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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010**Open to Public
Inspection****A For the 2010 calendar year, or tax year beginning**

06/01, 2010, and ending

05/31, 20 11

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

ST. MARY'S UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

ONE CAMINO SANTA MARIA

City or town, state or country, and ZIP + 4

SAN ANTONIO, TX 78228-8504

F Name and address of principal officer

CHARLES L. COTTRELL, PRESIDENT

ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228

D Employer identification number

74-1143128

E Telephone number

(210) 436-3414

G Gross receipts \$ 275,537,332.**H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☒ No

If "No" attach a list (see instructions)

H(c) Group exemption number ▶ 0928**I Tax-exempt status**☒ X

501(c)(3)

501(c) ()

(insert no)

4947(a)(1) or

527

J Website ▶ STMARYTX.EDU**K Form of organization**☒ X

Corporation

☐

Trust

☐

Association

☐

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 ST. MARY'S UNIVERSITY, AS A CATHOLIC MARIANIST UNIVERSITY, FOSTERS THE FORMATION OF PEOPLE IN FAITH AND EDUCATES LEADERS FOR THE COMMON GOOD THROUGH COMMUNITY, EDUCATION, AND ACADEMIC EXCELLENCE.		
	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 2010 (Part V, line 2a)	5	2,419.
	6	Total number of volunteers (estimate if necessary)	6	0.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 42	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 64	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	13,201,724.	15,961,062.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,533,443.	104,924,048.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10b, and 11e)	2,710,105.	4,701,642.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-93,761.	-61,411.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	112,351,511.	125,525,341.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	28,545,049.	29,214,437.
	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)	53,105,431.	54,868,928.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,270,946.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	31,645,560.	34,885,991.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	113,296,040.	118,969,356.
	19	Revenue less expenses Subtract line 18 from line 12	-944,529.	6,555,985.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	246,273,650.	274,144,145.
	22	Net assets or fund balances Subtract line 21 from line 20	45,677,833.	43,952,852.

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	Signature of officer	Date
	Rebeckah J. Day	4/13/2012
	Type or print name and title	
	Rebeckah J. Day VP-Administration & Finance	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Lisa Parnell	Lisa Parnell	4/10/12	<input type="checkbox"/>	P00557571
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596	Phone no 817-335-1900		

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 (2010)

JSA
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SCANNED MAY 10 2012

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

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

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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 73,019,832 including grants of \$ 29,214,437) (Revenue \$ 74,275,752.)

INSTRUCTION, ACADEMIC SUPPORT, RESEARCH AND STUDENT FINANCIAL AID
ASSISTANCE: PROVIDES A CATHOLIC EDUCATION EXPERIENCE THAT EVOKES
ACADEMIC EXCELLENCE WHILE INTEGRATING LIBERAL STUDIES,
PROFESSIONAL PREPARATION AND ETHICAL COMMITMENT. THE UNIVERSITY
OFFERS CLASSES WHICH LEAD TO BACHELORS, MASTERS, PH.D AND JURIS
DOCTOR DEGREES. (ENROLLMENT: 4,105, STUDENT TO FACULTY RATIO: 13
TO 1; 70 UNDERGRADUATE AND GRADUATE MAJORS AND OFFERS OVER 120
DEGREE PROGRAMS, WHICH INCLUDE 2 DOCTORAL AND 2 LAW PROGRAMS, AND
12 UNDERGRADUATE AND 10 GRADUATE JOINT PROGRAMS).

4b (Code) (Expenses \$ 14,453,103 including grants of \$) (Revenue \$ 16,269,540)

AUXILIARY ENTERPRISES: PROVIDES STUDENT WITH HOUSING, DINING AND
BOOKSTORE SERVICES AND FACILITIES TO EXPERIENCE COMMUNITY LIVING
ON CAMPUS EXPERIENCE. (ENROLLMENT: 4,105, STUDENT TO FACULTY
RATIO: 13 TO 1; 70 UNDERGRADUATE AND GRADUATE MAJORS AND OFFERS
OVER 120 DEGREE PROGRAMS, WHICH INCLUDE 2 DOCTORAL AND 2 LAW
PROGRAMS, AND 12 UNDERGRADUATE AND 10 GRADUATE JOINT PROGRAMS).

4c (Code) (Expenses \$ 14,378,756 including grants of \$) (Revenue \$ 14,378,756.)

STUDENT AND COMMUNITY SERVICES PROGRAMS: PROVIDES STUDENTS WITH
OPPORTUNITIES TO DEVELOP LEADERSHIP IN STUDENT, ACADEMIC, SOCIAL
AND PROFESSIONAL ORGANIZATIONS. (ENROLLMENT: 4,105, STUDENT TO
FACULTY RATIO: 13 TO 1; 70 UNDERGRADUATE AND GRADUATE MAJORS AND
OFFERS OVER 120 DEGREE PROGRAMS, WHICH INCLUDE 2 DOCTORAL AND 2
LAW PROGRAMS, AND 12 UNDERGRADUATE AND 10 GRADUATE JOINT PROGRAMS)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 101,851,691.

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, XII, and XIII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	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? If "Yes," complete Schedule J.	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	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
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		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? If "Yes," complete Schedule L, Part I.		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		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? If "Yes," complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		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? If "Yes," complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		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? If "Yes," complete Schedule R, Part I.	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		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? If "Yes," complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 169		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2,419		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country ATTACHMENT 1 See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 32		
b Enter the number of voting members included in line 1a, above, who are independent 1b 31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Does the organization have members or stockholders? 6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b		X
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c	X	
13 Does the organization have a written whistleblower policy? 13		X
14 Does the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public _____

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **MEI-LIN LEE, FINANCE DIRECTOR ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228**
 210-436-3414

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV MARTIN A SOLMA SM CHANCELLOR (FROM 6/1/2010)	1.00	X		X				0.	0.	0.
(2) ROBERT L ELIZONDO CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
(3) PHILIP J PFEIFFER VICE CHAIRMAN OF THE BOARD	1.00	X		X				0.		0.
(4) MAJ GEN. ALFRED A VALENZUELA RET SECRETARY	1.00	X		X				0.	0.	0.
(5) CHARLES L COTRELL PHD PRESIDENT	40.00	X		X				283,693.	0.	22,822.
(6) MARTIN D BEIRNE JR TRUSTEE	1.00	X						0.	0.	0.
(7) HELEN M BERRIDGE TRUSTEE	1.00	X						0.	0.	0.
(8) JACK BIEGLER TRUSTEE	1.00	X						0.	0.	0.
(9) BROTHER WILLIAM J CAMPBELL SM EDD TRUSTEE (FROM 6/1/2010)	1.00	X						0.	0.	0.
(10) R. MICHAEL CASSEB TRUSTEE (FROM 6/1/2010)	1.00	X						0.	0.	0.
(11) REBECCA QUINTANILLA CEDILLO TRUSTEE	1.00	X						0.	0.	0.
(12) JEFFREY R DAVIS TRUSTEE (6/1/2010 - 5/31/2011)	1.00	X						0.	0.	0.
(13) DAVID C DICKSON TRUSTEE	1.00	X						0.	0.	0.
(14) STEPHEN M DUFILHO TRUSTEE	1.00	X						0.	0.	0.
(15) REV TIMOTHY EDEN SM EDD TRUSTEE	1.00	X						0.	0.	0.
(16) RUBEN M. ESCOBEDO TRUSTEE (FROM 6/1/2010)	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) REV JAMES F FITZ SM TRUSTEE	1.00	X						0.	0.	0.
(18) ANTONIO FLORES JR TRUSTEE	1.00	X						0.	0.	0.
(19) JAMES FORKENBROCK TRUSTEE (FROM 6/1/2010)	1.00	X						0.	0.	0.
(20) BROTHER VICTOR M FORLANI SM PHD TRUSTEE	1.00	X						0.	0.	0.
(21) BROTHER JOSEPH KAMIS SM TRUSTEE (FROM 6/1/2010)	1.00	X						0.	0.	0.
(22) SISTER LAURA M LEMING FMI PHD TRUSTEE	1.00	X						0.	0.	0.
(23) THE HONORABLE ALMA L LOPEZ TRUSTEE	1.00	X						0.	0.	0.
(24) NORMA MARTINEZ LOZANO TRUSTEE	1.00	X						0.	0.	0.
(25) HARVEY E NAJIM TRUSTEE (FROM 6/1/2010)	1.00	X						0.	0.	0.
(26) FERNANDO REYES TRUSTEE	1.00	X						0.	0.	0.
(27) SUSAN ROMO TRUSTEE	1.00	X						0.	0.	0.
(28) MICHAEL A SCHOTT TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								283,693.	0.	22,822.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 2								2,836,134.	0.	273,215.
d Total (add lines 1b and 1c)								3,119,827.	0.	296,037.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **99**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **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? If "Yes," complete Schedule J for such individual **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? If "Yes," complete Schedule J for such person **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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	84,084			
	d	Related organizations	1d	506,949			
	e	Government grants (contributions)	1e	10,133,527			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,236,502			
	g	Noncash contributions included in lines 1a-1f \$		223,290			
	h	Total. Add lines 1a-1f		15,961,062			
Program Service Revenue				Business Code			
	2a	EDUCATIONAL AND GENERAL TUITION AND FEES	611310	85,212,447	85,212,447		
	b	AUXILIARY ENTERPRISES REVENUE	611710	16,269,540	16,269,540		
	c	EDUCATIONAL PROGRAM FEE INCOME	611701	1,842,417	1,842,417		
	d	EDUCATIONAL AND INSTITUTIONAL FEE INCOME	611710	856,846	856,846		
	e	EDUCATIONAL HEALTH INSURANCE	611710	742,798	742,798		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		104,924,048			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,024,742			3,024,742
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	419,812				
	b	Less rental expenses	481,612				
	c	Rental income or (loss)	-61,800				
	d	Net rental income or (loss)		-61,800			-61,800
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	151,144,739				
	b	Less cost or other basis and sales expenses	149,467,839				
	c	Gain or (loss)	1,676,900				
	d	Net gain or (loss)		1,676,900			1,676,900
	8a	Gross income from fundraising events (not including \$ 84,084 of contributions reported on line 1c) See Part IV, line 18	a	62,929			
	b	Less direct expenses	b	62,540			
	c	Net income or (loss) from fundraising events		389			389
	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			125,525,341	104,924,048		4,640,231

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) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	29,214,437.	29,214,437.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S 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	2,325,981.	988,660.	842,474.	494,847.
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	43,463,364.	37,556,833.	4,904,831.	1,001,700.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,980,525.	1,693,493.	234,194.	52,838.
9 Other employee benefits	4,177,502.	3,302,421.	697,491.	177,590.
10 Payroll taxes	2,921,556.	2,433,283.	405,834.	82,439.
11 Fees for services (non-employees)				
a Management	5,520,386.	4,848,519.	664,542.	7,325.
b Legal	45,186.	1,095.	44,091.	
c Accounting	282,849.	2,099.	280,750.	
d Lobbying	3,500.		3,500.	
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	683,300.		683,300.	
g Other	294,643.	200,557.	94,086.	
12 Advertising and promotion	675,490.	323,104.	143,769.	208,617.
13 Office expenses	6,192,532.	5,696,229.	415,337.	80,966.
14 Information technology	261,443.	93,837.	167,606.	
15 Royalties	607,331.	186,259.	421,072.	
16 Occupancy	3,940,417.	3,028,055.	901,807.	10,555.
17 Travel	2,006,501.	1,949,048.	40,464.	16,989.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,599,112.	1,173,771.	371,528.	53,813.
20 Interest	1,088,120.	936,716.	151,404.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	5,732,002.	4,024,922.	1,690,842.	16,238.
23 Insurance	1,147,801.	796,731.	349,070.	2,000.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>ACADEMIC PROGRAMS</u>	1,481,957.	1,179,745.	237,183.	65,029.
b <u>CHAMINADE APT TRUST</u>	1,026,094.	1,026,094.		
c <u>BAD DEBT</u>	784,170.		784,170.	
d <u>IMPROVEMENT</u>	792,158.	757,574.	34,584.	
e <u>PROGRAM AND EVENTS</u>	720,999.	438,209.	282,790.	
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	118,969,356.	101,851,691.	14,846,719.	2,270,946.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	5,000.	1	5,000.	
	2	Savings and temporary cash investments	47,729,692.	2	50,311,693.	
	3	Pledges and grants receivable, net	1,178,891.	3	3,210,924.	
	4	Accounts receivable, net	4,102,728.	4	5,175,472.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6	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)		6		
	7	Notes and loans receivable, net	8,546,173.	7	7,536,863.	
	8	Inventories for sale or use	483,470.	8	515,298.	
	9	Prepaid expenses and deferred charges	1,132,789.	9	907,063.	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	156,746,633.		
	10b	Less accumulated depreciation	10b	80,061,366.		
			79,426,438.	10c	76,685,267.	
	11	Investments - publicly traded securities	87,737,770.	11	111,100,048.	
	12	Investments - other securities See Part IV, line 11	15,930,699.	12	18,696,517.	
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets		14		
15	Other assets See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equal line 34)	246,273,650.	16	274,144,145.		
Liabilities	17	Accounts payable and accrued expenses	5,872,247.	17	6,639,693.	
	18	Grants payable		18		
	19	Deferred revenue	1,776,629.	19	2,189,998.	
	20	Tax-exempt bond liabilities	27,849,448.	20	25,349,025.	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	527,653.	23	518,601.	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities Complete Part X of Schedule D	9,651,856.	25	9,255,535.	
	26	Total liabilities. Add lines 17 through 25	45,677,833.	26	43,952,852.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	108,206,174.	27	125,695,457.	
	28	Temporarily restricted net assets	32,937,055.	28	43,723,498.	
	29	Permanently restricted net assets	59,452,588.	29	60,772,338.	
	Organizations that do not follow SFAS 117, 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	200,595,817.	33	230,191,293.	
	34	Total liabilities and net assets/fund balances	246,273,650.	34	274,144,145.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	125,525,341.
2	Total expenses (must equal Part IX, column (A), line 25)	2	118,969,356.
3	Revenue less expenses Subtract line 2 from line 1	3	6,555,985.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	200,595,817.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	23,039,491.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	230,191,293.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	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	X	

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☒ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2010. 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. <input type="checkbox"/>		
b 33 1/3 % support tests - 2009. 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. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ \$ _____

3 Volunteer hours ▶ _____

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2010

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

- A** Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		18,458.
j Total. Add lines 1c through 1i			18,458.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

OTHER LEGISLATIVE ACTIVITIES

SCHEDULE C, PART II-B, 11

14% OF \$35,397 MEMBERSHIP DUES (\$4,958) PAID TO INDEPENDENT COLLEGES AND

UNIVERSITIES OF TEXAS (ICUT) WERE EXPENDED FOR HIGHER EDUCATION

LEGISLATIVE ACTIVITIES PLUS \$13,500 PAID TO CONSULTANT .

Part IV Supplemental Information *(continued)*

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	124,769,237	116,470,728	147,053,622		
b Contributions	900,132.	1,357,781	2,317,875		
c Net investment earnings, gains, and losses	26,116,630	12,447,599	-26,222,084		
d Grants or scholarships	3,227,352	3,342,415	2,817,000		
e Other expenditures for facilities and programs	2,197,796	2,164,456	3,861,685		
f Administrative expenses					
g End of year balance	146,360,851	124,769,237.	116,470,728.		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 33.0000 %
 b Permanent endowment ▶ 67.0000 %
 c Term endowment ▶ %

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" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment See Form 990, Part X, line 10

Description of investment	(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		93,436,420.	35,593,029.	57,843,391.
c Leasehold improvements		13,111,497.	5,816,197.	7,295,300.
d Equipment		19,082,000.	12,710,985.	6,371,015.
e Other		30,516,070.	25,941,154.	4,574,916.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)				76,685,267.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) U.S. REAL ESTATE TRUSTS	4,243,697.	FMV
(B) U.S. MINERAL RIGHTS	1,286,200.	FMV
(C) INT'L HEDGE FUND (HARBINGER)	3,585,500.	FMV
(D) MULTI-STRATEGY PRIVATE EQUITY	5,855,123.	FMV
(E) FUNDS HELD IN TRUST BY OTHERS	3,725,997.	FMV
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	18,696,517.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) FN#47-CONDITIONAL ASSET RETIREMENT	2,915,534.
(3) PERKINS LOAN PROGRAM ADVANCE	6,340,001.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	9,255,535.

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	125,525,341.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	118,969,356.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,555,985.
4	Net unrealized gains (losses) on investments	4	23,039,491.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	23,039,491.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	29,595,476.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	118,666,607.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	23,039,003.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	23,039,003.
3	Subtract line 2e from line 1	3	95,627,604.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	683,300.
b	Other (Describe in Part XIV)	4b	29,214,437.
c	Add lines 4a and 4b	4c	29,897,737.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	125,525,341.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	89,071,619.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	89,071,619.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	683,300.
b	Other (Describe in Part XIV)	4b	29,214,437.
c	Add lines 4a and 4b	4c	29,897,737.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	118,969,356.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V

ENDOWMENT SPENDING PURPOSES:

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

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII

LINE 4B: SCHOLARSHIPS 29,214,437

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII

LINE 4B: SCHOLARSHIPS 29,214,437

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S UNIVERSITY

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

74-1143128

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.	<input checked="" type="checkbox"/>	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	
If you answered "No" to any of the above, please explain. If you need more space, use Part II		
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		<input checked="" type="checkbox"/>
b Admissions policies?		<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?		<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?		<input checked="" type="checkbox"/>
e Educational policies?		<input checked="" type="checkbox"/>
f Use of facilities?		<input checked="" type="checkbox"/>
g Athletic programs?		<input checked="" type="checkbox"/>
h Other extracurricular activities?		<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II		
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	
b Has the organization's right to such aid ever been revoked or suspended?		<input checked="" type="checkbox"/>
If you answered "Yes" to either line 6a or line 6b, explain on Part II		
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	<input checked="" type="checkbox"/>	

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

Schedule E (Form 990 or 990-EZ) (2010)

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

NONDISCRIMINATORY POLICY

SCHEDULE E, QUESTION 3

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

FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY

SCHEDULE E, QUESTION 6A

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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" to Form 990, Part IV, line 14b

1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH AMERICA		0	PROGRAM SERVICES	EDUCATION PROGRAM	16,531
(2) EUROPE		0	PROGRAM SERVICES	EDUCATION PROGRAM	100,719
(3) MIDDLE EAST AND NORTH AFRICA		0	PROGRAM SERVICES	EDUCATION PROGRAM	69,843
(4) EUROPE		0	PROGRAM SERVICES	EDUCATION PROGRAM	260,873
(5) EUROPE		0	PROGRAM SERVICES	EDUCATION PROGRAM	145,728
(6) EAST ASIA AND THE PACIFIC		0	PROGRAM SERVICES	EDUCATION PROGRAM	135,615
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		0			729,309
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		0			729,309

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

Schedule F (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Part II can be duplicated if additional space is needed.

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

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

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

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

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2010

**Open To Public
Inspection**

ST. MARY'S UNIVERSITY

Employer identification number
74-1143128

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		DINNER (event type)	GOLF TOURNAMNT (event type)	1. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	92,901.	31,531.	22,581.	147,013.
	2 Less Charitable contributions	51,461.	15,413.	17,210.	84,084.
	3 Gross income (line 1 minus line 2)	41,440.	16,118.	5,371.	62,929.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	38,915.	15,285.	6,790.	60,990.
	7 Food and beverages	1,175.			1,175.
	8 Entertainment				
	9 Other direct expenses			375.	375.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(62,540.)
	11 Net income summary Combine line 3, column (d), and line 10				389.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

OMB No. 1545-0047

2010

Open to Public
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

JSA

OE1288 2 000 643P 1184

60626890

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	EDUC GRANTS, SCHOLARSHIPS & TUITION DISCOUNTS	2,006	29,214,437			
2						
3						
4						
5						
6						
7						

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

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

AWARDING OF SCHOLARSHIPS

SCHEDULE I, PART IV

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,

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

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

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

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 FINANCIAL ASSISTANCE DETERMINES

ELIGIBILITY BASED UPON THE FAFSA. SELECTION IS MADE WITHIN APPROPRIATE

UNIVERSITY GUIDELINES.

NOTE: DUE TO THE NATURE OF THE SCHOLARSHIPS/AWARDS, THE AMOUNTS ARE NETTED WITH REVENUES, WHICH IS CONSISTENT WITH THE AUDITED FINANCIAL

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

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

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

PRESENTATION. THUS, THE AWARDS ARE NOT REPORTED AS GRANTS.

STUDENT LOANS:

ST. MARY'S PARTICIPATES IN TWO FEDERAL LOAN PROGRAMS:

- 1) THE CAMPUS-BASED FEDERAL PERKINS STUDENT LOAN PROGRAM, IN WHICH SELECTION OF STUDENT RECIPIENTS IS MADE BY THE OFFICE OF FINANCIAL ASSISTANCE BASED UPON THE FAFSA AND FEDERAL REGULATIONS, AND
- 2) THE FFLEP PROGRAM, IN WHICH THE STUDENT SELF-SELECTS THE LENDER AND THE OFFICE OF FINANCIAL ASSISTANCE CERTIFIES ELIGIBILITY BASED UPON FEDERAL REGULATIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S UNIVERSITY

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

74-1143128

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES L COTRELL PHD	(i) 283,693.	0.	0.	17,150.	5,672.	306,515.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 ANDRE HAMPTON	(i) 195,363.	0.	0.	12,717.	8,211.	216,291.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 REBECKAH J DAY	(i) 173,001.	0.	0.	12,298.	4,431.	189,730.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 THOMAS B GALVIN	(i) 168,536.	0.	0.	938.	332.	169,806.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 SUZANNE M PETRUSCH	(i) 136,640.	0.	0.	9,888.	4,070.	150,598.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 CHARLES E CANTU JD	(i) 276,084.	0.	0.	17,114.	4,070.	297,268.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 VICTORIA M MATHER JD	(i) 193,786.	0.	0.	12,147.	6,106.	212,039.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 REYNALDO VALENCIA JD	(i) 187,665.	0.	0.	13,503.	4,070.	205,238.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 MICHAEL S ARIENS JD	(i) 179,353.	0.	0.	12,677.	8,095.	200,125.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 DAVID W SOMMER	(i) 207,453.	0.	0.	12,682.	8,211.	228,346.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 TANUJA SINGH	(i) 204,986.	0.	0.	14,810.	6,106.	225,902.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 ROBERT W PIATT JD	(i) 204,176.	0.	0.	13,773.	6,106.	224,055.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 DAVID A SCHLUETER JD	(i) 183,498.	0.	0.	11,069.	6,106.	200,673.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 KENNETH M GILLEY	(i) 180,954.	0.	0.	11,063.	8,095.	200,112.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15							
16							

Schedule J (Form 990) 2010

Part III Supplemental Information

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

COMPENSATION INFORMATION

SCHEDULE J, PART I, QUESTION 1A

FIRST CLASS AIR TRAVEL

THE UNIVERSITY HAS PROVIDED FIRST CLASS TRAVEL ON LIMITED OCCASIONS FOR HEALTH REASONS DURING THE YEAR.

SOCIAL CLUB DUES OR INITIATION FEES

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

SEVERANCE PAYMENT

SCHEDULE J, PART I, QUESTION 4A

DURING 2010, THE UNIVERSITY ENTERED INTO A SEVERANCE AGREEMENT WITH THOMAS B. GALVIN, THE UNIVERSITY'S FORMER VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT. THE UNIVERSITY MADE A LUMP SUM SEVERANCE PAYMENT IN THE AMOUNT OF \$147,225.87 LESS REQUIRED WITHHOLDINGS.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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 OLIMOS PARK, TEXAS HIGHER EDUC FAC CORP	52-1830729	XXXXXXXXXX	07/25/2006	6,690,345	TECHNOLOGY FINANCING PROJECT		X		X		X
B	CITY OF OLIMOS PARK, TEXAS HIGHER EDUC FAC CORP	52-1830729	XXXXXXXXXX	12/13/2007	8,500,000	RESIDENCE CONSTRUCTION PROJECT		X		X		X
C	CITY OF OLIMOS PARK, TEXAS HIGHER EDUC FAC CORP	52-1830729	XXXXXXXXXX	02/26/2008	10,000,000	RESIDENCE CONSTRUCTION PROJECT		X		X		X
D	CITY OF SAN ANTONIO TEXAS HIGHER EDUC FAC CORP	52-1351505	XXXXXXXXXX	07/28/2010	8,724,000	REFINANCING 1999 REVENUE BONDS		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired	0.	0.	0.	0.	0.	0.	0.
2	Amount of bonds legally defeased	0.	0.	0.	0.	0.	0.	0.
3	Total proceeds of issue	7,012,493.	8,651,557.	10,108,756.	8,724,000.			
4	Gross proceeds in reserve funds	0.	0.	0.	0.	0.	0.	0.
5	Capitalized interest from proceeds	0.	0.	0.	0.	0.	0.	0.
6	Proceeds in refunding escrows	0.	0.	0.	0.	0.	0.	0.
7	Issuance costs from proceeds	70,345.	145,975.	165,100.	74,000.			
8	Credit enhancement from proceeds	0.	0.	0.	0.	0.	0.	0.
9	Working capital expenditures from proceeds	0.	0.	0.	0.	0.	0.	0.
10	Capital expenditures from proceeds	6,473,996.	7,455,582.	9,943,656.	0.			
11	Other spent proceeds	0.	0.	0.	0.	0.	0.	0.
12	Other unspent proceeds	0.	0.	0.	0.	0.	0.	0.
13	Year of substantial completion	2008	2009	2009				

14	Were the bonds issued as part of a current refunding issue?		X	No	Yes	No	No
15	Were the bonds issued as part of an advance refunding issue?		X	No	Yes	No	No
16	Has the final allocation of proceeds been made?	X	X	X	X	X	X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X	X	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	X	X	X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X	X	X	X	X

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	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		X
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
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	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
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	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
6 Total of lines 4 and 5	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X
3a 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?								
4a Were gross proceeds invested in a GIC?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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	6.	223,290.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (TOYS & GAMES)	X	1.	314.	SELLING PRICE
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
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	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 non-standard contributions?	31	X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

74-1143128

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, QUESTION 6

BYLAWS, ARTICLE 3: MEMBERS OF THE CORPORATION

3.1 MEMBERS OF THE CORPORATION

THE FOLLOWING SHALL BE THE MEMBERS OF THE CORPORATION (EACH INDIVIDUALLY

A "MEMBER" AND COLLECTIVELY THE "MEMBERS"):

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

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

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

DESCR OF CLASSES OF PERSONS, NATURE OF RIGHTS & TYPE OF VOTING RIGHTS

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

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

THE MEMBERS OF THE CORPORATION SHALL ENJOY THE FOLLOWING POWERS:

(A) TO APPROVE AND CHANGE THE BYLAWS OF THE UNIVERSITY UPON
RECOMMENDATION OF THE BOARD OF TRUSTEES IN ACCORDANCE WITH ARTICLE 10;

(B) TO APPROVE NOMINEES FOR THE BOARD OF TRUSTEES RECOMMENDED BY THE
EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OR THE TRUSTEE NOMINATING

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

COMMITTEE (AS DEFINED BELOW) AND TO APPROVE THE DISMISSAL OF INDIVIDUALS SERVING ON THE BOARD OF TRUSTEES (EACH INDIVIDUAL SERVING ON THE BOARD OF TRUSTEES A "TRUSTEE" AND COLLECTIVELY "TRUSTEES") AS RECOMMENDED BY A VOTE OF THE BOARD OF TRUSTEES, PROVIDED THAT SUCH APPROVAL SHALL NOT, IN EITHER INSTANCE, BE UNREASONABLY WITHHELD;

(C) TO APPROVE THE SALE OR TRANSFER OF ANY SUBSTANTIAL PART OF THE PHYSICAL PROPERTIES OF THE UNIVERSITY;

(D) TO DETERMINE THE DISTRIBUTION OF THE ASSETS OF THE UNIVERSITY IN THE EVENT OF ITS DISSOLUTION; AND

(E) TO APPROVE THE RECOMMENDATIONS FOR PRESIDENT OF THE UNIVERSITY AS PROPOSED BY THE PRESIDENTIAL NOMINATING COMMITTEE (AS DEFINED BELOW) OF THE BOARD OF TRUSTEES AND THAT SUCH APPROVAL SHALL NOT BE UNREASONABLY WITHHELD.

DESCRIBE PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11
THE UNIVERSITY PREPARED THE RETURN, WHICH THEN WAS REVIEWED BY EY. THE DRAFT WAS DISTRIBUTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL AND MADE AVAILABLE TO THE BOARD PRIOR TO SUBMISSION OF THE 990 FILING.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, QUESTION 12C
EMPLOYEE/OFFICERS/DIRECTORS ARE REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST POLICY. THE INDIVIDUAL REPORTS TO THEIR RESPECTIVE SUPERVISOR AND/OR HUMAN RESOURCES OFFICE WHEN AN ISSUE ARISES. STAFF IS REQUIRED TO

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

READ AND SIGN THE CODE OF BUSINESS CONDUCT ANNUALLY. MONITORING IS
PERFORMED VIA CONTROLS AND FINANCIAL TRANSACTIONS AND SUPERVISORY
OVERSIGHT.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN
FORM 990, PART VI, QUESTION 15A
CEO AND OFFICERS SALARIES ARE REVIEWED EACH FISCAL YEAR. CONSULTED WITH
CUPA STUDY DATA FOR COMPARABILITY.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC
FORM 990, PART VI, QUESTION 19
AUDITED FINANCIALS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FORMS 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE WEB AT
WWW.STMARYTX.EDU.

RECONCILIATION OF NET ASSETS
FORM 990, PART XI, LINE 5
NET UNREALIZED GAINS OF 23,039,491.

FINANCIAL STATEMENTS AND REPORTING
FORM 990, PART XII, QUESTION 2C
THE UNIVERSITY PREPARED THE REPORT, WHICH THEN WAS REVIEWED BY EY. THE
DRAFT WAS DISTRIBUTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND
APPROVAL AND MADE AVAILABLE TO THE BOARD PRIOR TO SUBMISSION OF THE 990
FILING.

Name of the organization

Employer identification number

ST. MARY'S UNIVERSITY

74-1143128

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CHINA

ARGENTINA

SPAIN

AUSTRIA

UNITED ARAB EMIRATES

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
			(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29	DORIS A SLAY-BARBER TRUSTEE	1.00	X						0.	0.	0.
30	BROTHER EDWARD VIOLETT SM PHD TRUSTEE	1.00	X						0.	0.	0.
31	BROTHER THOMAS WENDORF SM PHD TRUSTEE	1.00	X						0.	0.	0.
32	STEPHEN GLODEK TRUSTEE (TO 5-31-10)	1.00	X						0.	0.	0.
33	JACK PAUL LEON TRUSTEE (TO 5-31-10)	1.00	X						0.	0.	0.
34	CHARLES T BARRETT JR TRUSTEE (TO 5-31-10)	1.00	X						0.	0.	0.
35	DAVID W BIEGLER TRUSTEE (TO 5-31-10)	1.00	X						0.	0.	0.
36	EDWARD R BOYLE TRUSTEE (TO 5-31-10)	1.00	X						0.	0.	0.
37	BROTHER RICHARD DIX TRUSTEE (TO 5-31-10)	1.00	X						0.	0.	0.
38	VINCENT LY LIN TRUSTEE (TO 5-31-10)	1.00	X						0.	0.	0.
39	CLEM LYONS TRUSTEE (TO 5-31-10)	1.00	X						0.	0.	0.
40	ANDRE HAMPTON PROVOST	40.00			X				195,363.	0.	20,928.
41	REBECKAH J DAY VP FOR ADMIN & FINANCE	40.00			X				173,001.	0.	16,729.
42	THOMAS B GALVIN VP UNIV ADV (TO 1/31/2011)	40.00			X				168,536.	0.	1,270.
43	SUZANNE M PETRUSCH VP ENROLLMENT MANAGEMENT	40.00			X				136,640.	0.	13,958.
44	PAUL T KETTERING VP FOR UNIVERSITY ADVANCEMENT	40.00			X				122,015.	0.	13,480.
45	KATHERINE M SISOIAN										

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

ATTACHMENT 2 (CONT'D)

VP FOR STUDENT DEVELOPMENT	40.00	X	121,586.	0.	12,935.
46 REV RUDY VELA SM					
VP FOR UNIVERSITY MINISTRY	40.00	X	101,038.	0.	18,112.
47 CHARLES E CANTU JD					
DEAN SCHOOL OF LAW	40.00	X	276,084.	0.	21,184.
48 VICTORIA M MATHER JD					
ASSOCIATE DEAN, LAW SCHOOL	40.00	X	193,786.	0.	18,253.
49 REYNALDO VALENCIA JD					
ASSOCIATE DEAN, LAW SCHOOL	40.00	X	187,665.	0.	17,572.
50 MICHAEL S ARIENS JD					
ASSOCIATE DEAN, LAW SCHOOL	40.00	X	179,353.	0.	20,773.
51 DAVID W SOMMER					
PROFESSOR OF FINANCE	40.00	X	207,453.	0.	20,893.
52 TANUJA SINGH					
DEAN, BILL GREEHEY SCHOOL BUS	40.00	X	204,986.	0.	20,916.
53 ROBERT W PIATT JD					
PROFESSOR OF LAW	40.00	X	204,176.	0.	19,879.
54 DAVID A SCHLUETER JD					
PROFESSOR OF LAW	40.00	X	183,498.	0.	17,175.
55 KENNETH M GILLEY					
PROFESSOR OF MANAGEMENT	40.00	X	180,954.	0.	19,158.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK ST. MARY'S UNIVERSITY SAN ANTONIO, TX 78228	FOOD SERVICES	3,540,062.
THOMSON WEST PO BOX 6292 CAROL STREAM, IL 60197-6292	PUBLISHING	908,170.
ACADEMIC HEALTH PLANS, INC. 1005 GLADE RD. COLLEYVILLE, TX 76034	INSURANCE	699,704.
CHRISTIAN BROTHERS RISK POOLING TRUST ROMEDEVILLE, IL 60441-1896	INSURANCE	430,724.
NEBRASKA BOOK COMPANY, INC. PO BOX 80529 LINCOLN, NE 68501-0529	PUBLISHING	391,598.

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

TOTAL COMPENSATION

5,970,258.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

ST. MARY'S UNIVERSITY

Employer identification number

74-1143128

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

(a) Name, address, and EIN 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) CHAMINADE APARTMENTS HOUSING TRUST ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	HOUSING	TX	935,387.	799,708.	N/A
(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?
(1) ST. MARY'S UNIVERSITY-ALUMNI ASSOCIATION ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	SUPPORT	TX	501 (C) (3)	5	N/A	Yes No X
(2) SOCIETY OF MARY OF MARIANIST PROVINCE 4425 WEST PINE BLVD ST LOUIS, MO 63108	RELIGIOUS ORG	MO	501 (C) (3)	1	N/A	Yes No X
(3) ST. MARY'S UNIVERSITY SCHOOL OF LAW FDN ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	SUPPORT	TX	501 (C) (3)	9	N/A	Yes No X
(4) -----	-----	-----	-----	-----	-----	Yes No
(5) -----	-----	-----	-----	-----	-----	Yes No
(6) -----	-----	-----	-----	-----	-----	Yes No
(7) -----	-----	-----	-----	-----	-----	Yes No

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

Schedule R (Form 990) 2010

JSA

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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) Depreciable assets?		(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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	ST. MARY'S UNIVERSITY ALUMNI ASSOCIATION	C	153,056.	FMV
(2)	SOCIETY OF MARY OF MARIANIST PROVINCE	C	318,893.	FMV
(3)				
(4)				
(5)				
(6)				

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

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

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

Schedule R (Form 990) 2010

Part VII**Supplemental Information**

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