, ,							2930	3 1 6		1 (4 - 4
Form 990-T	E	empt Organ) و and)			siness Inco der section (ax Retu	• • •		1545-0047
N 4	For cale	ndar year 2019 or other	tax year begin	ning	06/01,2019,	and ending	05/31,	<u> مصوع 20</u> 2.	20	19
Department of the Treasury	ŀ	►Go to www.irs.	gov/Form990	T for in	nstructions and th	ne latest i	nformation	17	Ones to But	lus los portion for
Internal Revenue Service	▶ Do	not enter SSN number								lic Inspection for ganizations Only
A Check box if address changed]	Name of organization (Check be	ox if nam	me changed and see i	e changed and see instructions)			oyer identifica oyees' trust, see i	
]							1 ` '		•
B Exempt under section		ST. MARY'S						٠. ـ		
X 501(C Q 3)	Print	Number, street, and ro	om or suite no	lf a P O	box, see instructions			<u> </u>	143128	
408(e) 220(e)	Туре								lated business nstructions)	activity code
408A530(a)		ONE CAMINO								
529(a)		City or town, state or p	-	•		ode				
C Book value of all assets at end of year		SAN ANTONIO, TX 78228-8504 523							00	
·		up exemption numbe	`	<u>-</u> _						
341,447,478.	G Che	eck organization type	► X 501	(c) cor	poration	501(c)	trust	401(a)	trust	Other trust
H Enter the number of	the orga	anization's unrelated tra	ades or busine	sses. I			Describ	e the only	y (or first) unr	elated
trade or business her	re 🕨				. If o	nly one, c	omplete Parts	I-V If mo	re than one, d	lescribe the
first in the blank spa	ice at the	e end of the previous	sentence, co	mplete	Parts I and II, com	plete a Sc	hedule M for ea	ach additio	nal	
trade or business, the	en compl	ete Parts III-V								
During the tax year,	was the	corporation a subsidi	ary in an affil	ıated gr	roup or a parent-sul	bsidiary co	ontrolled group?	·	▶ 🗀	Yes X No
		identifying number of								
J The books are in care	e of ▶L(ORI SWETE, AS:	SOC VP OI	F FIN	NC 1	Telephone	number > 2	10-436	-3365	
Part I Unrelated	Trade	or Business Inco	me		(A) Income	9	(B) Expe	nses	(0	C) Net
1a Gross receipts or	sales		_				•			
b Less returns and allowa	nces		_ c Balance ▶	1c						
2 Cost of goods sol	ld (Sched	lule A, line 7)		2						
3 Gross profit Sub	tract line	2 from line 1c		3						
4a Capital gain net ii	ncome (a	attach Schedule D)		48						
b Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach F	om 4797)	4b						
c Capital loss dedu	ction for	trusts		4c						

Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) €7 13 Total. Combine lines 3 through 12. 13 Deductions Not Taken Elsewhere (See instructions for limitations, on deductions.) (Deductions must be directly Part II connected with the unrelated business income.) 8 Compensation of officers, directors, and trustees (Schedule K) **CO** 14 15 Salaries and wages . . Repairs and maintenance 16 16 17 17 Interest (attach schedule) (see instructions). 18 18 19 Taxes and licenses 19 20 Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere on return 21b 22 22 23 Contributions to deferred compensation plans 23 Employee benefit programs 24 24 25 Excess exempt expenses (Schedule I). 26 Excess readership costs (Schedule J). 26 27 Other deductions (attach schedule) . . . /29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . Unrelated business taxable income Subtract line 30 from line 29. For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)

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Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I)

Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		
Amounts paid for disallowed fringes		
A Charitable contributions (see instructions for limitation rules)		
5 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
34 from the sum of lines 32 and 33		0
6 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
instructions)		
7 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		
8 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		
9 Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,		
enter the smaller of zero or line 37		0.
Part IV Tax Computation		<u>.</u>
O Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		
1 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		
the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)		
2 Proxy tax. See instructions		
3 Alternative minimum tax (trusts only)		
Tax on Noncompliant Facility Income. See Instructions	_	
5 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		
Part V Tax and Payments		
6a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b Other credits (see instructions)		
c General business credit Attach Form 3800 (see instructions)		
d Credit for prior year minimum tax (attach Form 8801 or 8827)		
e Total credits. Add lines 46a through 46d		
7 Subtract line 46e from line 45		
8 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) . 48		
9 Total tax. Add lines 47 and 48 (see instructions)		0
0 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		
1a Payments A 2018 overpayment credited to 2019		
b 2019 estimated tax payments		
c Tax deposited with Form 8868,		
d Foreign organizations Tax paid or withheld at source (see instructions)		
e Backup withholding (see instructions)		
f Credit for small employer health insurance premiums (attach Form 8941) 51f		
g Other credits, adjustments, and payments Form 2439		
Form 4136 Other Total ▶ 51g		
2 Total payments. Add lines 51a through 51g		
3 Estimated tax penalty (see instructions) Check if Form 2220 is attached		
4 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		
5 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		
6 Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ Refunded ▶ 56		
Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
7 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other author	rity Ye	s No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to		
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign could		
here ▶		х
8 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Х
IT "YES " SEE INSTRUCTIONS for other forms the organization may have to tile	1	
If "Yes," see instructions for other forms the organization may have to file Finter the amount of tax-exempt interest received or accrued during the tax year \$\$\$	edge and t	pelief, it i
59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Index penalties of product declare that have examined this return, including accompanying schedules and statements, and to the best of my know		
Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and perfect the penalties of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	cuse this	
Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of serjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS di		below
9 Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of Argury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS di	r shown	below No
Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of acriury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and populate Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge VP ADMIN & FINANCE With the preparer signature Preparer's signature Date Date	r shown Yes	
Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Under penalties of perpury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge VP ADMIN & FINANCE May the IRS divide the preparer of the preparer of preparer of the p	r shown Yes	No
Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge VP ADMIN & FINANCE May the IRS di with the preparer signature of officer Print/Type preparer's name Preparer's signature MELVA SCOTT Preparer's signature Odd:	r shown Yes [N 012073	No 335
Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and exploite Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge VP ADMIN & FINANCE May the IRS di with the preparer	Yes 1 N 012073	No 335
Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Under penalties of penuty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and expripted Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge VP ADMIN & FINANCE May the IRS displayed with the preparer signature Date Title	Yes 1 N 012073	335 96

Form 990-T (2019)	- d- 0-11 -	· · · · · · · · · · · · · · · · · · ·							, ,	Page 3
Schedule A - Cost of G		nter method					6			
, 1 Inventory at beginning of y	· -				6 Inventory at end of year					
2 Purchases					•	old. Subtract line	1			
3 Cost of labor	• • • • • • • • • • • • • • • • • • • •	3				here and in Part				
4a Additional section 263A co	1 1								Τ.,	
(attach schedule)	4a	4a				section 263A (v			Yes	No
b Other costs (attach schedule) . 4b			property produced or acquired for resale) apply to the organization?						<u>.</u> ,	
5 Total. Add lines 1 through				to the org	anization? .		• • •	<u></u>		X
Schedule C - Rent Income	F (From Real I	Property a	nd Person	al Property	Leased V	With Real Prope	rty)			
(see instructions)		-						· · · · · · · · · · · · · · · · · · ·		
Description of property										
(1)								 		
(2)	······································					· · · · · · · · · · · · · · · · ·				
(3)									-	
(4)			<u> </u>	· · · · · · · · · · · · · · · · · · ·						
	2. Rent rece	ived or accrue	ed			_				
for personal property is more than 10% but not percentage of			age of rent for	personal property personal property pased on profit or	y exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			me	
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of chere and on page 1, Part I, line 6	• •					(b) Total deduction Enter here and on Part I, line 6, colur	page 1			
Schedule E - Unrelated D	ebt-Financed	income (se	e instructio	ns)	,	··· ··· ··· - ·				
- *····				come from or debt-financed			connected with or allocable to need property (b) Other deductions			
			pro	property		ich schedule)	(attach schedule)			
(1)			, , , , , , , , , , , ,							
(2)										
(3)				- · · · · · · · · · · · · · · · · · · ·						
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			4 d	olumn Ivided Olumn 5	1 7 Gross income reportable 1 1		Allocable decumn 6 x total (3(a) and 3(of colum		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
		•				re and on page 1, ne 7, column (A)		er here and c t I, line 7, col		
Total dividends-received deduct			<u> </u>	. 	<u> </u>					

Form **990-T** (2019)

Schedule F - Interest, Ann	<u> </u>		pt Controlled				<u> </u>	<u> </u>		
1. Name of controlled organization	2. Employer identification numb	oer 3. Ne	3. Net unrelated income (loss) (see instructions)		al of speci nents mad	fied included	included in the condoning		connected with income	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organia					T 40	Dark of column	0.45-4		Dad at an advant	
7 Taxable Income	axable Income 8 Net unrelated income (loss) (see instructions)		9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income			. Deductions directly nected with income in column 10	
(1)										
(2)										
(3)										
(4)						dd columns 5 a			d columns 6 and 11	
Totals	ncome of a Sec	 ction 501(c	:)(7), (9), or	▶ (17) Org	Pa	ter here and on int 1, line 8, colui	mn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2. Amount of	f income	directi	eductions y connected h schedule)			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)										
(3)										
(4)	Enter here and		ļ., · · · · · · · · · · · · · · · · · · ·		i				Enter here and on page 1	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		er Than Adv	ertising	Income	(see instru	ctions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expens directly connected production unrelated business inc	with from un or busing 2 minured of life a galactic	ncome (loss) irelated trade ness (column s column 3) in, compute 5 through 7	5. G from	Gross income from activity that is not unrelated business income G. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)	· · · · · · · · · · · · · · · · · · ·				+					
(2)										
(3)										
(4)			<u> </u>							
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,	***************************************					Enter here and on page 1, Part II, line 25	
Totals ▶ Schedule J- Advertising In	ICOME (see instr	uctions)	<u>l</u>						·	
Part I Income From Per			nsolidated	Basis						
1 Name of periodical	2. Gross 3 Direct advertising income		2		5	5 Circulation income		ership s	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)							[
(3)					1					
(4)										
Totals (carry to Part II, line (5))					1	· · · · · · · · · · · · · · · · · · ·	l		Form 990-T (2019	

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Total. Enter here and on page 1, Part II, line 14.

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising costs (column 6 gain or (loss) (col 2. Gross 5. Circulation 6 Readership 3. Direct minus column 5, but 2 minus col 3) If 1. Name of periodical advertising costs ıncome advertising costs not more than a gain, compute ıncome column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. . Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 26 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4 Compensation attributable to time devoted to business 2. Title unrelated business (1) % % (2) % (3) % (4)

Form 990-T (2019)

▶

St. Mary's University
Form 990-T
Net Operating Loss Schedule
FYE: 05/31/2020

Form 990-T. Part II. Line 36;

Year Ended	Income Generated	NOL Generated	NOL Utilized	Carryover to Next Yr	Year Expires
May 31, 2014	46,412		-		May 31, 2034
May 31, 2015		(110,378)	46,412		May 31, 2035
May 31, 2016	322,796		319,549		May 31, 2036
May 31, 2017		(255,583)			May 31, 2037
May 31, 2018		(73,089)			May 31, 2038
May 31, 2019	-	-	-		May 31, 2039
May 31, 2020					May 31, 2040
	369,208	(439,050)	365,961	(73,089)	
NOL Carryover					
Expired Carryov	er:	0			