See Form 990 Part X line 15
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.		line 15.)	
(1) Federal income taxes (2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.	Part X Other Liabilities. Complete if the organization answered	·	·
(2) PERKINS LOAN PROGRAM ADVANCEMENT 5,849,393. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.		(b) Book value	е
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.	(1) Federal income taxes		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.	(2) PERKINS LOAN PROGRAM ADVANCEMENT	5,849,3	393.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.	(4)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.	(5)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5 , 849 , 393 .			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 5,849,393.			
	(9)		
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 5,849,3	393.

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 5E1270 1.000

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Schedule D (Form 990) 2015

ST. MARY'S UNIVERSITY 74-1143128

Schedu	le D (Form 990) 2015		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ո.	
1	Total revenue, gains, and other support per audited financial statements	1	83,872,527.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-9,086,065.
3	Subtract line 2e from line 1	3	92,958,592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,068,000.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	37,711,097.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	130,669,689.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	99,061,332.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	99,061,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,068,000.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	37,711,097.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	136,772,429.
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

Schedule D (Form 990) 2015

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Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

PART V, LINE 4

ENDOWMENT SPENDING PURPOSES:

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

LIABILITY FOR UNCERTAIN TAX POSITIONS

PART X, LINE 2

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE

MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE UNIVERSITY.

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE

POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE

SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR U.S.

DEPARTMENT OF TREASURY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN

BY THE UNIVERSITY, AND HAS CONCLUDED THAT AS OF MAY 31, 2016, THERE ARE

NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE UNIVERSITY HAS

RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

THE UNIVERSITY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;

HOWEVER, THERE ARE CURRETNLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

MANAGEMENT BELIEVES THE UNIVERSITY IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS FOR YEARS PRIOR TO 2012.

Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015 ST. MARY'S UNIVERSITY 74-1143128 Page **5**

Part XIII Supplemental Information (continued)

PART XI, LINE 4B:

SCHOLARSHIPS \$36,643,097

PART XII, LINE 4B:

SCHOLARSHIPS \$36,643,097

Schedule D (Form 990) 2015

JSA 5E1226 1.000

47643P 1184 60626890 PAGE 58

PUBLIC INSPECTION COPY

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Pai	tl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		v	
2	bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	1	X	
2	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
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	Х	
	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		37	
С	nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4b	Х	
C	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	X	
	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		Х
D	Administration policies:	35		
С	Employment of faculty or administrative staff?	5с		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
				v
f	Use of facilities?	5f		X
g	Athletic programs?	5g		Х
3		- 3		
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6.	Does the organization receive any financial aid or assistance from a governmental agency?	60	Х	
6a b	Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Λ	
D	If you answered "Yes" to either line 6a or line 6b, explain on Part II.	0.0		21
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

Schedule E (Form 990 or 990-EZ) (2015)
Page 2

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

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

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) (2015)

74-1143128

JSA 5E1501 1.000

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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.

OMB No. 1545-0047 2015 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

Part I

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

74-1143128 ST. MARY'S UNIVERSITY General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No										
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.										
3	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)										
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region					
(1)	EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	60,536.					
(2)	EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	119,749.					
(3)	EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	262,061.					
(4)	EUROPE			PROGRAM SERVICES	EDUCATION PROGRAM	92,303.					
(5)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION PROGRAM	42,570.					
(6)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION PROGRAM	34,256.					
(7)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION PROGRAM	82,159.					
(8)											
(9)											
10)											
11)											
12)											
13)											
14)											
15)											
16)											
17)											
	Sub-total					693,634.					
	Total from continuation sheets to Part I					323,031.					
С	Totals (add lines 3a and 3b)					693.634.					

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

Schedule F (Form 990) 2015

ST. MARY'S UNIVERSITY 74-1143128

Schedule F (Form 990) 2015 Page 2

Part II	Grants and Other Assistance 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)									
by	nter total number of recipient orgation the IRS, or for which the grantee of other organizater total number of recipient organizater total number of other organizater total number organizater number organiz	or counsel has prov	ided a section 501(c)(3) ed	quivalency lette	er		>		
								0	(= 000) 0045

Schedule F (Form 990) 2015

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ST. MARY'S UNIVERSITY 74-1143128

Schedule F (Form 990) 2015

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.

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

47643P 1184 60626890 ST. MARY'S UNIVERSITY 74-1143128

Schedule F (Form 990) 2015 Page **4**

Part	roreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		Yes	X	No

Schedule F (Form 990) 2015

JSA

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ST. MARY'S UNIVERSITY

74-1143128

Schedule F (Form 990) 2015 Page **5**

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

PROCEDURES FOR MONITORING USE OF GRANTS

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.

JSA Schedule F (Form 990) 2015

5E1502 1.000 47643P 1184 60626890 PAGE 65

PUBLIC INSPECTION COPY

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the organization					Employer identification	on number
ST.	MARY'S UNIVERSITY					74-1143128	3
Part	Fundraising Activities. Con Form 990-EZ filers are not				l "Yes" on Form	990, Part IV, line	17.
1	Indicate whether the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	е	Solid	itation of	non-government g	ırants	
b	Internet and email solicitations	f	Solid	itation of	government grants	S	
С	Phone solicitations	g			ising events		
d	In-person solicitations	_	·		•		
2a	Did the organization have a written o	r oral agreement w	ith any ind	dividual (in	ncluding officers, d	irectors trustees	
	or key employees listed in Form 990 If "Yes," list the ten highest paid indi compensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			
3	List all states in which the organiza registration or licensing.	tion is registered o	or licensed	d to solicit	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) 2015

ST. MARY'S UNIVERSITY

_		e G (Form 990 or 990-EZ) 2015				Page 2
Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising eve gross receipts greater than \$5,000 of fundraising events.	nt contributions and gros			
			(a) Event #1 DINNER (event type)	(b) Event #2 GOLF TOURNAMEN (event type)	(c) Other events 1. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	102,976.	45,193.	129,385.	277,554.
ш	2	Less: Contributions	49,226.	18,475.	108,646.	176,347.
	3	Gross income (line 1 minus line 2)	53,750.	26,718.	20,739.	101,207.
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs	37,940.	21,824.	7,115.	66,879.
Direct Expenses	7	Food and beverages	25,402.	4,800.	0.	30,202
Dire	8	Entertainment				
	9	Other direct expenses	12,370.	1,437.	7,440.	21,247
	10	Direct expense summary. Add lines	4 through 9 in column (d)		118,328.

11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more

	than \$15,000 on Form 990-E	z, ime ba.			
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
ses	2 Cash prizes				
zxpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes% No	Yes% No	Yes% 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)	<u></u>	
9	Enter the state(s) in which the organizat				
a b	Is the organization licensed to conduct of "No," explain:	gaming activities in each			. Yes No
	Were any of the organization's gaming I If "Yes," explain:	icenses revoked, suspe		ng the tax year?	Yes No

-17,121.

74-1143128

ST. MARY'S UNIVERSITY

Sched	ule G (Form 990 or 990-EZ) 2015
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identifica	tion number
ST. MARY'S UNIVERSITY						74-1143128	
Part I General Information on Grants ar	nd Assistanc	е					
Does the organization maintain records to see the selection criteria used to award the granDescribe in Part IV the organization's process.	nts or assistan	ce?					X Yes No
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip							s" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	•	•					

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000 ST. MARY'S UNIVERSITY 74-1143128

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUC GRANTS, SCHOLARSHIPS & TUITION DISCOUNTS	2,508.	26 642 007			
• EDUC GRANIS, SCHOLLARSHIPS & TUTTION DISCOUNTS	2,500.	36,643,097.			
2					
3					
1					
j					
3					
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.

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) (2015)

ST. MARY'S UNIVERSITY 74-1143128

Schedule I (Form 990) (2015) Page 2

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 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

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) (2015)

PAGE 71

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation InformationFor 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

Name of the organization Employer identification number ST. MARY'S UNIVERSITY 74-1143128 Part I 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 on 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)			
	If you of the house on the Asian should all the same should follow a will be a same should			
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	Х	
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 on 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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 on 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		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

ST. MARY'S UNIVERSITY 74-1143128

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	f 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 on prior Form 990
THOMAS M. MENGLER, J.D.	(i)	381,618.	0.	0.	18,550.	23,002.	423,170.	0.
1PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT W. PIATT	(i)	247,005.	0.	0.	15,330.	15,908.	278,243.	0.
2PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
TANUJA SINGH, D.B.	(i)	237,714.	0.	0.	16,741.	15,773.	270,228.	0.
3DEAN - BUSINESS SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID W. SOMMER, PH.D	(i)	226,227.	0.	0.	14,436.	20,835.	261,498.	0.
4PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
VICTORIA M. MATHER	(i)	222,638.	0.	0.	14,977.	20,783.	258,398.	0.
5 ^{PROFESSOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID A. SCHLUETER	(i)	224,161.	0.	0.	12,351.	18,168.	254,680.	0.
6 ^{PROFESSOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDRE HAMPTON	(i)	216,744.	0.	0.	16,074.	20,698.	253,516.	0.
7 ^{PROVOST}	(ii)	0.	0.	0.	0.	0.	0.	0.
WINSTON F. EREVELLES, P	(i)	204,774.	0.	0.	13,859.	15,295.	233,928.	0.
8DEAN-SCIENCE ENGINEERING/TECH	(ii)	0.	0.	0.	0.	0.	0.	0.
REBECKAH J. DAY	(i)	194,023.	0.	0.	13,808.	15,139.	222,970.	0.
9V.P ADM AND FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
SUZANNE PETRUSCH (UNTIL	(i)	154,544.	0.	0.	11,070.	14,567.	180,181.	0.
10 ^{V.P} ENROLLMENT MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
CURTIS D. WHITE	(i)	148,406.	0.	0.	11,256.	19,707.	179,369.	0.
11 ^{V.P} IT & LIBRARY SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN SHEPPARD, J.D.	(i)	326,258.	0.	0.	18,550.	22,286.	367,094.	0.
12DEAN - LAW SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHERINE SISOIAN (UNTI	(i)	132,683.	0.	0.	9,541.	14,250.	156,474.	0.
13 ^{V.P} STUDENT DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD D. KIMBROUGH	(i)	209,407.	0.	0.	15,697.	20,591.	245,695.	0.
14 ^{V.P} UNIVERSITY ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
AARON TYLER (BEGAN 8/1/	(i)	129,158.	0.	0.	8,673.	19,332.	157,163.	0.
15 PROVOST/VP ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
CHARLES E. CANTU	(i)	307,744.	0.	0.	18,550.	16,788.	343,082.	0.
16 ^{LAW PROFESSOR}	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown o	f 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 on prior Form 990
MICHAEL S. ARIENS	(i)	209,915.	0.	0.	13,635.	17,876.	241,426.	0.
1LAW PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
_	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
40	(i) (ii)							
12	(i)							
13	(ii)							
13	(i)							
14	(ii)							
14	(i)							
15	(ii)							
	(i)							
_16	(ii)							
10	1/							

Schedule J (Form 990) 2015

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Schedule J (Form 990) 2015

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.

PART I, LINE 1A - TRAVEL FOR COMPANIONS

THE SPOUSE OF THE PRESIDENT IS EXPECTED TO OCCASIONALLY ATTEND CERTAIN

UNIVERSITY FUNCTIONS RELATED TO THE ONGOING MISSION AND PURPOSE OF ST.

MARY'S UNIVERSITY. IT IS ST. MARY'S UNIVERSITY POLICY TO REIMBURSE THESE

TRAVEL EXPENSES WHICH SERVE AS A BONA FIDE BUSINESS PURPOSE. AS DEFINED

BY THE INTERNAL REVENUE SERVICE IN PUBLICATION 463.

PART I, LINE 1A - HOUSING ALLOWANCE

THE PRESIDENT OF ST MARY'S UNIVERSITY, THOMAS MENGLER'S, PAY PACKAGE

INCLUDES A HOUSING ALLOWANCE. THE VALUE OF THIS ALLOWANCE IS \$30,000

WHICH IS INCLUDED IN HIS TAXABLE COMPENSATION.

PART I, LINE 1A - SOCIAL CLUB DUES OR INITIATION FEES

SOCIAL CLUB DUES OR INITIATION FEES THE UNIVERSITY PROVIDES FOR THE

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

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

IS REIMBURSED FOR THESE AMOUNTS OR INCLUDES THEM IN TAXABLE COMPENSATION

FOR THE EMPLOYEE.

Schedule J (Form 990) 2015

SCHEDULE K

SCHEDULE K (Form 990)

Department of the Treasury

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

Part I Bond Issues	1	1				T			_				m =	<u>.</u>
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issue	ed (e) I	ssue price	(f) D	escription of pu	rpose	(g) De	feased	(h) (beha issu	lf of	(i) Po finan	
									Yes	No	Yes	No	Yes	١
A CITY OF OLMOS PARK, TEXAS HIGHER EDU FAC CORP	52-1830279	xxxxxxx	12/13/200)7	8,500,000.	RESIDENCE C	ONSTRUCTION	PROJECT		х		Х		2
B CITY OF OLMOS PARK, TEXAS HIGHER EDU FAC CORP	52-1830279	xxxxxxx	02/26/200)8 1	0,000,000.	REFINANCING	1999 REVEN	JE BONDS		х		Х		2
C CITY OF OLMOS PARK, TEXAS HIGHER EDU FAC CORP	52-1830279	xxxxxxxx	07/28/201	10	872,400.	RESIDENCE C	ONSTRUCTION	PROJECT		х		Х		2
D														
Part II Proceeds														_
					Α		В	C				D		_
1 Amount of bonds retired					280,000	. 3	330,000.	1,0	16,00	0.0				
2 Amount of bonds legally defeased														
3 Total proceeds of issue				8,	651,557	. 10,1	.08,756.	8,7	24,00	0.				
4 Gross proceeds in reserve funds														
5 Capitalized interest from proceeds														
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds					145,975	. 1	165,100.		74,00	00.				
8 Credit enhancement from proceeds														
9 Working capital expenditures from proceeds														
10 Capital expenditures from proceeds				7,	455,582	. 9,9	943,656.							
11 Other spent proceeds														
12 Other unspent proceeds						000		000	-					
13 Year of substantial completion				20	-	200	1	200						
4.4 Were the hands issued as part of a surrent refund	na iogua?			Yes	No X	Yes	No	Yes X	No		Yes	•	No	<u> </u>
14 Were the bonds issued as part of a current refunding15 Were the bonds issued as part of an advance refunding	ng issue?				X		X	Χ	Х			_		_
15 Were the bonds issued as part of an advance refu	laing issue?			X	X	X	X	Х	X			-		
16 Has the final allocation of proceeds been made?17 Does the organization maintain adequate book	oka and racers	lo to oupp	ort the	X		X		Χ				-		
· · · · · · · · · · · · · · · · · · ·				Х		X		Х						
final allocation of proceeds? Part III Private Business Use				- 21		21		21						_
Frivate Business Use					Α		В	C	•					_
1 Was the organization a partner in a partnershi	n or a mombo	r of an U.C	,	Yes	No	Yes	No	Yes	No	+	Yes	$\vec{}$	No	
which owned property financed by tax-exempt bor	p, or a member ids?	i Ui all LLC	' ,	163	X	163	X	169	X		163	+	140	_
2 Are there any lease arrangements that may	result in privat	te business	use of		71		1		21			+		—
= 7.10 there are read arrangements that may			450 0.		1					1				

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

Schedule K (Form 990) 2015

JSA 5E1295 1**4**07643P 1184

Schedule K (Form 990) 2015 Page 2 SCHEDULE K Part III Private Business Use (Continued) 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 business use of bond-financed property? **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 ▶ % Χ Χ Χ 8a Has there been a sale or disposition of any of the bond-financed property to a Χ X Χ nongovernmental 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 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the 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 X X Χ 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 Χ Χ c Term of hedge..... d Was the hedge superintegrated? e Was the hedge terminated?.....

JSA 5E1296 1.000 Schedule K (Form 990) 2015

Schedule K (Form 990) 2015								Page 3
Part IV Arbitrage (Continued)								
		Α		В		3		D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х		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		Х		Х		
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X		X		X		
Part V Procedures To Undertake Corrective Action								
		Α		В		3		D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
under applicable regulations?		X		X		X		
Part VI Supplemental Information. Provide additional information for responses to	nitestin	ns on Sche	edule K (s	e instruct	ions)	I		·

Schedule K (Form 990) 2015

JSA 5E1328 1.000

Schedule K (Form 990) 2015

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

PART I, COLUMN E & 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.

PART IV, LINE 2C

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

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 COUNSEL FOR REVIEW TO ENSURE THAT FEDERAL TAX REQUIREMENTS ARE MET.
- 2. ANNUAL REVIEW OF THE UNIVERSITY'S SPACE RENTAL ON THE FINANCED

 PROPERTY IS REVIEWED TO ENSURE THAT FEDERAL TAX REQUIREMENTS ARE MET. THE

 ORGANIZATION CONSULTS WITH TAX PROFESSIONALS, WHEN NEW ACTIVITIES/RENTAL

Page 4

Schedule K (Form 990) 2015

ST. MARY'S UNIVERSITY

74-1143128 Schedule K (Form 990) 2015

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

ARE BEING CONSIDERED.

JSA 5E1511 1.000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

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.

Inspection Employer identification number

74-1143128

ST. MARY'S UNIVERSITY

Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods...... 6 Cars and other vehicles 7 Intellectual property Χ 5. 243,090. SELLING PRICE Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ▶(MUSIC EQUIPMENT) 89. 4,436. FMV 25 Х 35. 424. COST Other ▶ (NAME PLATES 26 Other ▶(BROCHURES Χ 4,633. 2,672. COST 27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Voc No

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

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015) 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.

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.

JSA Schedule M (Form 990) (2015)

5E1508 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Inspection
Employer identification number

74-1143128

ST. MARY'S UNIVERSITY

FORM 990, PART III, LINE 1

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

OF HIGHER LEARNING IN SAN ANTONIO AND THE OLDEST CATHOLIC UNIVERSITY IN

TEXAS AND THE SOUTHWEST.

FORM 990, PART VI, 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

Name of the organization

ST. MARY'S UNIVERSITY

Final Employer identification number

74-1143128

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) 2015

Schedule O (Form 990 or 990-EZ) 2015 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

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

FORM 990, PART VI, LINE 15A

TIME OF THE VOTE.

AUDITED FINANCIALS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORMS 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE WEB AT WWW.STMARYTX.EDU.

Schedule O (Form 990 or 990-EZ) 2015

Schedule O (Form 990 or 990-EZ) 2015

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

FORM 990, PART XII, LINE 2C

THE AUDITED FINANCIAL STATEMENTS ARE APPROVED BY THE AUDIT AND ETHICS

COMMITTEE.

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ERNST & YOUNG LLP 1800 FROST BANK TOWER, 100 W HOUSTON ST. SAN ANTONIO, TX 78205	ACCOUNTING SERVICES	276,730.
SEDERO 250 W. NOTTINGHAM, SUITE 300 SAN ANTONIO, TX 78209	CONSULTING	163,624.
WINSLOW 47210 IDS TOWER 80, SOUTH EIGHTH STREET MINNEAPOLIS, MN 55402	INVESTMENT MANAGER	150,067.
TPD SUB-CDE III, LLC 112 E. PECAN STREET SUITE 2810 SAN ANTONIO, TX 78205	CONSULTING	121,784.
EAGLE CAPITAL 499 PARK AVENUE, 17TH FLOOR NEW YORK, NY 10022	INVESTMENT MANAGER	107,758.

Schedule O (Form 990 or 990-EZ) 2015

74-1143128

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization
ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

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

(a) Name, address, and EIN (if appli	cable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ST. MARY'S HOLDINGS, INC.	45-5275423					
ONE CAMINO SANTA MARIA	SAN ANTONIO, TX 78228	SUPPORT	TX	1,224,000.	22,154,000.	ST. MARY'S
(2)						
(3)		_				
(4)		_				
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) ST. MARY'S UNIVERSIY 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
(2) ST. MARY'S UNIVERSITY - ALUMNI ASSOC. 74-1742119							
ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	SUPPORT	TX	501(C)(3)	11D-III-O	N/A		X
(3) 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		Х
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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74-1143128

Schedule R (Form 990) 2015

ST. MARY'S UNIVERSITY

Part III	Identification of Relations of						nswered "Yes"	on Form	990, Part IV, I	line 34	
	(a)	(b)	(0)	(4)	(a)	(f)	(m)	(h)	(i)	(1)	_

(a) Name, address, and EIN orelated organization	(b) If Primary activit	ty (c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		managing partner?		General or managing partner?		General or managing partner?		General or managing		General or managing		(k) Percentage ownership
		Journally)		,			Yes	No		Yes	No											
(1)																						
(2)																						
(3)																						
(4)																						
(5)																						
(6)																						
(7)																						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(1 controlle entity?
(1)								Yes No
(2)								
(3)								
(4) (5)								
(6)								
(7)								

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Schedule R (Form 990) 2015

Page 2

Schedule R (Form 990) 2015

74-1143128

							_
Part V	Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note. C	complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				1	Yes I	No
1 Du	ring 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?				
a Re	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Σ
b Gif	t, grant, or capital contribution to related organization(s)				1b		Σ
c Gif	t, grant, or capital contribution from related organization(s)				1c	Х	
d Loa	ans or loan guarantees to or for related organization(s)				1d		Σ
e Lo	ans or loan guarantees by related organization(s)				1e		Σ
f Div	ridends from related organization(s)				1f		X
	le of assets to related organization(s)				1g		Х
	rchase of assets from related organization(s)				1h		Σ
i Ex	change of assets with related organization(s)				1i		Χ
i Lea	ase of facilities, equipment, or other assets to related organization(s)				1j	Х	_
,							
k Lea	ase of facilities, equipment, or other assets from related organization(s)				1k		Χ
I Pe	rformance of services or membership or fundraising solicitations for related organization(s)				11		Χ
m Pe	rformance of services or membership or fundraising solicitations by related organization(s).				1m		Χ
n Sh	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Σ
o Sh	aring of paid employees with related organization(s)				10		Σ
p Re	imbursement paid to related organization(s) for expenses				1p		Χ
-	imbursement paid by related organization(s) for expenses				1g		Χ
•	, , , , , , , , , , , , , , , , , , , ,						
r Otl	ner transfer of cash or property to related organization(s)				1r		Χ
s Oth	ner transfer of cash or property from related organization(s)				1s		Σ
2 If t	he 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 thre	sholds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deten unt invol	_	1
(1) ST	. MARY'S UNIVERSITY ALUMNI ASSOCIATIONS	C	355,265.	FMV			
(2) SC	CIETY OF MARY, PROVINCE OF THE U.S.	С	497,700.	FMV			
<u>(3)</u>							_
(4)							_
		1		1			

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(5)

(6)

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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	Primary activity Column Primary activity Legal domici (state or forei country)		(c) (d) Legal domicile (state or foreign country) Country) (d) Predominant income (related, unrelated, excluded from tax under		e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes				Yes	No	ĺ	Yes	No		
(1)														
2)														
3)														
4)														
5)														
(6)														
7)														
(8)														
(9)														
10)														
11)														
12)														
13)														
14)														
15)														
16)														

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 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) 2015

5E1510 1.000 47643P 1184 60626890 PAGE 91

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) 06/01, 2015, and ending 05/31, 20 16 For calendar year 2015 or other tax year beginning ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Open to Public Inspection to 501(c)(3) Organizations Only Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed **B** Exempt under section ST. MARY'S UNIVERSITY Print X | 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. 74-1143128 E Unrelated business activity codes 408(e) 220(e) Type (See instructions.) ONE CAMINO SANTA MARIA 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets SAN ANTONIO, TX 78228-8504 523000 at end of year Group exemption number (See instructions.) 0928 Check organization type ► X 501(c) corporation 315,390,500. 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ INVESTMENT IN PARTNERSHIP During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of MEI-LIN LEE, FINANCE DIRECTOR Telephone number ▶ 210-436-3414 (A) Income Part I Unrelated Trade or Business Income (C) Net (B) Expenses Gross receipts or sales 1a b Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts С 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 322,796. ATCH 1 322,796 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 322,796. 322,796. Total. Combine lines 3 through 12 13 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 Repairs and maintenance 16 16 17 Interest (attach schedule) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 28 29 322,796. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Net operating loss deduction (limited to the amount on line 30) 63,966. 31 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 258,830. 32 32 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 1,000. 33 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, 257,830.

For Paperwork Reduction Act Notice, see instructions. 5X2740 1.000 47643P 1184

enter the smaller of zero or line 32

Form **990-T** (2015)

ST. MARY'S UNIVERSITY Form 990-T (2015) 74-1143128 Page **2**

Part		Tax Computation											
35		zations Taxable as		ons. See instructio	ns f	or tax comp	utation	n. Controlled gr	oup				
	membei	s (sections 1561 and 1	563) check l	nere 🕨 🔙 See ins	tructi	ons and:							
	Enter y	our share of the \$50,0	000, \$25,000 (2) \$	0, and \$9,925,000 f		e income bra	ackets	(in that order):					
b	Enter o	ganization's share of: (1)	Additional 59	 % tax (not more than s	\$11,7	50)	\$						
	(2) Addi	tional 3% tax (not more t	than \$100,00	00)			\$						
с 36	Income Trusts	tax on the amount on line Taxable at Trust		See instructions						35c		83,	804.
	the amo	ount on line 34 from:	Tax rate so	chedule or S	chedu	ıle D (Form 10	(41)		>	36			
37	Proxy ta	ax. See instructions								37			
38	Alternat	ive minimum tax								38			
39	Total. A	dd lines 37 and 38 to line	e 35c or 36,	whichever applies						39		83,	804.
Part	: IV	Tax and Payment	ts										
40 a	Foreign	tax credit (corporations	attach Form	1118; trusts attach For	m 11	16)	40a						
b	Other c	redits (see instructions).					40b						
		business credit. Attach l					40c						
d	Credit f	or prior year minimum ta	x (attach For	m 8801 or 8827)		L	40d						
е		edits. Add lines 40a thro								40e			
41		t line 40e from line 39								41		83,	804.
42				Form 8611 Form 8						42		0.0	004
43		x. Add lines 41 and 42				1	1			43		83,	804.
		its: A 2014 overpayment				I	44a	0.5	200				
		timated tax payments					44b	85,0	JUU.				
	•	osited with Form 8868.					44c						
	·	organizations: Tax paid		•	,		44d 44e						
	•	withholding (see instruct	•				44e						
		or small employer health redits and payments:	ilisurance pi	Form 2439		· · · · · · · ·	771						
9	F	orm 4136		Other		Total •	44a						
45		ayments. Add lines 44a tl								45		85,	000.
46		ed tax penalty (see instru								46		1,	975.
47		. If line 45 is less than th								47			779.
48		yment. If line 45 is larger								48			
49		e amount of line 48 you want:				•		Refunde		49			
Part	V	Statements Rega	arding Ce	rtain Activities	and	Other Info	rmat	t ion (see instru	ctions	s)			
1	At any t	ime during the 2015 cal	lendar year, c	did the organization ha	ave a	n interest in or	r a sigr	nature or other au	thority	over a	financial	Yes	No
		(bank, securities, or other		•	-	-			114, F	Report o	f Foreign		
		d Financial Accounts. If Y		-								X	<u> </u>
2		the tax year, did the orga				vas it the gran	ntor of,	or transferor to, a	forei	gn trust?			X
_	,	ee instructions for other f	•	,									
3 Cob		e amount of tax-exempt											
		A - Cost of Goods		ter method of inven	T _		and af			6			
1 2		ry at beginning of year .	2		6 7			year sold. Subtract		0			
3	Purchas	es labor	3		1			Enter here and					
		ial section 263A costs			1					7			
7 U		schedule)	4a		8			f section 263A			nect to	Yes	No
b		osts (attach schedule)	4b		•			d or acquired	•		•		
		dd lines 1 through 4b	5		1								Х
	Ur	nder penalties of perjury, I dec	clare that I have	e examined this return, incl	uding a	accompanying sch	edules a	and statements, and to	the b	est of my	knowledge	and beli	
Sign	tru	ie, correct, and complete. Declara	ation of preparer ((other than taxpayer) is based	on all i	ntormation of whice	ch prepar	rer has any knowledge.	N 4 -	v +b= "	DC diame-	thin :	rotura
Here										•	RS discuss preparer sl		
		gnature of officer		Date		Title			_	e instructio			No
Da!-		Print/Type preparer's name	e	Preparer's si			Da		Check	(if	PTIN		
Paid	aror	MELVA SCOTT		Mel	'və	Scott	C	04/07/17	self-e	mployed	P012		
Prep Use				G U.S. LLP					Firm's	EIN ►	34-656		
	J.113	Firm's address ▶ 425							Phone	e no.	817-33		
		FORT	WORTH,	TX 76102							Form 9	90-T	(2015)

JSA

5X2741 1.000 47643P 1184 60626890 PAGE 99

Form 990-T (2015)									Page 3	
Schedule C - Rent Income (see instructions)	e (From Real P	roperty	and Persor	nal Prope	rty	Leased W	ith Real Prope	erty)		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accr	ued							
(a) From personal property (if the for personal property is more th more than 50%)	From real and particular for if the rent is	personal pro	perty	exceeds			nected with the income) (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of chere and on page 1, Part I, line 6							(b) Total deduct Enter here and c Part I, line 6, colu	n page 1,		
Schedule E - Unrelated D			oo inatrustic	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Part I, line 6, con	лин (Б) 🕨		
Schedule E - Unirelated D	ept-rmanceu ii	ncome (s				3. De	eductions directly co	onnected wi	ith or allocable to	
1. Description of del	ht-financed property			ncome from o		••••	debt-finar	anced property		
i. Description of der	ot-illianced property			allocable to debt-financed property			line depreciation h schedule)		Other deductions attach schedule)	
(1)						(attac	ii scriedule)	(attach schedule)		
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4. Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted basis of or allocable to debt-financed roperty						come reportable 2 x column 6)		llocable deductions in 6 x total of columns 3(a) and 3(b))	
(1)	(11111111111111111111111111111111111111	,			%					
(2)					%					
(3)					%					
(4)					%					
Totals						Part I, line	and on page 1, 7, column (A).	Enter h Part I,	ere and on page 1, line 7, column (B).	
Total dividends-received deduct	ions included in co	olumn 8 .	<u> </u>	<u> </u>	<u></u>		<u> </u>			
Schedule F - Interest, Ani	nuities, Royalti						ions (see instri	uctions)		
		LE	Exempt Cont	rolled Org	janiz	zations			T	
Name of controlled organization	2. Employer identification nu	I				otal of specified yments made			6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations									
7. Taxable Income 8. Net unrelated income (loss) (see instructions)			I	novements made inc			art of column 9 that in the controlling zation's gross incom	cor	11. Deductions directly connected with income in column 10	
(1)										
(2)										
(3)										
(4)						Enter	columns 5 and 10. here and on page 1, I, line 8, column (A).	. En	dd columns 6 and 11. ter here and on page 1, rrt I, line 8, column (B).	
Totals								1		

Form **990-T** (2015)

74-1143128

Page 4

Schedule G - Investment In	come of a Sec	ction 501(c))(7),	(9), or (17) Orga	nizat	ion (see inst	ruct	ions)			
1. Description of income	2. Amount o	f income		3. Deductions directly connected (attach schedule)		4. Se (attach				Total deductions d set-asides (col. 3 plus col. 4)	
<u>(1)</u>											
(2)											
(3)											
(4)	Enter have and	an nama 1								- have and an name 1	
	Enter here and Part I, line 9, o									r here and on page 1, t I, line 9, column (B).	
Totals											
Schedule I - Exploited Exe	mnt Activity In	come Othe	r Th	an Advertising In	com	e (see instru	ction	18)			
Concadie i Exploited Exc						C (SCC IIIStia		13)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected w production unrelated business inco	rectly rectly a rectangle or business (column 2 minus column 3). If a gain, compute elated letted state or business (column 4). If a gain, compute business income cols 5 through 7.		Inrelated trade siness (column us column 3). Jain, compute siness (compute sines attributable column 5).		from activity that is not unrelated			7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and page 1, Part line 10, col. (t I,							Enter here and on page 1, Part II, line 26.	
Totals											
Schedule J - Advertising In											
Part I Income From Peri	iodicals Report	ted on a Co	nsoli	dated Basis			1				
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	6. Readership costs		6. Readership		7. Excess readership costs (column 6 ninus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	 		\		-	ا اممالممانيم	:-4-	al in Dant	11 4	:::::::::::::::::::::::::::::::::::::::	
Part II Income From Per 2 through 7 on a li	riodicals Repo ine-by-line basi:	rted on a S s.)	epa	rate Basis (For 6	eacn	periodicai i	ıste	d in Part	II, T	III in columns	
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	6. Readership costs			7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals from Part I											
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part line 11, col. (t I,							Enter here and on page 1, Part II, line 27.	
Schedule K - Compensatio	n of Officers F)irectors ar	nd Tr	IISTAAS (saa instri	ıction	9)					
1. Name	ir or officers, E		<u>IU 11</u>	2. Title		3. Percent of time devoted to business				ion attributable to d business	
(1) ATCH 2						3001000	%				
(2)							%				
(3)							%				
(4)							%				
Total. Enter here and on page 1, P	art II, line 14						. •				
JSA									F	orm 990-T (2015	

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ST. MARY'S UNIVERSITY

74-1143128

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

EAGLE INCOME APPRECIATION II, LP

322,796.

INCOME (LOSS) FROM PARTNERSHIPS

322,796.

47643P 1184 60626890 PAGE 102

Department of the Treasury

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

OMB No. 1545-0123

Internal Revenue Service

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

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

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part	Required Annual Payment					
						00.004
1	Total tax (see instructions)				1	83,804.
2a	Personal holding company tax (Schedule PH (For	m 11	20), line 26) included on line	1 2a		
b	Look-back interest included on line 1 under sec	tion	460(b)(2) for completed lor	ng-term		
	contracts or section 167(g) for depreciation under		. , , ,	·		
	contracts of occion for (g) for depression under		noome foresast method:			
С	Credit for federal tax paid on fuels (see instru	uctio	ns)	2c		
d	Total. Add lines 2a through 2c				2d	
3	Subtract line 2d from line 1. If the result is	les	s than \$500, do not con	nplete or file this form. T	he corporation	
	does not owe the penalty				3	83,804.
4	Enter the tax shown on the corporation's 20	14 i	ncome tax return (see ins	structions). Caution: If the	e tax is zero or	
	the tax year was for less than 12 months,	skip	this line and enter the	amount from line 3 on li	ne 5 4	
5	Required annual payment. Enter the smalle	er of	line 3 or line 4. If the co	rporation is required to st	kip line 4. enter	
	the amount from line 3					83,804.
Part	Reasons for Filing - Check the	e bo	oxes below that app	oly. If any boxes are	checked, the corp	
	Form 2220 even if it does not of	owe	e a penalty (see instr	ructions).		
6	The corporation is using the adjusted s	seas	onal installment method.			
7	The corporation is using the annualize	d in	come installment method.			
8	The corporation is a "large corporation	" fig	uring its first required in	stallment based on the price	or year's tax.	
Part	Figuring the Underpayment					
			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a)					
	through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months					
	of the corporation's tax year	9	09/15/2015	11/15/2015	02/15/2016	05/15/2016
10	Required installments. If the box on line 6					
	and/or line 7 above is checked, enter the					
	amounts from Schedule A, line 38. If the box on					
	line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes					
	are checked, enter 25% of line 5 above in each	10	20,951.	20,951.	20,951.	20,951.
		10	20,731.	20,731.	20,751.	20,731.
11	Estimated tax paid or credited for each period					
	(see instructions). For column (a) only, enter the	4.4				
		11				
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		20,951.	41,902.	62,853.
	• •	15		20,001.	11,002.	02,033.
15	Subtract line 14 from line 13. If zero or less, enter -0-	'				
16	If the amount on line 15 is zero, subtract line 13	16		20,951.	41,902.	
47	from line 14. Otherwise, enter -0-	10		40,931.	<u> </u>	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to					
	line 12 of the next column. Otherwise, go to		00 051	00 051	00 051	00 051
18	Overpayment. If line 10 is less than line 15.	17	20,951.	20,951.	20,951.	20,951.
10	subtract line 10 from line 15. Then go to line					
	12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2015)

Form 2220 (2015) Page **2**

P	art IV Figuring the Penalty								
			(a)	1		(b)	(c)	(d)	,
19	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of								
20	3rd month.)	19 20							
21	Number of days on line 20 after 4/15/2015 and before 7/1/2015	21							
22	Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 3\%$	22	\$		\$		\$	\$	
23	Number of days on line 20 after 6/30/2015 and before 10/1/2015	23	ATT	CACHME	NT	1			
24	Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3%	24		PENAI	\$ TY	COMPUTA	\$ TION WHITE	\$ PAPER	 DETAII
25	Number of days on line 20 after 9/30/2015 and before 1/1/2016	25							
26	Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 3\%$	26	\$		\$		\$	\$	
27	Number of days on line 20 after 12/31/2015 and before 4/1/2016	27							
28	Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 3%	28	\$		\$		\$	\$	
29	Number of days on line 20 after 3/31/2016 and before 7/1/2016	29							
30	Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x *%	30	\$		\$		\$	\$	
31	Number of days on line 20 after 6/30/2016 and before 10/1/2016	31							
32	Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x *%	32	\$		\$		\$	\$	
33	Number of days on line 20 after 9/30/2016 and before 1/1/2017	33							
34	Underpayment on line 17 x $\frac{\text{Number of days on line } 33}{366}$ x *%	34	\$		\$		\$	\$	
35	Number of days on line 20 after 12/31/2016 and before 2/16/2017	35							
36	Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *%	36	\$		\$		\$	\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$		\$		\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns						The second secon	\$ 1,	975.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2015)

74-1143128

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD UNDERPAYMENT BEG.DATE END DATE	DAYS	%	PENALTY
QUARTER 1, RATE PERIOD 1 (09/15/2015 - 03/31/2016)			
20,951. 09/15/2015 03/31/2016 TOTAL FOR QUARTER 1, RATE PERIOD 1	 198	3	341.
			341.
QUARTER 1, RATE PERIOD 2 (03/31/2016 - 10/15/2016)	_		
09/02/2016 20,951. 03/31/2016 09/02/2016 TOTAL FOR QUARTER 1, RATE PERIOD 2	155	4	356.
			<u>356.</u>
QUARTER 2, RATE PERIOD 1 (11/15/2015 - 03/31/2016)	=		
20,951. 11/15/2015 03/31/2016 TOTAL FOR QUARTER 2, RATE PERIOD 1	137	3	236.
TOTAL TOTA CONTRIBUTE LY TARIE TELEFOR I			236.
QUARTER 2, RATE PERIOD 2 (03/31/2016 - 10/15/2016)	<u> </u>		
09/02/2016 20,951. 03/31/2016 09/02/2016 TOTAL FOR QUARTER 2, RATE PERIOD 2	155	4	356.
IOIAL FOR QUARIER 2, RAIE PERIOD 2			356.
QUARTER 3, RATE PERIOD 1 (02/15/2016 - 03/31/2016)			
20,951. 02/15/2016 03/31/2016	 45	3	77.
TOTAL FOR QUARTER 3, RATE PERIOD 1			77.
QUARTER 3, RATE PERIOD 2 (03/31/2016 - 10/15/2016)			
09/02/2016 20,951. 03/31/2016 09/02/2016	 155	4	356.
TOTAL FOR QUARTER 3, RATE PERIOD 2			356.
QUARTER 4, RATE PERIOD 2 (05/15/2016 - 10/15/2016)			
	= 110	A	0.5.3
09/02/2016 20,951. 05/15/2016 09/02/2016 TOTAL FOR QUARTER 4, RATE PERIOD 2	110	4	253.
			<u>253.</u>
TOTAL UNDERPAYMENT PENALTY			1,975.
TOTAL ONDERLATERAL LERABLI			<u> </u>

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St. Mary's University Form 990-T Net Operating Loss Schedule FYE: 05/31/2016

Form 990-T, Part II, Line 31:

Year Ended	Income Generated	NOL Generated	NOL Utilized	Carryover to Next Yr	Year Expires
May 31, 2014	46,412	-	46,412		-
May 31, 2015	-	(110,378)	-	(63,966)	May 31, 2035
May 31, 2016	322,796	-	63,966	-	-
	369,208	(110,378)	110,378	-	
NOL Carryover	Available to FYE 05/3	<u> </u>			
Expired Carryov	er:	0			