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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)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012		D Employer identification number 41-0695527	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		E Telephone number (507) 457-1443	
C Name of organization ST MARYS UNIVERSITY OF MINNESOTA		G Gross receipts \$ 85,165,082	
Doing Business As			
Number and street (or P O box if mail is not delivered to street address)		Room/suite	
700 TERRACE HEIGHTS			
City or town, state or country, and ZIP + 4 WINONA, MN 559871399			
F Name and address of principal officer CYNTHIA MAREK 700 TERRACE HEIGHTS WINONA, MN 55987		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.SMUMN.EDU			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1912	M State of legal domicile MN

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities SAINT MARY'S UNIVERSITY OF MINNESOTA IS A PRIVATE, CATHOLIC INSTITUTION OFFERING COMPREHENSIVE UNDERGRADUATE AND GRADUATE PROGRAMS 1,400 STUDENTS ARE ENROLLED IN THE RESIDENTIAL UNDERGRADUATE COLLEGE AT THE WINONA CAMPUS, ESTABLISHED IN 1912 6,421 STUDENTS ARE ENROLLED IN THE SCHOOLS OF GRADUATE AND PROFESSIONAL PROGRAMS, WHICH OFFERS CERTIFICATES, BACHELOR AND SPECIALIST PROGRAMS, MASTERS DEGREES AND DOCTORAL PROGRAMS THE UNIVERSITY DELIVERS EDUCATION TO ITS ADULT LEARNERS THROUGH CAMPUSES IN MINNEAPOLIS, WINONA, NAIROBI, KENYA, CENTERS IN APPLE VALLEY, ROCHESTER, OAKDALE, AND MINNETONKA AND AT NUMEROUS OTHER LOCATIONS IN MINNESOTA, WISCONSIN AND JAMAICA SAINT MARY'S IS ACCREDITED BY THE HIGHER LEARNING COMMISSION AND IS A MEMBER OF THE NORTH CENTRAL ASSOCIATION			
	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	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,343
	6	Total number of volunteers (estimate if necessary)	6	180
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	6,507,374	8,640,537
	9	Program service revenue (Part VIII, line 2g)	70,622,524	74,923,935
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	751,734	657,251
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	568,132	439,150
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,449,764	84,660,873
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,507,008	16,415,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	38,647,099	39,552,572
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,688,000		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	22,012,187	23,411,051
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	76,166,294	79,379,123
	19	Revenue less expenses Subtract line 18 from line 12	2,283,470	5,281,750
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	138,774,886	140,881,105
	21	Total liabilities (Part X, line 26)	46,886,075	45,643,472
	22	Net assets or fund balances Subtract line 21 from line 20	91,888,811	95,237,633

Part II	Signature Block
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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			2013-02-20 Date	
	CYNTHIA MAREK VP - FINANCIAL AFFAIRS Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	LAWRENCE H MOHR CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00447603
	Firm's name (or yours if self-employed), address, and ZIP + 4	BAKER TILLY VIRCHOW KRAUSE LLP 225 SOUTH SIXTH STREET SUITE 2300 MINNEAPOLIS, MN 55402			EIN 39-0859910
					Phone no (612) 876-4500

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

ENRICHED BY THE CATHOLIC, LASALLIAN HERITAGE, SAINT MARY’S UNIVERSITY OF MINNESOTA AWAKENS, NURTURES, AND EMPOWERS LEARNERS TO ETHICAL LIVES OF SERVICE AND LEADERSHIP

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 24,711,422 including grants of \$ 16,415,500) (Revenue \$ 65,530,396)

INSTRUCTION SAINT MARY’S UNIVERSITY OF MINNESOTA HAS TWO PRIMARY ACADEMIC UNITS THE COLLEGE AND THE SCHOOLS OF GRADUATE AND PROFESSIONAL PROGRAMS (SGPP) THE COLLEGE CONSISTS OF THE TRADITIONAL UNDERGRADUATE BACHELOR OF ARTS EXPERIENCE BASED ON THE WINONA CAMPUS THE SGPP INCLUDES CONTINUING EDUCATION OFFERINGS, CERTIFICATE PROGRAMS, BACHELOR OF SCIENCE COMPLETION PROGRAMS, MASTER’S PROGRAMS, AN EDUCATION SPECIALIST PROGRAM, AND TWO DOCTORAL PROGRAMS THE SGPP IS BASED ON BOTH THE TWIN CITIES AND WINONA CAMPUSES, WITH CENTERS IN ROCHESTER, APPLE VALLEY, MINNETONKA AND OAKDALE, MN ACROSS THE 12-MONTH 2011-12 ACADEMIC YEAR THE COLLEGE ENROLLED 1,400 STUDENTS AND OFFERED 44,842 INSTRUCTIONAL ACTIVITY CREDIT HOURS THE SGPP ENROLLED 6,421 STUDENTS ACROSS THE 2011-12 ACADEMIC YEAR AND OFFERED 69,582 INSTRUCTIONAL ACTIVITY CREDIT HOURS THE UNIVERSITY EXPECTS TO MAINTAIN ENROLLMENT AT THE COLLEGE IN THE 2012-13 ACADEMIC YEAR AND DELIVER APPROXIMATELY 45,000 CREDIT HOURS THE SGPP EXPECTS TO MAINTAIN ENROLLMENT IN 2012-13, SERVING APPROXIMATELY 7,000 STUDENTS AND DELIVER APPROXIMATELY 10,000 CREDIT HOURS THE UNIVERSITY OFFERS 55 MAJORS WITH THE BACHELOR OF ARTS PROGRAM THE UNIVERSITY OFFERS AN ADDITIONAL 58 PROGRAMS WITHIN THE SGPP

4b

(Code) (Expenses \$ 11,527,277 including grants of \$) (Revenue \$)

INSTITUTIONAL THE UNIVERSITY SERVES STUDENTS AT OVER 75 LOCATIONS IN MINNESOTA AND AT APPROXIMATELY 25 LOCATIONS IN WISCONSIN, EACH YEAR BY BRINGING OUR PROGRAM/COURSES TO LOCATIONS THAT ARE MORE ACCESSIBLE TO WORKING ADULTS, THE UNIVERSITY PROVIDES EDUCATION TO THOSE WHO MIGHT NOT OTHERWISE BE ABLE TO TRAVEL TO CAMPUS LOCATIONS THIS MODEL OF OFF CAMPUS DELIVERY WILL BE UTILIZED IN THE FUTURE, AND IN 2011-12, THE UNIVERSITY BEGAN OFFERING THREE ONLINE MASTERS PROGRAMS AND WILL BE INCREASING ITS ONLINE OFFERINGS OVER THE NEXT 5 YEARS THE UNIVERSITY ENGAGED IN A STRATEGIC PLANNING PROCESS DURING THE 2011-12 ACADEMIC YEAR AND A NEW PLAN RESULTED THAT WILL INFORM UNIVERSITY PLANNING THROUGH 2017 SIGNIFICANT FACILITIES CHANGES HAVE OCCURRED ON BOTH THE WINONA AND TWIN CITIES CAMPUSES DURING THE 2011-12 ACADEMIC YEAR ON THE WINONA CAMPUS, A NEW \$6 5 MILLION RESIDENCE HALL, BROTHER LEOPOLD HALL, WAS BUILT AND OPENED IN AUGUST 2012 THIS HALL IS HOME TO 141 STUDENTS AND OFFERS MULTIPLE HOUSING ARRANGEMENTS, INCLUDING SINGLE AND DOUBLE OCCUPANCY SUITES ALONG WITH APARTMENTS, AND MULTIPLE GATHERING AND COMMON SPACES THE BUILDING IS ALSO HOME TO THE NEW ENVIRONMENTAL AWARENESS CENTER, WHICH INCLUDES THE OUTDOOR LEADERSHIP OFFICE, A CHANGING AREA, RESTROOMS, EXERCISE AND STORAGE SPACE GEARED TO NORDIC SKIERS WHO UTILIZE THE SKI TRAILS ON THE CAMPUS, AND A WARMING HOUSE VLAZNY HALL, A RESIDENCE HALL FOR UNDERCLASS STUDENTS, HAS BEEN TAKEN OFF-LINE THIS YEAR, AND PLANS ARE FOR IT TO BE REFURBISHED FOR OFFICE SPACE NEXT YEAR ADDITIONALLY, LASALLE RESIDENCE HALL RECEIVED A \$1 MILLION RENOVATION THIS SUMMER THAT INCLUDED UPGRADES TO EACH STUDENT ROOM, NEW PRIVATE BATHROOMS, A NEW LOUNGE AND THE ADDITION OF A WORKOUT ROOM AND CHAPEL ON THE TWIN CITIES CAMPUS, RENOVATIONS OF THE UNIVERSITY EVENT CENTER AND MANSION BEGAN IN SUMMER AND WILL CONTINUE THIS YEAR ABOUT \$1 MILLION IN RENOVATIONS WILL OCCUR IN 2012-13, WITH A SECOND PHASE OF RENOVATIONS TO OCCUR IN 2013-14

4c

(Code) (Expenses \$ 9,995,484 including grants of \$) (Revenue \$ 8,301,776)

STUDENT SERVICES IN 2011-12, 320 TRADITIONAL UNDERGRADUATE STUDENTS (ABOUT 23% OF THAT POPULATION) PARTICIPATED IN 21 NCAA DIVISION III SPORTS OFFERED AT SAINT MARY’S UNIVERSITY PARTICIPATION IN INTRAMURAL ACTIVITIES ANNUALLY IS MORE THAN 40% THE FINANCIAL AID OFFICE PROCESSED \$60,854,189 IN LOANS, GRANTS, WORK STUDY AND SCHOLARSHIP FOR THE ENTIRE UNIVERSITY IN 2011-12 IN 2011-12, 6% OF TRADITIONAL UNDERGRADUATE STUDENTS WERE FORMALLY REGISTERED AS STUDENT WITH DISABILITIES WITH THE INSTITUTION’S OFFICE OF DISABILITY SERVICES, THE MAJORITY OF WHICH UTILIZED SERVICES OFFERED BY THE UNIVERSITY 184 INTERNATIONAL STUDENTS WERE ENROLLED AT THE UNIVERSITY IN 2011-12 TWENTY-FOUR STUDENTS PARTICIPATED IN THE FIRST GENERATION INITIATIVE PROGRAM, WHICH OFFERS SELECTED STUDENTS SCHOLARSHIPS (SOME FULL) TO ATTEND THE UNIVERSITY THE STUDENTS ENGAGE IN SPECIAL SUPPORT ACTIVITIES WHICH INCLUDE STUDY HALLS, SPECIALIZED ADVISING AND SOCIAL ACTIVITIES WHICH PROMOTE RETENTION AND STUDENT SUCCESS AT THE SGPP, A NEW ONE-STOP SHOP FOR STUDENT SERVICES WAS DEVELOPED ON THE TWIN CITIES CAMPUS CALLED SMU CENTRAL A NEW PROGRAM, PATHWAYS, WAS DEVELOPED TO PROMOTE STUDENT TRANSFER FROM AREA COMMUNITY COLLEGES, PLACING ADVISORS INTO OFFICES ON PARTNERING CAMPUSES, WITH THE GOAL OF INCREASING ENROLLMENT IN BACHELOR OF SCIENCE COMPLETION PROGRAMS

(Code) (Expenses \$ 21,617,664 including grants of \$) (Revenue \$ 1,350,815)

INSTITUTIONAL SUPPORT, INCLUDING OPERATION OF PLANT AND DEPRECIATION

4d

Other program services (Describe in Schedule O)




















(Expenses \$ 21,617,664 including grants of \$) (Revenue \$ 1,350,815)

4e

Total program service expenses

\$ 67,851,847

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	Yes	
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 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
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. 	Yes	
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. 	Yes	
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. 	Yes	
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. 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	Yes	
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. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
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 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	Yes	
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 U S ? If "Yes," complete Schedule F, Part II and IV 		No
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 U S ? If "Yes," complete Schedule F, Part III and IV 		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	166			
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				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	2,343			
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	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				
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 or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
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				No
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				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
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				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
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				No
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
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 lines 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 ☒

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	30		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	No
	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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 <input checked="" type="checkbox"/> MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> MS CYNTHIA MAREK 700 TERRACE HEIGHTS 8 WINONA, MN 55987 (507) 457-1443

Check if Schedule O contains a response to any question in this Part VII

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,220,266	0	109,864

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 13

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHARTWELLS 700 TERRACE HEIGHTS WINONA, MN 55987	FOOD SERVICE	2,231,493
SCHWAB LLC 74 KANSAS STREET WINONA, MN 55987	CONTRACTOR	519,290
HAY DOBBS 220 SOUTH 6TH ST SUITE 165 MINNEAPOLIS, MN 55402	CONSULTANT	396,266
WINONA HEATING & VENTILATING 374 EAST SECOND ST WINONA, MN 55987	CONTRACTOR	256,600
MINITEX 15 ANDERSON LIBRARY 222 21ST AVE S MINNEAPOLIS, MN 55455	LIBRARY DATABASE	173,128

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►12

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				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,441,650			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,198,887			
	g	Noncash contributions included in lines 1a-1f \$ 457,023					
	h	Total. Add lines 1a-1f		8,640,537			
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	541900	65,530,396	65,530,396		
	b	AUXILIARY ENTERPRISES	611710	8,301,776	8,301,776		
	c	PRIVATE SPONSORED RESE	541700	1,091,763	1,091,763		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		74,923,935			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		658,475			658,475
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real 290,813	(ii) Personal			
	b	Less rental expenses	110,715				
	c	Rental income or (loss)	180,098				
	d	Net rental income or (loss)		180,098			180,098
	7a	Gross amount from sales of assets other than inventory	(i) Securities 392,270	(ii) Other			
	b	Less cost or other basis and sales expenses	393,494				
	c	Gain or (loss)	-1,224				
	d	Net gain or (loss)		-1,224			-1,224
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . .					
	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 . .					
	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 . .					
	Miscellaneous Revenue		Business Code				
	11a	PERFORMANCE SEASON INC	611710	113,066	113,066		
	b	MISCELLANEOUS	611710	79,114	79,114		
c	FINES AND PENALTIES	611710	66,872	66,872			
d	All other revenue						
e	Total. Add lines 11a-11d		259,052				
12	Total revenue. See Instructions		84,660,873	75,182,987	0	837,349	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	16,415,500	16,415,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,220,266	768,601	146,598	305,067
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,567,961	26,178,649	3,672,324	716,988
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,638,594	1,301,437	301,766	35,391
9	Other employee benefits	3,742,103	2,972,128	689,152	80,823
10	Payroll taxes	2,383,648	1,893,189	438,977	51,482
11	Fees for services (non-employees)				
a	Management				
b	Legal	29,490		29,490	
c	Accounting	64,540		64,540	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	248,000		248,000	
g	Other	1,395,813	1,108,611	257,055	30,147
12	Advertising and promotion	1,431,361	1,136,844	263,602	30,915
13	Office expenses	6,158,122	4,891,028	1,134,090	133,004
14	Information technology	180,656	143,484	33,270	3,902
15	Royalties				
16	Occupancy	2,805,181	2,227,987	516,607	60,587
17	Travel	2,327,865	1,848,884	428,703	50,278
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,635	8,446	1,959	230
20	Interest	504,391	400,608	92,889	10,894
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,706,768	2,149,824	498,483	58,461
23	Insurance	295,684	234,844	54,454	6,386
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	STAFF TUITION DISCOUNTS	1,621,374	1,287,760	298,595	35,019
b	EQUIPMENT RENTAL & MAIN	1,188,575	944,014	218,890	25,671
c	SPECIAL PROGRAMS	1,096,880	871,186	202,003	23,691
d	STIPENDS AND STUDENT RE	420,461	333,948	77,433	9,080
e					
f	All other expenses	925,255	734,875	170,396	19,984
25	Total functional expenses. Add lines 1 through 24f	79,379,123	67,851,847	9,839,276	1,688,000
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			10,825,729	1	7,609,826
	2	Savings and temporary cash investments			10,263,231	2	18,249,751
	3	Pledges and grants receivable, net			1,469,000	3	1,809,399
	4	Accounts receivable, net			5,225,425	4	5,820,292
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			3,155,568	7	3,132,066
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			215,262	9	200,127
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	96,685,450			
	b	Less accumulated depreciation	10b	46,297,989	48,451,105	10c	50,387,461
	11	Investments—publicly traded securities			34,281,144	11	32,627,974
	12	Investments—other securities See Part IV, line 11			6,337,509	12	262,390
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			18,550,913	15	20,781,819
	16	Total assets. Add lines 1 through 15 (must equal line 34)			138,774,886	16	140,881,105
Liabilities	17	Accounts payable and accrued expenses			3,137,762	17	3,013,779
	18	Grants payable			2,862,569	18	2,931,327
	19	Deferred revenue			8,590,008	19	8,587,086
	20	Tax-exempt bond liabilities			12,347,412	20	11,580,000
	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				23	1,269,693
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			19,948,324	25	18,261,587
	26	Total liabilities. Add lines 17 through 25			46,886,075	26	45,643,472
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			57,018,678	27	60,492,031
	28	Temporarily restricted net assets			10,547,368	28	10,075,317
	29	Permanently restricted net assets			24,322,765	29	24,670,285
	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			91,888,811	33	95,237,633
	34	Total liabilities and net assets/fund balances			138,774,886	34	140,881,105

Part XI Reconciliation of Net Assets

Check 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	84,660,873
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,379,123
3	Revenue less expenses Subtract line 2 from line 1	3	5,281,750
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,888,811
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,932,928
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	95,237,633

Part XII Financial Statements and Reporting

Check 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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

2011

Open to Public
Inspection

Name of the organization ST MARYS UNIVERSITY OF MINNESOTA	Employer identification number 41-0695527
--	--

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 **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 Se**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 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?

h

☐

Provide the following information about the supported organization(s)

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

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation 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).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
ST MARYS UNIVERSITY OF MINNESOTA

Employer identification number
41-0695527

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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, 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, 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 relating to these items

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

b Assets included in Form 990, Part X ▶ \$ 232,915

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

	Amount
1c	
1d	
1e	
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 XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	44,153,606	36,207,814	29,287,566	36,071,170
b	Contributions	1,728,545	2,730,491	3,781,308	2,484,989
c	Investment earnings or losses	-1,415,031	6,480,875	4,363,617	-9,016,925
d	Grants or scholarships	1,179,875	1,123,613	1,085,001	5,025
e	Other expenditures for facilities and programs	40,746	47,724	54,394	67,443
f	Administrative expenses	75,072	94,239	85,282	179,200
g	End of year balance	43,171,427	44,153,604	36,207,814	29,287,566

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 37 000 %

b

Permanent endowment ▶ 55 000 %

c

Term endowment ▶ 8 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

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

3b

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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,457,394		1,457,394
b Buildings		64,205,838	21,620,243	42,585,595
c Leasehold improvements		3,656,431	1,793,068	1,863,363
d Equipment		22,944,976	19,269,209	3,675,767
e Other		4,420,811	3,615,469	805,342
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				50,387,461

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	84,660,873
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79,379,123
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,281,750
4	Net unrealized gains (losses) on investments	4	-1,823,854
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-109,074
9	Total adjustments (net) Add lines 4 - 8	9	-1,932,928
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,348,822

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	66,275,543
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,823,854
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	-1,823,854
3	Subtract line 2e from line 1	3	68,099,397
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	248,000
b	Other (Describe in Part XIV)	4b	16,313,476
c	Add lines 4a and 4b	4c	16,561,476
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	84,660,873

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	62,926,721
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	211,098
e	Add lines 2a through 2d	2e	211,098
3	Subtract line 2e from line 1	3	62,715,623
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	248,000
b	Other (Describe in Part XIV)	4b	16,415,500
c	Add lines 4a and 4b	4c	16,663,500
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	79,379,123

Part XIVSupplemental 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, 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.

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE ARTWORK AT SAINT MARY'S INCLUDES PRINTS AND SCULPTURES THAT HELP TO SUPPORT OUR LASALLIAN MISSION AND ENHANCE THE SCHOLARLY ATMOSPHERE
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUND EARNINGS ARE USED TO SUPPORT STUDENT SCHOLARSHIPS, STUDENT ASSISTANCE, AND SOME PROGRAM ENDOWMENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNIVERSITY FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE UNIVERSITY FOR UNCERTAIN TAX POSITIONS AS OF MAY 31, 2012 AND 2011. THE UNIVERSITY'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE CURRENT YEAR AS WELL AS FISCAL YEARS 2009 THROUGH 2011 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS ON FUNDS HELD BY OTHERS -8,691 LOSS ON ACTUARIAL ADJUSTMENT -100,383 TOTAL TO SCHEDULE D, PART XI, LINE 8 -109,074
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANTS AND SCHOLARSHIPS SHOWN AS A REDUCTION OF TUITION 16,415,500 GAIN ON FUNDS HELD IN TRUST BY OTHERS 8,691 RENTAL EXPENSES -110,715
PART XIII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON ACTUARIAL ADJUSTMENT 100,383 RENTAL EXPENSES 110,715
PART XIII, LINE 4B - OTHER ADJUSTMENTS		GRANTS AND SCHOLARSHIPS SHOWN AS A REDUCTION OF TUITION 16,415,500

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
ST MARYS UNIVERSITY OF MINNESOTA

Employer identification number
41-0695527

Part I		YES	NO
<div>1</div> <div>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?</div>	1	Yes	
	2	Yes	
	3		No
<div>4</div> <div>Does the organization maintain the following?</div> <div>a Records indicating the racial composition of the student body, faculty, and administrative staff?</div> <div>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</div> <div>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</div> <div>d Copies of all material used by the organization or on its behalf to solicit contributions?</div> <div>If you answered "No" to any of the above, please explain If you need more space, use Part II</div>	4a	Yes	
	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
<div>5</div> <div>Does the organization discriminate by race in any way with respect to</div> <div>a Students' rights or privileges?</div> <div>b Admissions policies?</div> <div>c Employment of faculty or administrative staff?</div> <div>d Scholarships or other financial assistance?</div> <div>e Educational policies?</div> <div>f Use of facilities?</div> <div>g Athletic programs?</div> <div>h Other extracurricular activities?</div> <div>If you answered "Yes" to any of the above, please explain If you need more space, use Part II</div>	5f		No
	5g		No
	5h		No
	6a	Yes	
	6b		No
	7	Yes	

Part III 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).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	SAINT MARY'S UNIVERSITY INCLUDES A RACIALLY NONDISCRIMINATORY POLICY ON ALL APPLICATIONS, OUR WEBSITE, OUR UNDERGRADUATE AND GRADUATE CATALOGS, OUR FACT SHEET, OUR GRADUATE PROGRAM INFORMATION SHEETS AND OUR UNDERGRADUATE STUDENT RESOURCE AND DAILY PLANNER
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES SUPPORT FROM THE STATE OF MINNESOTA AND FROM THE UNITED STATES GOVERNMENT IN CONNECTION WITH STUDENT AID PROGRAMS SUCH AS FEDERAL AND MINNESOTA COLLEGE WORK STUDY PROGRAMS, PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS AND PERKINS LOAN FUNDS. THE UNIVERSITY ALSO RECEIVES A GRANT FROM THE STATE OF MINNESOTA BASED ON MINNESOTA RESIDENTS ENROLLED AND VARIOUS OTHER FEDERAL AND STATE EDUCATIONAL AND RESEARCH GRANTS OR SUBSIDIES.

OMB No 1545-0047

Open to Public Inspection

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

Employer identification number
41-0695527

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 (Use Part V if additional space is needed)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2011

1

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. Use Part V if additional space is needed.

[illegible]

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 (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 and/or Form 3520-A. (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

Additional Data

Software ID:
Software Version:
EIN: 41-0695527
Name: ST MARYS UNIVERSITY OF MINNESOTA

Part V **Supplemental Information**
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST MARYS UNIVERSITY OF MINNESOTA

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number

41-0695527

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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

2

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

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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) SCHOLARSHIPS AND GRANTS - SEE UNIVERSITY FOR CURRENT LISTING	1909	16,415,500			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SAINT MARY'S DISTRIBUTES SCHOLARSHIPS BASED ON NEED AND MERIT NEED BASED SCHOLARSHIPS ARE AWARDED BY THE FINANCIAL AID OFFICE USING THE INFORMATION FROM THE RESULTS OF THE FAFSA (FREE APPLICATION FOR FEDERAL STUDENT AID) MERIT BASED SCHOLARSHIPS ARE AWARDED BY THE ADMISSIONS OFFICE USING THE INFORMATION FROM THE STUDENT'S OFFICIAL HIGH SCHOOL TRANSCRIPTS AND THE RESULTS OF THE STANDARDIZED TEST (ACT, SAT, ETC) FOR STUDENTS RECEIVING GRANTS AND SCHOLARSHIP FUNDS WITH RENEWAL CONDITIONS, FULFILLMENT OF THOSE CONDITIONS ARE VERIFIED BY THE FINANCIAL AID ADMINISTRATOR PRIOR TO THE AWARD BEING RENEWED (GPA, YEAR OF ATTENDANCE, ETC)

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization ST MARYS UNIVERSITY OF MINNESOTA	Employer identification number 41-0695527
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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?	2	Yes
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 <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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? 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	4a	No
		4b	No
		4c	No
	Only 501(c)(3) and 501(c)(4) organizations only 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	5a	No
		5b	No
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	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(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) DUMESTRE MARCEL	(i)	192,696	0	0	0	13,285	205,981	0
	(ii)	0	0	0	0	0	0	0
(2) TITUS STEVEN	(i)	164,071	0	0	0	14,930	179,001	0
	(ii)	0	0	0	0	0	0	0
(3) FROST MARILYN	(i)	54,970	0	85,491	0	5,716	146,177	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE UNIVERSITY PAID HOUSING ALLOWANCE FOR THE PRESIDENT

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST MARYS UNIVERSITY OF MINNESOTA

Employer identification number
41-0695527

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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	604151HQZ	05-20-2010	4,099,216	REFINANCE PRIOR BOND FOR PREFERRED RATE	X			X		X
B	MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HCP7	03-24-2004	10,929,461	REFINANCE PRIOR BOND FOR PREFERRED RATE	X			X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	360,000		3,125,000					
2	Amount of bonds defeased								
3	Total proceeds of issue	4,099,216		10,929,461					
4	Gross proceeds in reserve funds	369,355		872,024					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	81,984		186,413					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	1,541							
12	Other unspent proceeds								
13	Year of substantial completion	2010		2004		YesNoYesNo			
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

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?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
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 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	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				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST MARYS UNIVERSITY OF MINNESOTA

Employer identification number

41-0695527

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$										

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WINONA HEATING AND VENTILATING	MICHAEL GOSTOMSKI IS AN OFFICER OF THE COMPANY AND A CURRENT TRUSTEE	182,105	REROOFING OF BUILDINGS THROUGH THE MAINTENANCE DEPARTMENT THESE WERE CONDUCTED IN THE NORMAL COURSE OF BUSINESS		No

Part V

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST MARYS UNIVERSITY OF MINNESOTA

Employer identification number
41-0695527

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	1	500	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		11,013	FMV
5 Clothing and household goods	X		40,287	FMV
6 Cars and other vehicles	X	2	3,500	FMV
7 Boats and planes	X	1	3,000	FMV
8 Intellectual property				
9 Securities—Publicly traded	X	14	392,270	FMV
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				
RENOVATION				
25 Other ► (MATERIAL)	X	1	4,453	FMV
ALUMNI				
26 Other ► (EVENTS)	X	1	2,000	FMV
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	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

Yes

No

Yes

No

Yes

No

Part III

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.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	SCHEDULE M, PART I, COLUMN B REPORTS THE NUMBER OF CONTRIBUTORS
THIRD PARTY USE	PART I, LINE 32B	SAINT MARY'S UNIVERSITY'S POLICY IS TO SELL ALL STOCK GIFTS RECEIVED AT THE TIME OF RECEIPT WE USE VARIOUS BROKERS DEPENDING ON THE RELATIONSHIP WITH THE DONOR

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
ST MARYS UNIVERSITY OF MINNESOTA

Employer identification number

41-0695527

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS A STANDING COMMITTEE OF THE BOARD OF TRUSTEES COMPOSED OF THE CHAIR, THE VICE CHAIR, THE PRESIDENT, THE SECRETARY, THE TREASURER, THE CHAIR OF EACH OF THE STANDING COMMITTEES, AND THE PROVINCIAL OF THE MIDWEST DISTRICT OF THE BROTHERS OF THE CHRISTIAN SCHOOLS (OR ANY SUCCESSOR ENTITY) THE EXECUTIVE COMMITTEE HAS THE FULL POWERS OF THE BOARD TO TAKE SUCH ACTION AS MAY BE NECESSARY OR APPROPRIATE IN THE EVENT OF AN EMERGENCY OR OTHER EXIGENT CIRCUMSTANCES, AS DETERMINED BY EITHER THE PRESIDENT OR THE CHAIR
	FORM 990, PART VI, SECTION A, LINE 6	THE BROTHERS OF THE CHRISTIAN SCHOOLS ARE CONSIDERED MEMBERS OF THE UNIVERSITY
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES HAS THE RESPONSIBILITY OF REVIEWING AND APPROVING THE FORM 990 AFTER REVIEW BY THE AUDIT COMMITTEE, THE BOARD OF TRUSTEES RECEIVES A COPY OF THE PUBLIC INSPECTION COPY OF THE 990
	FORM 990, PART VI, SECTION B, LINE 12C	IN JUNE OF EACH YEAR, TRUSTEES, OFFICE HOLDERS AND COMMITTEE MEMBERS DISCLOSE IN WRITING (1) ALL CONTRACTS OR BUSINESS TRANSACTIONS BETWEEN THE UNIVERSITY AND THE TRUSTEE, OFFICE HOLDER OR COMMITTEE MEMBER, (2) ALL CONTRACTS OF BUSINESS TRANSACTIONS BETWEEN THE UNIVERSITY AND A FAMILY MEMBER, AND (3) ALL CONTRACTS OR BUSINESS TRANSACTIONS BETWEEN THE UNIVERSITY AND AN ORGANIZATION IN WHICH THE TRUSTEE, OFFICE HOLDER OR COMMITTEE MEMBER OR THEIR FAMILY MEMBER HAS A MATERIAL FINANCIAL INTEREST A REPORT OF ALL POTENTIAL CONFLICTS IS GATHERED BY THE GENERAL COUNSEL AND THE EXECUTIVE COMMITTEE MEETS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS OR APPEARS TO EXIST THE EXECUTIVE COMMITTEE RECORDS A SUMMARY OF THE INTEREST, THE DETERMINATIONS MADE AND THE ACTIONS TAKEN BY THE COMMITTEE REGARDING THE POSSIBLE CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15A	USED FOR THE PRESIDENT AND ONE TOP MANAGEMENT POSITION DATA ON SALARY OF COMPARABLE INSTITUTIONS WAS PROVIDED TO THE CHAIR OF THE BOARD FROM AN OUTSIDE CONSULTANT WHO SPECIALIZES IN DETERMINING MARKET BASED COMPENSATION RATES FOR KEY POSITIONS
	FORM 990, PART VI, SECTION C, LINE 19	ARTICLES OF INCORPORATION ARE PUBLIC DOCUMENTS AVAILABLE FROM THE SECRETARY OF STATE THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE UNIVERSITY'S WEBSITE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND THROUGH EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS)
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,823,854 LOSS ON FUNDS HELD BY OTHERS -8,691 LOSS ON ACTUARIAL ADJUSTMENT -100,383 TOTAL TO FORM 990, PART XI, LINE 5 -1,932,928
	FORM 990, PART XI, LINE 12C	THE PROCESS FOR THE OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR

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

2011

Open to Public Inspection

Name of the organization
ST MARYS UNIVERSITY OF MINNESOTA

Employer identification number
41-0695527

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

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 organization	
						Yes	No

Part III

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

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

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) RESIDENCE TRUST (1)	CHARITABLE TRUST	MN		T			
(2) CHARITABLE REMAINDER UNITRUST (7)	CHARITABLE TRUST	MN		T			

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Additional Data

Software ID:
Software Version:
EIN: 41-0695527
Name: ST MARYS UNIVERSITY OF MINNESOTA

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	21,617,664	including grants of \$) (Revenue \$	1,350,815)
INSTITUTIONAL SUPPORT, INCLUDING OPERATION OF PLANT AND DEPRECIATION					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
MANN WILLIAM PRESIDENT	40 00	X		X				0	0	17,955
GOSTOMSKI MICHAEL CHAIR OF THE BOARD	1 00	X		X				0	0	0
COOGAN JAMES VICE CHAIR	1 00	X		X				0	0	0
SUCHOCKI CELESTE SECRETARY	1 00	X		X				0	0	0
ROSS JOSEPH TREASURER	1 00	X		X				0	0	0
RAMIREZ BARBA GUSTAVO TRUSTEE	1 00	X						0	0	0
BURRICHTER MARY TRUSTEE	1 00	X						0	0	0
CLAREY WILLIAM TRUSTEE	1 00	X						0	0	0
COLLINS MICHAEL TRUSTEE	1 00	X						0	0	0
DOUGHERTY MICHAEL TRUSTEE	1 00	X						0	0	0
DYER THOMAS TRUSTEE	1 00	X						0	0	0
GEORGE KAREN TRUSTEE	1 00	X						0	0	0
HERZOG WILLIAM TRUSTEE	1 00	X						0	0	0
JACOBS MARK TRUSTEE	1 00	X						0	0	0
KUCZMA LINDA TRUSTEE	1 00	X						0	0	0
MCKENERY MICHAEL TRUSTEE	1 00	X						0	0	0
MEYER PAUL TRUSTEE	1 00	X						0	0	0
MUELLER FREDERICK TRUSTEE	1 00	X						0	0	0
O'LEARY KAYE TRUSTEE	1 00	X						0	0	0
PLOIZZOTTO SALVATORE TRUSTEE	1 00	X						0	0	0
POOS DAVID TRUSTEE	1 00	X						0	0	0
QURAISHI HAMID TRUSTEE	1 00	X						0	0	0
REEDY RICHARD TRUSTEE	1 00	X						0	0	0
REMICK MARY ANN TRUSTEE	1 00	X						0	0	0
RUSSELL TERRANCE TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
SALVI PATRICK TRUSTEE	1 00	X						0	0	0
SCHATZ LARRY TRUSTEE	1 00	X						0	0	0
SCHIELER ROBERT TRUSTEE	1 00	X						0	0	0
SLAGGIE MICHAEL TRUSTEE	1 00	X						0	0	0
SMARRELLI JOHN TRUSTEE	1 00	X						0	0	0
SMITHE WALTER TRUSTEE	1 00	X						0	0	0
DELWICHE LYLE TRUSTEE	1 00	X						0	0	0
MEAGHER THOMAS TRUSTEE	1 00	X						0	0	0
SIEVE LORAS TRUSTEE	1 00	X						0	0	0
THIES DAVID TRUSTEE	1 00	X						0	0	0
WAGNILD BERNIE TRUSTEE	1 00	X						0	0	0
MAREK CYNTHIA ASST. TREASURER - VP FINANCIAL AFFAIRS	40 00			X				114,118	0	14,191
DUMESTRE MARCEL VP SCHOOLS OF GRAD & PRO	40 00				X			192,696	0	13,285
TITUS STEVEN VP UNIVERSITY ADVANCEMENT	40 00				X			164,071	0	14,930
MOODY MERRI DIR. MS. NURSE ANESTHESIA	40 00					X		135,955	0	6,416
BEDTKE JAMES VP OF THE COLLEGE	40 00					X		121,084	0	14,568
SWEENEY JOSEPH SENIOR DEVELOPMENT DIR	40 00					X		123,485	0	6,180
PISCITIELLO ANTHONY SENIOR ADVANCEMENT DIR	40 00					X		113,858	0	10,418
DE SAM LAZARO FREDERICK PROJECT DIR - UNDER-TOLD STORIES	40 00					X		114,538	0	6,205
FROST MARILYN FORMER VP ACADEMIC AFFAIRS	40 00						X	140,461	0	5,716