

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public
Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

A For the 2017 calendar year, or tax year beginning 06/01, 2017, and ending 05/31, 2018

B Check if applicable:	<input type="checkbox"/> Address change	C Name of organization ST. MARY'S UNIVERSITY			D Employer identification number 74-1143128	
	<input type="checkbox"/> Name change	Doing Business As			E Telephone number (210) 436-3414	
	<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 207,694,925.	
	<input type="checkbox"/> Terminated	ONE CAMINO SANTA MARIA				
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 78228-8504			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Application pending	F Name and address of principal officer: THOMAS M. MENGLER ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228-8504			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.STMARYTX.EDU		H(c) Group exemption number ▶ 0928		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1926		M State of legal domicile: TX	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO FOSTER THE FORMATION OF PEOPLE IN FAITH AND EDUCATE LEADERS FOR THE COMMON GOOD THROUGH COMMUNITY, EDUCATION, AND ACADEMIC EXCELLENCE.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	32.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2,221.
	6	Total number of volunteers (estimate if necessary)	6	28.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-73,089.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-68,682.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	20,478,084.	20,147,202.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,051,391.	117,436,509.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,121,752.	15,033,004.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,186.	19,178.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	144,705,413.	152,635,893.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	39,785,872.	44,207,196.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	64,889,940.	67,561,267.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,606,502.</u>	0.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,720,238.	36,137,140.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	138,396,050.	147,905,603.
	19	Revenue less expenses. Subtract line 18 from line 12	6,309,363.	4,730,290.
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	347,912,116.	361,919,805.
	21	Total liabilities (Part X, line 26)	63,562,739.	66,972,361.
	22	Net assets or fund balances. Subtract line 21 from line 20	284,349,377.	294,947,444.

Part II Signature Block

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

Sign Here	▶	Date 4.15.2019
	Signature of officer	
	▶ Aaron Hanna, Interim Vice President for Administration and Finance	

Paid Preparer Use Only	Print/Type preparer's name MELVA SCOTT	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01207335
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596		Phone no. 817-335-1900	
	Firm's address ▶ 425 HOUSTON ST., STE. 600 FORT WORTH, TX 76102				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

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

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

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

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

4a (Code:) (Expenses \$ 96,101,270. including grants of \$ 44,207,196.) (Revenue \$ 98,948,934.)

INSTRUCTION, ACADEMIC SUPPORT, RESEARCH AND STUDENT SCHOLARSHIPS: ST. MARY'S UNIVERSITY IS COMMITTED TO ACADEMIC EXCELLENCE AND STUDENT OUTCOMES. ACADEMIC ACHIEVEMENT, SENSE OF COMMUNITY AND HOLISTIC LEARNING ARE PART OF WHAT SETS A ST. MARY'S EDUCATION APART. WITH AN ENROLLMENT OF 3649 STUDENTS, THE 11-TO-1 STUDENT-TO-FACULTY RATIO ENABLES STUDENTS TO RECEIVE PERSONALIZED ATTENTION; THE UNIVERSITY HAS APPROXIMATELY 75 UNDERGRADUATE, GRADUATE AND LAW PROGRAMS FEATURING 1 DOCTORAL DEGREE, 5 LAW PROGRAMS AND 6 GRADUATE CERTIFICATE OPTIONS.

4b (Code:) (Expenses \$ 18,409,316. including grants of \$ 0.) (Revenue \$ 5,577,142.)

STUDENT AND COMMUNITY SERVICE PROGRAMS: ST. MARY'S UNIVERSITY PROVIDES STUDENTS WITH OPPORTUNITIES TO DEVELOP LEADERSHIP SKILLS IN STUDENT, ACADEMIC, SOCIAL AND PROFESSIONAL ORGANIZATIONS. STUDENTS MAY ALSO PARTICIPATE IN CIVIC ENGAGEMENT ACTIVITIES AND SERVICE TO OTHERS THROUGH COMMUNITY OUTREACH. FACILITIES INCLUDE SPACES FOR STUDY AND RECREATION.

4c (Code:) (Expenses \$ 12,905,513. including grants of \$) (Revenue \$ 12,917,059.)

AUXILIARY ENTERPRISES: ST. MARY'S UNIVERSITY OFFERS 12 RESIDENCE HALLS THAT PROVIDE A WIDE VARIETY OF COMMUNITIES. EACH HALL SERVES A DIFFERENT TYPE OF STUDENT COMMUNITY AND PROVIDES A VARIETY OF PROGRAMS AND SPACES FOR STUDENTS TO STUDY, BE ACTIVE, AND RELAX. STUDENTS WHO LIVE ON CAMPUS ARE MORE LIKELY TO COMPLETE THEIR DEGREE, ARE MORE INVOLVED IN CAMPUS LIFE, HAVE A BETTER SELF-IMAGE, ACHIEVE HIGHER GRADES, AND ARE MORE SATISFIED WITH THEIR COLLEGE EXPERIENCE. AUXILIARY ENTERPRISES ALSO INCLUDE SIX CAMPUS DINING VENUES AND A BOOK STORE.

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

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

4e Total program service expenses 127,416,099.

Part IV 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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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.		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.		X
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.		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.		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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		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.	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	X	
f 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.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
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.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?.	X	
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.	X	
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.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		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).		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.	X	
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.		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
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? <i>If "Yes," complete Schedule J.</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (32), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

SHEILA NIX, DIRECTOR ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228

210-431-2178

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTIN D. BEIRNE, JR, JD CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) CHARLES T. BARRETT, JR VICE CHAIRPERSON	1.00 0.	X		X				0.	0.	0.
(3) LETICIA CONTRERAS VICE CHAIRPERSON	1.00 0.	X		X				0.	0.	0.
(4) THOMAS M. MENGLER, JD PRESIDENT	40.00 0.	X		X			390,845.	0.	42,694.	
(5) REV. MARTIN A. SOLMA, SM CHANCELLOR	1.00 0.	X		X				0.	0.	0.
(6) REV. DENNIS ARECHIGA TRUSTEE	1.00 0.	X						0.	0.	0.
(7) BROTHER REINALDO BERRIOS, SM TRUSTEE	1.00 0.	X						0.	0.	0.
(8) DAVID W. BIEGLER TRUSTEE	1.00 0.	X						0.	0.	0.
(9) BROTHER EDWARD BRINK, SM TRUSTEE (EFF 06/2017)	1.00 0.	X						0.	0.	0.
(10) BROTHER WILLIAM J. CAMPBELL, SM TRUSTEE	1.00 0.	X						0.	0.	0.
(11) RAYMOND CARVAJAL, RPH TRUSTEE	1.00 0.	X						0.	0.	0.
(12) R. MICHAEL CASSEB, JD TRUSTEE	1.00 0.	X						0.	0.	0.
(13) DAVID C. DICKSON TRUSTEE	1.00 0.	X						0.	0.	0.
(14) WALTER D. DOWNING, JR TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LYNDA M. ELLIS ----- TRUSTEE (06/2017)	1.00 ----- 0.	X						0.	0.	0.
(16) REV. JAMES F. FITZ, SM ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(17) KELLEY FROST, PHD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(18) GISELA GIRARD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(19) DAVID S. HERRMANN, JD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(20) PETER E. HOSEY ----- TRUSTEE (EFF 06/2017)	5.00 ----- 0.	X						5,000.	0.	0.
(21) STEVEN D. JANSMA, JD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(22) BROTHER JOSEPH KAMIS, SM ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(23) JOAN M. LAMM-TENNANT, PHD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(24) JASON F. LONGORIA ----- TRUSTEE (EFF 06/2017)	1.00 ----- 0.	X						0.	0.	0.
(25) LAURO LOPEZ, JR ----- TRUSTEE (EFF 06/2017)	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								390,845.	0.	42,694.
c Total from continuation sheets to Part VII, Section A								3,107,292.	0.	412,690.
d Total (add lines 1b and 1c)								3,498,137.	0.	455,384.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 114

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 26

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CHRISTOPHER R. MARTINEZ ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(27) LARRY MILLS ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(28) BROTHER RONALD OVERMAN, SM ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(29) KENNETH S. SAKS, JD ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(30) REV. JOHN THOMPSON, SM ----- TRUSTEE (EFF 06/2017)	1.00 ----- 0.	X					0.	0.	0.	
(31) JOHN M. VAUGHT, JD ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(32) SYLVIA F. VILLARREAL, MD ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(33) MICHAEL A. SCHOTT ----- CHAIR OF THE BOARD	1.00 ----- 0.	X		X			0.	0.	0.	
(34) STEVE CHISCANO ----- TRUSTEE (TERM 06/2017)	1.00 ----- 0.	X					0.	0.	0.	
(35) PHILIP J. PFEIFFER, JD ----- TRUSTEE (TERM 06/2017)	1.00 ----- 0.	X					0.	0.	0.	
(36) RUDOLPH RIVAS ----- TRUSTEE (TERM 06/2017)	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 114

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) BROTHER THOMAS WENDORF, SM PHD TRUSTEE (TERM 06/2017)	1.00 0.	X					0.	0.	0.	
(38) PEGGY DEBARTOLO (EFF 06/2017) VP - FINANCE & ADMINISTRATION	40.00 0.			X			108,725.	0.	15,181.	
(39) TIMOTHY EDEN, SM, EDD VP - MISSION & RECTOR	40.00 0.			X			106,975.	0.	20,917.	
(40) RICHARD KIMBROUGH VP - UNIVERSITY ADVANCEMENT	40.00 0.			X			228,193.	0.	19,103.	
(41) AARON M. TYLER, PHD PROVOST/VP ACADEMIC AFFAIRS	40.00 0.			X			193,596.	0.	36,607.	
(42) CURTIS D. WHITE VP - IT & LIBRARY SERVICES	40.00 0.			X			155,482.	0.	30,834.	
(43) REBECKAH J. DAY (TERM 02/2018) V.P. - ADMIN AND FINANCE	40.00 0.			X			0.	0.	0.	
(44) WINSTON F. EREVELLES, PHD DEAN- SCIENCE ENGINEERING/TECH	40.00 0.				X		193,046.	0.	33,959.	
(45) STEPHEN SHEPPARD, JD DEAN - LAW SCHOOL	40.00 0.				X		327,417.	0.	38,604.	
(46) TANUJA SINGH, DBA DEAN - BUSINESS SCHOOL	40.00 0.				X		284,687.	0.	21,953.	
(47) ROBERT W. PIATT, JR, JD PROFESSOR	40.00 0.					X	252,890.	0.	21,372.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 114

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) DAVID W. SOMMER, PHD PROFESSOR	40.00 0.					X		231,706.	0.	36,863.
(49) DAVID A. SCHLUETER, JD, LL.M PROFESSOR	40.00 0.					X		213,881.	0.	29,087.
(50) VINCENT JOHNSON, JD PROFESSOR	40.00 0.					X		206,537.	0.	20,703.
(51) CHARLES L. COTRELL, PHD PROFESSOR	40.00 0.					X		205,555.	0.	19,369.
(52) ANDRE HAMPTON, JD FORMER PROVOST	40.00 0.						X	189,184.	0.	40,595.
(53) MICHAEL S. ARIENS, JD LAW PROFESSOR	40.00 0.						X	204,418.	0.	27,543.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 114

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	148,703.					
	d Related organizations	1d	712,769.					
	e Government grants (contributions)	1e	9,356,355.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,929,375.					
	g Noncash contributions included in lines 1a-1f: \$		1,556,618.					
	h Total. Add lines 1a-1f ▶			20,147,202.				
	Program Service Revenue	2a EDUCATION AND GENERAL - TUITION & FEES	Business Code	611310	101,114,674.	101,114,674.		
		b AUXILIARY SERVICES		611710	12,917,059.	12,917,059.		
c EDUCATION AND INSTITUTION FEE			611710	1,422,631.	1,422,631.			
d STUDENT HEALTH INSURANCE			611710	1,158,527.	1,158,527.			
e EDUCATIONAL PROGRAM FEE			611710	823,618.	823,618.			
f All other program service revenue								
g Total. Add lines 2a-2f ▶				117,436,509.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts). ▶			3,360,931.		-73,089.	3,434,020.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real		276,372.				
		(ii) Personal						
		b Less: rental expenses		230,905.				
		c Rental income or (loss)		45,467.				
	d Net rental income or (loss) ▶			45,467.			45,467.	
	7a Gross amount from sales of assets other than inventory	(i) Securities		66,421,414.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		54,749,341.				
		c Gain or (loss)		11,672,073.				
	d Net gain or (loss) ▶			11,672,073.			11,672,073.	
	8a Gross income from fundraising events (not including \$ 148,703. of contributions reported on line 1c). See Part IV, line 18 a			52,497.				
		b Less: direct expenses b		78,786.				
		c Net income or (loss) from fundraising events ▶			-26,289.			-26,289.
	9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b								
c Net income or (loss) from gaming activities ▶				0.				
10a Gross sales of inventory, less returns and allowances a								
	b Less: cost of goods sold b							
	c Net income or (loss) from sales of inventory ▶			0.				
Miscellaneous Revenue			Business Code					
11a _____								
	b _____							
		c _____						
	d All other revenue							
e Total. Add lines 11a-11d ▶				0.				
12 Total revenue. See instructions. ▶				152,635,893.	117,436,509.	-73,089.	15,125,271.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,207,196.	44,207,196.		
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, trustees, and key employees	2,625,805.	1,661,978.	545,125.	418,702.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	52,442,478.	43,941,054.	6,821,162.	1,680,262.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,468,442.	1,994,604.	361,148.	112,690.
9 Other employee benefits	6,445,260.	4,866,896.	1,353,898.	224,466.
10 Payroll taxes	3,579,282.	2,936,085.	506,148.	137,049.
11 Fees for services (non-employees):				
a Management	6,672,693.	5,920,731.	731,986.	19,976.
b Legal	90,768.	21,415.	69,353.	
c Accounting	287,643.	3,343.	284,300.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	1,211,000.		1,211,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,900.		3,900.	
12 Advertising and promotion	973,787.	462,655.	184,416.	326,716.
13 Office expenses	4,690,075.	3,805,897.	777,408.	106,770.
14 Information technology	636,913.	178,623.	426,043.	32,247.
15 Royalties	580,711.	413,355.	132,479.	34,877.
16 Occupancy	4,739,305.	3,935,755.	798,580.	4,970.
17 Travel	1,804,852.	1,638,460.	67,323.	99,069.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,082,165.	1,557,143.	483,336.	41,686.
20 Interest	1,144,698.	1,114,719.	29,979.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	6,846,597.	5,968,213.	824,354.	54,030.
23 Insurance	1,611,771.	1,198,513.	413,258.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACADEMIC PROGRAM	1,366,690.	956,720.	152,980.	256,990.
b BAD DEBT	607,021.		607,021.	
c PROGRAM AND EVENTS	558,177.	432,349.	69,826.	56,002.
d IMPROVEMENT	228,374.	200,395.	27,979.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	147,905,603.	127,416,099.	16,883,002.	3,606,502.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	23,513,345.	2	18,477,813.
	3 Pledges and grants receivable, net	6,860,701.	3	8,319,611.
	4 Accounts receivable, net	6,756,811.	4	5,534,680.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	15,053,114.	7	14,461,260.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,463,926.	9	1,308,837.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	231,374,359.	10a	
	b Less: accumulated depreciation	109,390,497.	10b	
	11 Investments - publicly traded securities	118,416,616.	10c	121,983,862.
	12 Investments - other securities. See Part IV, line 11	131,387,804.	11	136,551,845.
	13 Investments - program-related. See Part IV, line 11	44,459,799.	12	55,281,897.
	14 Intangible assets	0.	13	0.
	15 Other assets. See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	0.	15	0.	
	347,912,116.	16	361,919,805.	
Liabilities	17 Accounts payable and accrued expenses	10,383,321.	17	7,828,099.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	4,158,011.	19	3,910,056.
	20 Tax-exempt bond liabilities	43,228,333.	20	36,833,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	73,235.	23	12,926,667.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,719,839.	25	5,474,539.
	26 Total liabilities. Add lines 17 through 25	63,562,739.	26	66,972,361.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	141,643,813.	27	139,066,265.
	28 Temporarily restricted net assets	67,826,882.	28	75,840,294.
	29 Permanently restricted net assets	74,878,682.	29	80,040,885.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	284,349,377.	33	294,947,444.
34 Total liabilities and net assets/fund balances	347,912,116.	34	361,919,805.	

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	152,635,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	147,905,603.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,730,290.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	284,349,377.
5	Net unrealized gains (losses) on investments	5	5,384,163.
6	Donated services and use of facilities	6	0.
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	483,614.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	294,947,444.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE A
(Form 990 or 990-EZ)**

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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

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

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

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2017, 2016. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2017, 2016. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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 of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Schedule of Contributors

OMB No. 1545-0047

2017

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization
ST. MARY'S UNIVERSITY

Employer identification number
74-1143128

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

[] 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 81,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 25,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 8,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 17,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____	\$ 292,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____	\$ 15,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____	\$ 7,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____	\$ 5,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____	\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____	\$ 26,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____	\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____	\$ 526,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____	\$ 5,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	_____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____	\$ 33,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____	\$ 45,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____	\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____	\$ 6,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	_____ _____ _____	\$ 32,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ 15,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____	\$ 15,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	_____	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	_____	\$ 25,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____	\$ 6,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____	\$ 26,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____	\$ 39,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____	\$ 25,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	_____	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	_____	\$ 430,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	_____	\$ 13,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	_____	\$ 50,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	_____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____	\$ 5,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____	\$ 26,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____	\$ 181,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____	\$ 14,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization ST. MARY'S UNIVERSITY

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____	\$ 10,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____	\$ 11,206.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____	\$ 49,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	_____	\$ 88,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ 50,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____	\$ 275,519.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____	\$ 7,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	_____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	_____	\$ 42,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	_____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	_____	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	_____	\$ 46,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	_____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____	\$ 8,793.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____	\$ 198,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	_____	\$ 52,230.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
158	_____	\$ 40,317.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
159	_____	\$ 502,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	STOCK _____ _____ _____	\$ 261,325.	VAR
36	STOCK _____ _____ _____	\$ 501,369.	VAR
156	REAL ESTATE _____ _____ _____	\$ 198,000.	12/18/2017
157	STOCK _____ _____ _____	\$ 52,230.	05/04/2018
158	STOCK _____ _____ _____	\$ 40,317.	VAR
159	STOCK _____ _____ _____	\$ 502,844.	12/27/2017

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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift. Sub-table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

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

(e) Transfer of gift. Sub-table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

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

(e) Transfer of gift. Sub-table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

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

(e) Transfer of gift. Sub-table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ST. MARY'S UNIVERSITY

74-1143128

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2017

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	183,036,730.	168,764,730.	182,996,730.	174,529,730.	153,558,110.
b Contributions	4,877,325.	1,943,000.	399,000.	3,885,000.	3,622,294.
c Net investment earnings, gains, and losses	19,404,000.	20,716,000.	-7,200,000.	10,661,000.	22,420,938.
d Grants or scholarships	7,029,100.	4,638,000.	4,283,000.	3,576,000.	3,262,000.
e Other expenditures for facilities and programs	4,275,955.	3,749,000.	3,148,000.	2,503,000.	1,809,612.
f Administrative expenses					
g End of year balance	196,013,000.	183,036,730.	168,764,730.	182,996,730.	174,529,730.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 28.7100 %
 - b** Permanent endowment 40.8400 %
 - c** Temporarily restricted endowment 30.4500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

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

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		600,645.		600,645.
b Buildings		135,616,459.	47,686,174.	87,930,285.
c Leasehold improvements				
d Equipment		22,272,024.	17,035,662.	5,236,362.
e Other		72,885,231.	44,668,661.	28,216,570.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				121,983,862.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) U.S. EQUITIES	11,720,224.	FMV
(B) U.S. REAL ESTATE TRUSTS	10,889,386.	FMV
(C) HEDGE FUNDS	22,557,808.	FMV
(D) MULTI-STRATEGY PRIVATE EQUITY	3,751,536.	FMV
(E) FUNDS HELD IN TRUST	4,999,443.	FMV
(F) US MINERAL RIGHTS	1,363,500.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	55,281,897.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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) PERKINS LOAN PROGRAM ADVANCEMENT	5,474,539.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,474,539.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 152,635,893.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 147,905,603.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

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, 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE UNIVERSITY HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE UNIVERSITY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE UNIVERSITY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2013.

PART XI, LINE 2D:

ROTC NON-CASH GRANTS \$483,615

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B:

SCHOLARSHIPS \$44,207,196

PART XII, LINE 4B:

SCHOLARSHIPS \$44,207,196

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Name of the organization ST. MARY'S UNIVERSITY

Employer identification number 74-1143128

Part I

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

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

RACIALLY NONDISCRIMINATORY POLICY

PART I, LINE 3

THE POLICY IS INCLUDED IN ALL STUDENT CATALOGUES AND BROCHURES, IN THE STUDENT APPLICATION FORMS, EMPLOYMENT APPLICATIONS, AND ON THE UNIVERSITY'S WEBSITE ACCESSIBLE TO THE PUBLIC AT WWW.STMARYTX.EDU/POLICIES/.

FOLLOWING ARE THE DISCLOSURES INCLUDED IN THE STUDENT APPLICATION PROCESS:

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.

IN COMPLIANCE WITH TITLE IX, ST. MARY'S UNIVERSITY DOES NOT DISCRIMINATE ON THE BASIS OF SEX IN THE EDUCATION PROGRAMS OR ACTIVITIES IT OPERATES. QUESTIONS REGARDING TITLE IX MAY BE REFERRED TO THE ST. MARY'S UNIVERSITY TITLE IX OFFICER OR TO THE OFFICE OF CIVIL RIGHTS, U.S. DEPARTMENT OF EDUCATION.

ST. MARY'S UNIVERSITY IS COMMITTED TO ASSISTING ALL MEMBERS OF THE COMMUNITY IN PROVIDING FOR THEIR OWN SAFETY AND SECURITY. THE ANNUAL SECURITY AND FIRE SAFETY REPORT IS AVAILABLE ONLINE. IF YOU WOULD LIKE A HARD COPY OF THE REPORT, STOP BY THE ST. MARY'S POLICE DEPARTMENT OFFICE AT ONE CAMINO SANTA MARIA, SAN ANTONIO, TEXAS 78228 OR REQUEST A COPY BE MAILED TO YOU BY CALLING 210-436-3330.

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

THE REPORT CONTAINS INFORMATION, REQUIRED BY LAW, REGARDING CAMPUS SECURITY AND PERSONAL SAFETY. THE REPORT ALSO CONTAINS INFORMATION ABOUT FIRE STATISTICS IN CAMPUS RESIDENTIAL FACILITIES AND CRIME STATISTICS FOR THE THREE PREVIOUS CALENDAR YEARS THAT OCCURRED ON CAMPUS; PROPERTY OWNED OR CONTROLLED BY THE UNIVERSITY; AND PUBLIC PROPERTY WITHIN, OR IMMEDIATELY ADJACENT TO AND ACCESSIBLE FROM THE CAMPUS. INFORMATION REGARDING GRADUATION AND RETENTION RATES IS AVAILABLE ONLINE. FINAL ADMISSION WILL BE GRANTED ONLY AFTER A FINAL TRANSCRIPT OF HIGH SCHOOL AND/OR COLLEGE WORK IS RECEIVED. ALL MATERIAL SENT TO ST. MARY'S UNIVERSITY BECOMES THE PROPERTY OF THE UNIVERSITY AND WILL NOT BE RELEASED.

FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT AGENCY

PART I, LINE 6A

FINANCIAL AID IS PROVIDED TO ELIGIBLE STUDENTS THROUGH A NUMBER OF GOVERNMENTAL PROGRAMS, INCLUDING U.S. DEPARTMENT OF EDUCATION AND TEXAS EQUALIZATION GRANT PROGRAMS. THE UNIVERSITY IS THE DIRECT RECIPIENT OF FEDERAL GRANTS FROM THE U.S. DEPARTMENT OF JUSTICE, THE NATIONAL ENDOWMENT FOR THE HUMANITIES, THE NATIONAL SCIENCE FOUNDATION, THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE U.S. DEPARTMENT OF EDUCATION. IN ADDITION, THE UNIVERSITY RECEIVES PASS-THROUGH GRANTS FROM THE U.S. DEPARTMENT OF TRANSPORTATION AND THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. FEDERAL AND STATE AWARDS ARE AUDITED ANNUALLY ACCORDING TO THE COMPLIANCE REQUIREMENTS OF THE PROGRAMS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	EDUCATION PROGRAM	33,725.
(2) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	EDUCATION PROGRAM	3,739.
(3) EAST ASIA AND THE PACIFIC	0.	3.	PROGRAM SERVICES	EDUCATION PROGRAM	59,315.
(4) EAST ASIA AND THE PACIFIC	0.	1.	PROGRAM SERVICES	EDUCATION PROGRAM	37,903.
(5) EUROPE	0.	0.	PROGRAM SERVICES	EDUCATION PROGRAM	89,676.
(6) EUROPE	0.	0.	PROGRAM SERVICES	EDUCATION PROGRAM	28,486.
(7) EUROPE	0.	6.	PROGRAM SERVICES	EDUCATION PROGRAM	108,307.
(8) MIDDLE EAST AND NORTH AFRICA	0.	1.	PROGRAM SERVICES	EDUCATION PROGRAM	33,418.
(9) NORTH AMERICA	0.	0.	PROGRAM SERVICES	EDUCATION PROGRAM	1,125.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		11.			395,694.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		11.			395,694.

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

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 3, COLUMN (F)

PROCEDURES FOR MONITORING USE OF GRANTS

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

DISBURSEMENTS MADE ARE TO SUPPORT EDUCATION PROGRAMS. ALL DISBURSEMENTS

MADE BY ST. MARY'S UNIVERSITY ARE IN ACCORDANCE WITH POLICY.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LAW DINNER (event type)	MEYER GOLF (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	117,910.	83,290.		201,200.
	2 Less: Contributions	76,381.	72,322.		148,703.
	3 Gross income (line 1 minus line 2)	41,529.	10,968.		52,497.
Direct Expenses	4 Cash prizes		1,300.		1,300.
	5 Noncash prizes	600.	10,023.		10,623.
	6 Rent/facility costs		5,421.		5,421.
	7 Food and beverages	43,611.	1,452.		45,063.
	8 Entertainment				
	9 Other direct expenses	16,379.			16,379.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				78,786.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-26,289.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUC. GRANTS, SCHOLARSHIPS & TUITION DISCOUNTS	3,036.	44,207,196.			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. 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 J (Form 990)

Compensation Information

OMB No. 1545-0047

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (such as, maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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:

- a The organization?
b Any related organization?

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:

- a The organization?
b Any related organization?

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

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.

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-9 with 'X' marks in Yes/No columns.

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

Schedule J (Form 990) 2017

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS M. MENGLER, JD PRESIDENT	(i)	390,845.	0.	0.	18,900.	23,794.	433,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 WINSTON F. EREVELLES, P DEAN- SCIENCE ENGINEERING/TECH	(i)	193,046.	0.	0.	10,748.	23,211.	227,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 RICHARD KIMBROUGH VP - UNIVERSITY ADVANCEMENT	(i)	228,193.	0.	0.	12,334.	6,769.	247,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 STEPHEN SHEPPARD, JD DEAN - LAW SCHOOL	(i)	327,417.	0.	0.	15,219.	23,385.	366,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 TANUJA SINGH, DBA DEAN - BUSINESS SCHOOL	(i)	284,687.	0.	0.	13,912.	8,041.	306,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 AARON M. TYLER, PHD PROVOST/VP ACADEMIC AFFAIRS	(i)	193,596.	0.	0.	10,938.	25,669.	230,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CURTIS D. WHITE VP - IT & LIBRARY SERVICES	(i)	155,482.	0.	0.	8,740.	22,094.	186,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ROBERT W. PIATT, JR, JD PROFESSOR	(i)	252,890.	0.	0.	11,886.	9,486.	274,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DAVID W. SOMMER, PHD PROFESSOR	(i)	231,706.	0.	0.	11,219.	25,644.	268,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DAVID A. SCHLUETER, JD, PROFESSOR	(i)	213,881.	0.	0.	9,592.	19,495.	242,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 VINCENT JOHNSON, JD PROFESSOR	(i)	206,537.	0.	0.	10,070.	10,633.	227,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 CHARLES L. COTRELL, PHD PROFESSOR	(i)	205,555.	0.	0.	10,866.	8,503.	224,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 ANDRE HAMPTON, JD FORMER PROVOST	(i)	189,184.	0.	0.	14,257.	26,338.	229,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 MICHAEL S. ARIENS, JD LAW PROFESSOR	(i)	204,418.	0.	0.	27,543.	0.	231,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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 - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

ST MARY'S UNIVERSITY PAYS SOCIAL DUES DIRECTLY TO SEVERAL CLUBS IN THE CITY ON BEHALF OF THEIR PRESIDENT, THOMAS MENGLER, IN ORDER TO ALLOW HIM TO CONDUCT BUSINESS. MR MENGLER IS NOT BEING TAXED ON THOSE DUES SINCE THERE IS NO PERSONAL USE OF THE CLUBS INVOLVED.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ **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.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY OF OLMOS PARK, TEXAS HIGHER EDU FAC CORP.	52-1830279	XXXXXXXXXX	12/13/2007	8,500,000.	RESIDENCE HALL CONSTRUCTION		X		X		X
B CITY OF OLMOS PARK, TEXAS HIGHER EDU FAC CORP.	52-1830279	XXXXXXXXXX	02/26/2008	10,000,000.	RESIDENCE HALL CONSTRUCTION		X		X		X
C CITY OF SAN ANTONIO, TEXAS HIGHER EDU FAC CORP.	52-1351505	XXXXXXXXXX	07/28/2010	8,724,000.	REFINANCING 1999 REVENUE BONDS		X		X		X
D CITY OF SAN ANTONIO, TEXAS HIGHER EDU FAC CORP.	52-1351505	XXXXXXXXXX	09/30/2016	25,000,000.	RESIDENCE HALL CONSTRUCTION		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	3,750,000.		3,105,000.		7,536,000.		1,000,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	8,651,557.		10,108,756.		8,724,000.		25,000,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	145,975.		165,100.		74,000.		145,618.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	8,505,582.		9,943,656.				24,854,382.	
11 Other spent proceeds					8,650,000.			
12 Other unspent proceeds								
13 Year of substantial completion	2009		2009		2001		2017	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X	X			X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				X

Part III Private Business Use (Continued)

SCHEDULE K

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				X

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X	X		X	
c No rebate due?	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X		X		X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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Part IV Arbitrage (Continued)

Table with 4 columns (A, B, C, D) and 2 rows (Yes, No) for questions 5a, b, c, d, 6, and 7 regarding GIC investments.

Part V Procedures To Undertake Corrective Action

Table with 4 columns (A, B, C, D) and 2 rows (Yes, No) for the question: Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

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

Multiple horizontal lines provided for supplemental information.

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. IN SCHEDULE K, PART I, ROW A, THE CUMULATIVE EARNINGS ARE
\$151,557.

FOR THE CITY OF OLMOS PARK, TX HIGHER EDUCATION CORP SERIES 2008 BONDS
LISTED IN A. IN SCHEDULE K, PART I, ROW A, THE CUMULATIVE EARNINGS ARE
\$108,756.

PART IV, LINE 2C

2007 BOND ISSUE LISTED IN A - REBATE ANALYSIS WAS PERFORMED IN 2010 WITH
A CUMULATIVE NEGATIVE REBATE LIABILITY OF \$98,797.45 AND FUND WAS
DEPLETED ON 12/13/2009. NO REBATE ANALYSIS WILL BE PERFORMED.

2008 BOND ISSUE LISTED IN B - REBATE ANALYSIS WAS PERFORMED IN 2010 WITH
A CUMULATIVE NEGATIVE REBATE LIABILITY OF \$378,720.61 AND FUND WAS
DEPLETED IN MAY 2010. LAST REBATE ANALYSIS PERFORMED FEBRUARY 2018.

PART V

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

THE UNIVERSITY IS IN THE PROCESS OF DEVELOPING AND IMPLEMENTING A WRITTEN POLICY TO ENSURE COMPLIANCE WITH FEDERAL TAX REQUIREMENTS FOR TAX EXEMPT BONDS. ALTHOUGH A FORMAL POLICY IS NOT YET IMPLEMENTED, THE FINANCE OFFICE MONITORS CONTRACTUAL AND RENTAL ARRANGEMENTS, AND THE UNIVERSITY CONSULTS TAX PROFESSIONALS AND/OR BOND COUNSEL TO EVALUATE NEW ACTIVITIES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20.	1,358,618.	HIGH-LOW AVERAGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1.	198,000.	INDEPEN. APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
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 didn't 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) (2017)

JSA

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

PART I, LINE 32A

ST. MARY'S UNIVERSITY CONDUCTS AN ANNUAL PHONATHON PROGRAM MANAGED INTERNALLY BY STAFF USING SOFTWARE CONTRACTED ANNUALLY.

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2017

▶ Attach to Form 990 or 990-EZ.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ST. MARY'S UNIVERSITY

74-1143128

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 4

ST MARY'S UNIVERSITY AMENDED THEIR ORGANIZATIONAL BY-LAWS ON FEBRUARY 9,
2018 IN ORDER TO INCLUDE THEIR NON DISCRIMINATORY POLICY TOWARD STUDENTS
WITHIN THEIR BY-LAWS. (PROVISION 9.9)

FORM 990, PART VI, LINE 6

BYLAWS, ARTICLE 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	Employer identification number 74-1143128
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CHAIRPERSON OF THE BOARD OF TRUSTEES OF ST. MARY'S UNIVERSITY (THE "BOARD OF TRUSTEES").

FORM 990, PART VI, LINES 7A

BYLAWS, ARTICLE 3.3 POWERS OF THE MEMBERS OF THE CORPORATION

THE MEMBERS OF THE CORPORATION SHALL ENJOY THE FOLLOWING POWERS:

- TO APPROVE, BY A MAJORITY VOTE, NOMINATIONS FOR ELECTION TO THE BOARD OF TRUSTEES SUBMITTED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND REMOVAL OF MEMBERS OF THE BOARD, BY A MAJORITY VOTE, UPON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE OF THE BOARD. THE APPROVAL SHALL NOT, IN EITHER INSTANCE, BE UNREASONABLY WITHHELD;
- TO APPROVE THE RECOMMENDATIONS FOR PRESIDENT OF THE UNIVERSITY AS OUTLINED IN ARTICLE 4.3.

BYLAWS, ARTICLE 4.3 SELECTION OF THE PRESIDENT OF THE UNIVERSITY

THE BOARD OF TRUSTEES SHALL CHOOSE THE PRESIDENT OF THE UNIVERSITY IN THE FOLLOWING MANNER:

- (A) THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SHALL APPOINT A PRESIDENTIAL NOMINATING COMMITTEE AND SELECT ITS CHAIRPERSON.
- (B) THE CHANCELLOR, AS THE PROVINCIAL OF THE MARIANIST PROVINCE OF THE UNITED STATES, OR HIS DESIGNATE FROM THE BOARD OF TRUSTEES SHALL BE A MEMBER OF THE PRESIDENTIAL NOMINATING COMMITTEE, AS WELL AS THE VICE PRESIDENT FOR MISSION AND RECTOR.
- (C) THE PRESIDENTIAL NOMINATING COMMITTEE SHALL PREPARE A DESCRIPTION OF THE POSITION AND A PROFILE OF THE DESIRED CANDIDATE.
- (D) BEFORE OPENING THE SEARCH, THE DESCRIPTION OF THE POSITION AND

Name of the organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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PROFILE OF THE DESIRED CANDIDATE SHALL THEN BE RATIFIED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES AND BY THE MEMBERS OF THE CORPORATION, WHICH RATIFICATION SHALL NOT BE UNREASONABLE WITHHELD.

(E) THE PRESIDENT SHALL BE A ROMAN CATHOLIC AND HAVE THE DESIRE AND ABILITY TO PROVIDE LEADERSHIP FOR ST. MARY'S UNIVERSITY AS A CATHOLIC AND MARIANIST UNIVERSITY. QUALIFIED INDIVIDUALS MEETING THE PROFILE AND DESCRIPTION OF THE POSITION WILL BE INVITED TO APPLY, ALTHOUGH THE PRESIDENTIAL NOMINATING COMMITTEE SHALL GIVE SPECIAL CONSIDERATION TO QUALIFIED MEMBERS OF THE SOCIETY OF MARY.

(F) THE RECOMMENDATION OF THE PRESIDENTIAL NOMINATING COMMITTEE SHALL BE MADE FIRST TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE SHALL MAKE A RECOMMENDATION OF A CANDIDATE OR CANDIDATES FOR PRESIDENT TO THE MEMBERS OF THE CORPORATION. THE MEMBERS MUST APPROVE THE RECOMMENDATION OF A CANDIDATE OR CANDIDATES BY A MAJORITY VOTE OF THE MEMBERS OF THE CORPORATION AT A MEETING OF WHICH A QUORUM IS PRESENT. THIS APPROVAL SHALL NOT BE UNREASONABLY WITHHELD. WHEN APPROVED BY THE MEMBERS OF THE CORPORATION, THE EXECUTIVE COMMITTEE SHALL SUBMIT THE RECOMMENDATION TO THE BOARD OF TRUSTEES FOR ELECTION OF THE PRESIDENT.

(G) THE PRESIDENT SHALL BE ELECTED BY TWO-THIRDS VOTE OF THE TOTAL MEMBERSHIP OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 7B

BYLAWS, ARTICLE 3.3 POWERS OF THE MEMBERS OF THE CORPORATION

THE MEMBERS OF THE CORPORATION SHALL ENJOY THE FOLLOWING POWERS:

Name of the organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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- TO APPROVE AND CHANGE THE BYLAWS OF THE UNIVERSITY UPON RECOMMENDATION OF THE BOARD OF TRUSTEES IN ACCORDANCE WITH ARTICLE 10;
- TO APPROVE THE SALE OR TRANSFER OF ANY REAL PROPERTY OF THE UNIVERSITY;
- TO DETERMINE THE DISTRIBUTION OF THE ASSETS OF THE UNIVERSITY IN THE EVENT OF ITS DISSOLUTION IN ACCORDANCE WITH ARTICLE 2.4.

BYLAWS ARTICLE 2.4 FINANCIAL RESOURCES OF THE UNIVERSITY UPON THE DISSOLUTION OF THE UNIVERSITY OR THE WINDING UP OF ITS AFFAIRS, THE ASSETS OF THE UNIVERSITY SHALL BE DISTRIBUTED EXCLUSIVELY TO THE MARIANIST PROVINCE OF THE UNITED STATES OR ITS SUCCESSORS; IF SUCH DISTRIBUTION IS NOT POSSIBLE OR FEASIBLE, THEN TO THE CHAMINADE FOUNDATION, A NON-PROFIT CORPORATION AND LEGAL PRESENCE OF THE GENERAL ADMINISTRATION OF THE SOCIETY OF MARY IN THE UNITED STATES; IF THE FOREGOING OPTIONS ARE NOT PERMITTED OR FEASIBLE, THEN THE ASSETS SHALL BE DISTRIBUTED EXCLUSIVELY TO CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL ORGANIZATIONS WHICH WOULD THEN QUALIFY UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THERE UNDER AS THEY NOW EXIST OR AS THEY MAY HEREAFTER BE AMENDED.

FORM 990, PART VI, LINE 11B

THE UNIVERSITY STAFF PREPARED FORM 990, WHICH WAS REVIEWED INTERNALLY, THEN REVIEWED BY ERNST & YOUNG LLP. THE DRAFT WAS DISTRIBUTED TO, AND REVIEWED WITH, AND APPROVED BY THE AUDIT AND ETHICS COMMITTEE OF THE BOARD OF TRUSTEES, THEN MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES

Name of the organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C

TRUSTEES ARE REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE DISCLOSING ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. IF A CONFLICT OF INTEREST IS IDENTIFIED, THAT INDIVIDUAL SHALL NOT VOTE ON SUCH MATTER AND SHALL NOT BE PRESENT AT THE TIME OF THE VOTE. FACULTY WITH ADMINISTRATIVE RESPONSIBILITIES AND STAFF ARE REQUIRED ANNUALLY TO READ AND ACKNOWLEDGE THE UNIVERSITY'S CODE OF CONDUCT. THE CODE REQUIRES REPORTING TO THE EMPLOYEE'S SUPERVISOR AND/OR THE OFFICE OF HUMAN RESOURCES WHEN AN ISSUE ARISES. MONITORING IS PERFORMED THROUGH THE UNIVERSITY'S SYSTEM OF FINANCIAL ACCOUNTING CONTROLS AND BY SUPERVISORY OVERSIGHT.

FORM 990, PART VI, LINE 15A

THE PRESIDENT'S AND UNIVERSITY OFFICERS' SALARIES ARE REVIEWED EACH FISCAL YEAR AND BENCHMARKED USING THE ANNUAL COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION (CUPA) COMPENSATION STUDY. THE PRESIDENT'S COMPENSATION IS ALSO COMPARED WITH COMPENSATION REPORTED ON FORM 990 OF PEER INSTITUTIONS, THEN REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 19

AUDITED FINANCIAL REPORTS, GOVERNING DOCUMENTS, FORMS 990, AND POLICIES, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE UNIVERSITY WEBSITE AT WWW.STMARYTX.EDU.

Name of the organization ST. MARY'S UNIVERSITY	Employer identification number 74-1143128
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FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROTC NON-CASH GRANT \$483,615

ROUNDING \$(1)

TOTAL \$483,614

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RYAN COMPANIES 533 S 3RD ST, SUITE 100 MINNEAPOLIS, MN 55415	CONSTRUCTION SVCS	18,249,886.
ARAMARK 1 CAMINO SANTA MARIA SAN ANTONIO, TX 78228	FOOD SERVICES	5,208,844.
SPAWGLASS CONTRACTORS, INC. 9331 CORPORATE DRIVE SELMA, TX 78154	FACILITY RENOVATIONS	1,848,064.
KELLER-MARTIN CONSTRUCTION, INC. 4930 ENTERPRISE DR. SAN ANTONIO, TX 78249	CONSTRUCTION SVCS	372,358.
ERNST & YOUNG LLP 3712 SOLUTIONS CENTER CHICAGO, IL 60677	AUDIT AND TAX SVCS	340,475.

**SCHEDULE R
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ST. MARY'S HOLDINGS, INC. 45-5275423 ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	SUPPORT	TX	1,224,000.	20,891,000.	ST. MARY'S U
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ST. MARY'S UNIVERSITY SCHOOL OF LAW FDN 20-4032309 112 E. PECAN ST., STE 2400 SAN ANTONIO, TX 78205	SUPPORT	TX	501(C)(3)	10	N/A		X
(2) ST. MARY'S UNIVERSITY ALUMNI ASSOCIATION 74-1742119 ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	SUPPORT	TX	501(C)(3)	12D-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		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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