

Form 990
(Rev. January 2020)
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 private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning 04/01, 2019, and ending 03/31, 20 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization SAINT MARY'S UNIVERSITY
 Doing business as _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
923 ROBIE STREET
 City or town, state or province, country, and ZIP or foreign postal code
HALIFAX NOVA SCOTIA CANADA B3H 3C3

D Employer identification number
98-1358092

E Telephone number
(902) 491-8658

F Name and address of principal officer ROBERT SUMMERBY-MURRAY
923 ROBIE STREET HALIFAX NOVA SCOTIA CA B3H 3C3

G Gross receipts \$ 127,190,070.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☒ No
 If "No," attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.SMU.CA

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation 1970 **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: OFFER UNDERGRADUATE, GRADUATE, & CONTINUING EDUCATION PROGRAMS; TO ENGAGE IN RESEARCH & DISSEMINATE ITS RESULTS; & TO SERVE THE LOCAL & INTERNATIONAL COMMUNITIES.

2 Check this box ☐ 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) 30.

4 Number of independent voting members of the governing body (Part VI, line 1b) 23.

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0.

6 Total number of volunteers (estimate if necessary) 200.

7a Total unrelated business revenue from Part VIII, column (C), line 12 0.

7b Net unrelated business taxable income from Form 990-T, line 39 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <u>48,034,525.</u>	<u>43,400,224.</u>	
9 Program service revenue (Part VIII, line 2g) <u>72,719,833.</u>	<u>71,497,627.</u>	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>2,438,108.</u>	<u>2,721,925.</u>	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>2,669,585.</u>	<u>2,510,112.</u>	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>125,862,051.</u>	<u>120,129,888.</u>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>6,723,456.</u>	<u>7,196,912.</u>	
14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u>	<u>0.</u>	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>68,283,115.</u>	<u>71,077,019.</u>	
16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u>	<u>0.</u>	
b Total fundraising expenses (Part IX, column (D), line 25) <u>1,983,478.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>36,858,562.</u>	<u>36,182,168.</u>	
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) <u>111,865,133.</u>	<u>114,456,099.</u>	
19 Revenue less expenses. Subtract line 18 from line 12 <u>13,996,918.</u>	<u>5,673,789.</u>	
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) <u>202,972,197.</u>	<u>193,280,382.</u>	
21 Total liabilities (Part X, line 26) <u>47,313,044.</u>	<u>43,716,295.</u>	
22 Net assets or fund balances. Subtract line 21 from line 20. <u>155,659,153.</u>	<u>149,564,087.</u>	

Part II Signature Block

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

Sign Here
 Signature of officer M. Benoit Date Feb 12/2021
 MICHELLE BENOIT VP, FINANCE & ADMIN
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name MICHELLE L WEBER Preparer's signature Michelle Weber Date 2/11/2021 Check ☐ if self-employed PPTN P00556798
 Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558
 Firm's address 100 E. WISCONSIN AVE. MILWAUKEE, WI 53202 Phone no. 414-289-8200

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

gsl

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SCANNED MAR 23 2022

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission
 THE MISSION OF SAINT MARY'S UNIVERSITY (SMU) IS TO OFFER
 UNDERGRADUATE, GRADUATE, AND CONTINUING EDUCATION PROGRAMS; TO
 ENGAGE IN RESEARCH AND DISSEMINATE ITS RESULTS, AND TO SERVE THE
 COMMUNITY FROM THE LOCAL TO THE INTERNATIONAL LEVEL.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 65,167,882 including grants of \$ 4,383,901) (Revenue \$ 61,868,628)
 HIGHER EDUCATION: SMU IS A PUBLIC LIBERAL ARTS AND SCIENCE
 DEGREE-GRANTING INSTITUTION COMMITTED TO THE ENCOURAGEMENT AND
 FOSTERING OF CRITICAL, CREATIVE, AND INDEPENDENT THINKING
 THROUGHOUT THE 2019-2020 FISCAL PERIOD, THERE WAS A TOTAL OF
 APPROXIMATELY 6,000 FULL-TIME STUDENTS AND 800 PART-TIME STUDENTS
 THERE WERE APPROXIMATELY 1,500 TOTAL GRADUATES

4b (Code) (Expenses \$ 5,498,700 including grants of \$ 1,168,074) (Revenue \$ 0)
 RESEARCH: THE RESEARCH MISSION OF SMU IS TO ENGAGE IN RESEARCH
 THAT APPLIES TO, AND IS VALUED BY, COMMUNITIES FROM AROUND THE
 CORNER TO AROUND THE WORLD OUR MISSION ALSO INVOLVES
 CULTIVATING INTELLECTUAL CURIOSITY AND CREATIVITY WITHIN OUR
 FACULTY AND STUDENTS

4c (Code) (Expenses \$ 4,180,160 including grants of \$ 33,421) (Revenue \$ 6,013,297)
 SMU BELIEVES LIVING IN A RESIDENCE COMMUNITY PROVIDES STUDENTS
 WITH OPPORTUNITIES FOR LEARNING AND GROWTH THAT ARE EQUALLY AS
 VALUABLE AS THOSE AVAILABLE TO THEM IN THE CLASSROOM AS SUCH,
 RESIDENCE AT SAINT MARY'S UNIVERSITY HAS BEEN DESIGNED TO REFLECT
 A COMMITMENT TO THE HOLISTIC DEVELOPMENT AND PERSONAL GROWTH OF
 OUR RESIDENCE COMMUNITY STUDENTS. SMU STRIVES TO ENSURE THAT THE
 RESIDENCE COMMUNITY FOLLOWS AN APPROACH BASED ON PROFESSIONAL BEST
 PRACTICES, AS WELL AS THE INTERESTS AND DEVELOPMENTAL NEEDS OF
 STUDENTS

4d Other program services (Describe on Schedule O) ATTACHMENT 1
 (Expenses \$ 19,082,158 including grants of \$ 1,611,516) (Revenue \$ 3,698,388)

4e Total program service expenses ▶ 93,928,900

LMDABDE FGILJ

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.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25b 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0		
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country CANADA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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

Section A. Governing Body and Management

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

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?	X	
10b 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?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b 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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
MICHELLE BENOIT 923 ROBIE STREET HALIFAX NOVA SCOTIA CA B3H 3C3 902-420-5409

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GABRIELLE MORRISON VP, FINANCE & ADMINISTRATION	40 00 0			X				171,399	0	328,026
(2) DR ROBERT SUMMERBY-MURRAY PRESIDENT AND VICE-CHANCELLOR	41 00 0	X		X				226,091	0	93,322
(3) DR MALCOLM BUTLER VP, ACADEMIC & RESEARCH	40 00 0			X				178,435	0	59,575
(4) DR HARJEET BHABRA DEAN SOBEY SCHOOL-AS OF 9/2018	40 00 0				X			182,167	0	49,099
(5) DR STEVEN SMITH DEAN OF SCIENCE, ASSOC VP	40 00 0				X			166,890	0	54,323
(6) DR J COLIN DODDS PROFESSOR & ACADEMIC CHAIR	40 00 0				X			195,615	0	4,312
(7) DR MARGARET MACDONALD DEAN OF ARTS	40 00 0					X		153,467	0	45,680
(8) DR ESTHER ENNS ASSOC VP, TEACHING & LEARNING	40 00 0				X			172,682	0	15,366
(9) ERIN SARGEANT GREENWOOD VP, ADVANCEMENT	40 00 0					X		170,677	0	16,539
(10) DR PAWAN LINGRAS PROFESSOR	40 00 0			X				172,020	0	14,267
(11) DR NAJAH ATTIG ASSOCIATE PROFESSOR	40 00 0					X		169,143	0	15,587
(12) DR DAWN JUTLA PROFESSOR	40 00 0					X		166,228	0	16,174
(13) DR NATALIA KOCHETOVA-KOZLOSKI GOV; PROFESSOR - THRU 9/2019	41 00 0					X		131,045	0	13,897
(14) DR GORAN STANIVUKOVIC GOVERNOR, PROFESSOR	41 00 0	X						123,443	0	11,569

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MS. LINDA CAMPBELL GOV, PROF ; SR RESEARCH FELLOW	41 00 0	X						120,398	0	12,316
16) DR RENEE HULAN GOV, PROF - THRU 9/2019	41 00 0	X						109,728	0	11,741
17) DR. ALEXANDRA DOBROWOLSKY GOVERNOR, PROFESSOR	41 00 0	X						105,872	0	12,550
18) MS NICOLE NEATBY GOV; PROFESSOR - AS OF 9/2019	41 00 0	X						97,747	0	10,333
19) MS LISA GANNETT GOV, PROFESSOR - AS OF 9/2019	41 00 0	X						95,312	0	10,198
20) DR DANIKA VAN PROOSDIJ GOVERNOR; PROFESSOR	41 00 0	X						71,664	0	10,937
21) MR ALAN R ABRAHAM, JR GOVERNOR	1 00 0	X						0	0	0
22) MR DENIS AMIRAULT GOVERNOR - THRU 4/2019	1 00 0	X						0	0	0
23) MR. MITCHELL ARCHIBALD GOVERNOR - THRU 4/2019	1 00 0	X						0	0	0
24) MR PAUL BAXTER GOVERNOR - THRU 9/2019	1 00 0	X						0	0	0
25) MS ANITA BEZEAU GOVERNOR - AS OF 9/2019	1 00 0	X						0	0	0
1b Sub-total								2,980,023	0	805,811
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,980,023	0	805,811

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **109**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **24**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) MR GREG DICKIE GOVERNOR	1 00 0	X						0	0	0
27) MS KIMBERLY DOANE GOVERNOR - AS OF 9/2019	1 00 0	X						0	0	0
28) MR MICHAEL DURLAND CHANCELLOR - AS OF 5/2019	1 00 0	X						0	0	0
29) MR RICHARD FLYNN GOVERNOR	1 00 0	X						0	0	0
30) MR PHILIP FRASER GOVERNOR	1 00 0	X						0	0	0
31) MR LAWRENCE FREEMAN GOVERNOR	1 00 0	X						0	0	0
32) CHIEF BOB GLOADE GOVERNOR	1 00 0	X						0	0	0
33) MR MARK GOSINE GOVERNOR - AS OF 9/2019	1 00 0	X						0	0	0
34) DR BESIM HALEF GOVERNOR - THRU 9/2019	1 00 0	X						0	0	0
35) MR JOSHUA LAFOND GOVERNOR - AS OF 5/2019	1 00 0	X						0	0	0
36) MS JENNIFER LIU GOVERNOR - THRU 9/2019	1 00 0	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **109**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) MR MICHAEL LORDON GOVERNOR - THRU 1/2020	1 00 0	X						0	0	0
38) MR DUNCAN MACINTYRE GOVERNOR - AS OF 9/2019	1 00 0	X						0	0	0
39) MR JAMIE MACNEIL GOVERNOR	1 00 0	X						0	0	0
40) MR SCOTT MCELMAN GOVERNOR	1 00 0	X						0	0	0
41) MR JOSEPH METLEGE GOVERNOR	1 00 0	X						0	0	0
42) MR KEVIN MULLEN GOVERNOR - AS OF 9/2019	1 00 0	X						0	0	0
43) MR OSSAMA NASRALLAH GOVERNOR - THRU 4/2019	1 00 0	X						0	0	0
44) MS MARY NAVAS GOVERNOR - AS OF 3/2019	1 00 0	X						0	0	0
45) MS JENNIFER NICHOLSON GOVERNOR - AS OF 9/2019	1 00 0	X						0	0	0
46) MR TOM O'HANDLEY GOVERNOR - AS OF 9/2019	1 00 0	X						0	0	0
47) MS KAREN OLDFIELD GOVERNOR - THRU 9/2019	1 00 0	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **109**

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
48) MS KAREN ROSS GOVERNOR - THRU 9/2019	1 00 0	X						0	0	0
49) MS JANE ROY GOVERNOR	1 00 0	X						0	0	0
50) MR DAN RUDISUELA GOVERNOR	1.00 0	X						0	0	0
51) DR PAUL SOBEY CHANCELLOR - THRU 5/2019	1 00 0	X						0	0	0
52) MS CRYSTAL WITTER GOVERNOR - AS OF 5/2019	1 00 0	X		X				0	0	0
53) MR SIAN WREN GOVERNOR - AS OF 9/2019	1 00 0	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **109**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	1b	Membership dues	1b				
	1c	Fundraising events	1c				
	1d	Related organizations	1d				
	1e	Government grants (contributions)	1e	35,406,883			
	1f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,993,341			
	1g	Noncash contributions included in lines 1a-1f.	1g	\$ 952,909			
	h	Total. Add lines 1a-1f		43,400,224			
Program Service Revenue				Business Code			
	2a	STUDENT FEES & TUITION	611310	61,820,803	61,820,803		
	2b	RESIDENCE SERVICES	721310	6,013,297	6,013,297		
	2c	DINING SERVICES	722514	2,475,550	2,475,550		
	2d	ATHLETICS & RECREATION SERVICES	713940	763,925	763,925		
	2e	ACADEMIC SERVICES	611710	377,921	377,921		
	2f	All other program service revenue		46,131	46,131		
	g	Total. Add lines 2a-2f		71,497,627			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		2,420,310			2,420,310
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	6a	(i) Real 771,282			
	6b	Less rental expenses	6b				
	6c	Rental income or (loss)	6c	771,282			
	d	Net rental income or (loss).		771,282			771,282
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities 6,209,765			
	7b	Less cost or other basis and sales expenses	7b	5,908,150			
	7c	Gain or (loss)	7c	301,615			
	d	Net gain or (loss)		301,615			301,615
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a	80,206			
	8b	Less direct expenses	8b	50,767			
	c	Net income or (loss) from fundraising events.		29,439			29,439
	9a	Gross income from gaming activities. See Part IV, line 19	9a	10,676			
9b	Less direct expenses	9b	6,023				
c	Net income or (loss) from gaming activities.		4,653			4,653	
10a	Gross sales of inventory, less returns and allowances	10a	1,477,367				
10b	Less cost of goods sold	10b	1,095,242				
c	Net income or (loss) from sales of inventory.		382,125			382,125	
Miscellaneous Revenue				Business Code			
	11a	PARKING REVENUE	900099	332,136			332,136
	b	EXTERNAL COST RECOVERIES	900099	280,279			280,279
	c	STUDENT LATE PAYMENT FEES	900099	85,814			85,814
	d	All other revenue		624,384	82,686		541,698
	e	Total. Add lines 11a-11d		1,322,613			
12	Total revenue. See instructions		120,129,888	71,580,313		5,149,351	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	19,941	19,941		
2 Grants and other assistance to domestic individuals See Part IV, line 22	145,250	145,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	7,031,721	7,031,721		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,823,613	1,572,446	1,061,475	189,692
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	260,125	260,125		
7 Other salaries and wages	60,474,595	50,518,445	8,933,877	1,022,273
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,956,660	2,705,967	182,456	68,237
9 Other employee benefits	1,756,798	1,146,853	590,494	19,451
10 Payroll taxes	2,805,228	2,269,802	475,835	59,591
11 Fees for services (nonemployees):				
a Management	203,381		203,381	
b Legal	108,714		108,714	
c Accounting	50,767		50,767	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	175,712		175,712	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,737,829	2,453,010	1,018,636	266,183
12 Advertising and promotion	1,662,016	1,519,885	80,397	61,734
13 Office expenses	780,658	612,999	112,732	54,927
14 Information technology	2,285,518	311,722	1,930,952	42,844
15 Royalties	34,922	34,922		
16 Occupancy	3,876,107	1,540,294	2,328,805	7,008
17 Travel	3,737,774	3,341,636	340,492	55,646
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	310,574	300,142	9,370	1,062
20 Interest	1,495,867	685,461	810,406	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,465,469		7,465,469	
23 Insurance	258,415	23,052	235,363	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a RESIDENCE DINING EXPENSES	2,284,336	2,284,336		
b MATERIALS & SUPPLIES	1,890,137	1,628,942	236,126	25,069
c LIBRARY ACQUISITIONS	1,641,975	1,641,975		
d HOSPITALITY & CATERING	944,586	740,970	130,486	73,130
e All other expenses	3,237,411	11,139,004	-7,938,224	36,631
25 Total functional expenses. Add lines 1 through 24e	114,456,099	93,928,900	18,543,721	1,983,478
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-43,182	1	-91,791
	2 Savings and temporary cash investments.	27,153,481	2	15,453,785.
	3 Pledges and grants receivable, net	0	3	0.
	4 Accounts receivable, net.	7,775,791	4	8,156,742.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	0
	7 Notes and loans receivable, net.	0	7	0
	8 Inventories for sale or use	757,448	8	634,056
	9 Prepaid expenses and deferred charges	1,537,116	9	1,038,446.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 175,591,519		
	b Less: accumulated depreciation.	10b 67,683,710		
		112,041,202	10c	107,907,809
	11 Investments - publicly traded securities.	9,000,370	11	7,490,571
	12 Investments - other securities. See Part IV, line 11.	42,920,591	12	50,780,993
	13 Investments - program-related. See Part IV, line 11.	0	13	0
	14 Intangible assets.	1,097,725	14	1,219,336
15 Other assets. See Part IV, line 11.	731,655	15	690,435.	
16 Total assets. Add lines 1 through 15 (must equal line 33).	202,972,197	16	193,280,382	
Liabilities	17 Accounts payable and accrued expenses.	8,581,327	17	6,805,920
	18 Grants payable.	0	18	0.
	19 Deferred revenue.	9,059,008	19	10,453,701
	20 Tax-exempt bond liabilities.	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties.	28,103,765	24	24,544,879
	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	1,568,944	25	1,911,795
	26 Total liabilities. Add lines 17 through 25.	47,313,044	26	43,716,295
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions.			27	
28 Net assets with donor restrictions.			28	
Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		44,600,929	29	44,069,052.
30 Paid-in or capital surplus, or land, building, or equipment fund.		80,329,454	30	76,351,094
31 Retained earnings, endowment, accumulated income, or other funds.		30,728,770	31	29,143,941.
32 Total net assets or fund balances		155,659,153	32	149,564,087
33 Total liabilities and net assets/fund balances.	202,972,197.	33	193,280,382	

Form **990** (2019)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,129,888
2	Total expenses (must equal Part IX, column (A), line 25)	2	114,456,099
3	Revenue less expenses Subtract line 2 from line 1	3	5,673,789
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	155,659,153
5	Net unrealized gains (losses) on investments	5	-2,818,346
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-8,950,509
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	149,564,087

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

SAINT MARY'S UNIVERSITY

Employer identification number

98-1358092

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

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

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

f Enter the number of supported organizations

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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 - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2019. 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 VI 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 - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2019.** 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 - 2018** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7. \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI . See instructions			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT MARY'S UNIVERSITY

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

98-1358092

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8

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

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ 690,435

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 FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,728,770	30,231,547	27,261,464	25,637,016	27,924,609
b Contributions	2,565,524	858,448	517,456	675,180	707,421
c Net investment earnings, gains, and losses	-2,887,382	842,330	3,611,304	2,005,141	-2,018,137
d Grants or scholarships					
e Other expenditures for facilities and programs	1,115,639	1,089,160	1,040,742	971,779	891,939
f Administrative expenses	147,332	114,395	117,935	84,094	84,938
g End of year balance	29,143,941	30,728,770	30,231,547	27,261,464	25,637,016

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i) Unrelated organizations
- (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,815,418		9,815,418
b Buildings		135,680,592	55,581,004	80,099,588
c Leasehold improvements				
d Equipment		20,191,731	8,077,757	12,113,974
e Other		9,903,778	4,024,949	5,878,829
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				107,907,809

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED FUNDS	50,780,993	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	50,780,993	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RETIREMENT BENEFITS	1,911,795
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,911,795

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	118,456,681
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-2,818,346.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,146,694
e	Add lines 2a through 2d	2e	-1,671,652.
3	Subtract line 2e from line 1	3	120,128,333.
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	
b	Other (Describe in Part XIII.)	4b	1,555
c	Add lines 4a and 4b	4c	1,555
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	120,129,888

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

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

1	Total expenses and losses per audited financial statements	1	115,601,238
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 XIII)	2d	1,146,694
e	Add lines 2a through 2d	2e	1,146,694.
3	Subtract line 2e from line 1	3	114,454,544
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	
b	Other (Describe in Part XIII)	4b	1,555
c	Add lines 4a and 4b	4c	1,555
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	114,456,099

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

COLLECTIONS OF ART AND HISTORICAL TREASURES EXEMPT PURPOSE

SCHEDULE D, PART III, LINE 4

THE ART COLLECTION HAS OVER 2,000 WORKS IN THE PERMANENT COLLECTION
FOCUSING ON CONTEMPORARY CANADIAN ARTISTS THE ARTWORK RECOGNIZES LOCAL
ARTISTS AND IS DISPLAYED IN THE GALLERY AND THROUGHOUT THE CAMPUS ALL OF
THE EXHIBITS RECEIVE SUPPORT FROM THE CANADIAN COUNCIL OF THE ARTS THE
ART EXPOSES STUDENTS TO THE LOCAL CULTURE AND THE ARTS

FOREIGN TRANSLATION ADJUSTMENTS

SCHEDULE D, PART V, LINE 1C

FOREIGN TRANSLATION ADJUSTMENTS HAVE BEEN INCLUDED IN LINE 1C

INTENDED USES OF ENDOWMENT FUND

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS PROVIDE A BASE FOR STUDENT FINANCIAL AID AND PROGRAMS IN
SUPPORT OF THE ACADEMIC PLAN. SMU'S ENDOWMENT IS EXPECTED TO PROVIDE BOTH
PRESENT AND FUTURE GENERATIONS WITH FINANCIAL SUPPORT

REVENUES IN LINE 1, NOT FORM 990

SCHEDULE D, PART XI, LINE 2D

COST OF GOODS SOLD	1,095,242
FUNDRAISING EXPENSES	50,767
GAMING EXPENSES	685
TOTAL	\$1,146,694

REVENUES IN FORM 990, NOT IN LINE 1

SCHEDULE D, PART XI, LINE 4B

Part XIII Supplemental Information (continued)

EXTERNAL COST RECOVERY \$1,555

EXPENSES IN LINE 1, NOT FORM 990

SCHEDULE D, PART XII, LINE 2D

COST OF GOODS SOLD 1,095,242

FUNDRAISING EXPENSES 50,767

GAMING EXPENSES 685

TOTAL \$1,146,694

REVENUES IN FORM 990, NOT IN LINE 1

SCHEDULE D, PART XII, LINE 4B

EXTERNAL COST RECOVERY \$1,555

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
SAINT MARY'S UNIVERSITY

Employer identification number
98-1358092

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		X
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		X
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		X
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II		
SEE SUPPLEMENTAL PAGE		
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II		
SEE SUPPLEMENTAL PAGE		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II		
7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

PUBLICATION ON RACIALLY NONDISCRIMINATORY POLICY

SCHEDULE E, PART I, LINE 3

ALTHOUGH SMU HAS NOT TAKEN OUT ADS IN NEWSPAPERS TO EXPLAIN OUR NONDISCRIMINATION POLICY, WE ARE CONFIDENT THAT OUR ADVERTISING MAKES A STRONG STATEMENT THAT WE SERVE ALL RACIAL SEGMENTS OF THE COMMUNITY, AND INDEED THE GLOBE. WE RELY ON OUR EXTENSIVE RECRUITMENT ADVERTISING CAMPAIGNS AND OTHER ADVERTISING CAMPAIGNS TO DEMONSTRATE THAT WE ARE AN INSTITUTION THAT VALUES AND PRACTICES DIVERSITY AND INCLUSION OUR CAMPAIGNS ARE PROMOTED HEAVILY THROUGH ADS ON SOCIAL MEDIA CHANNELS SUCH AS FACEBOOK AND THEREFORE REACH LARGE AUDIENCES IN CANADA AND OVERSEAS RACIAL DIVERSITY IS DEMONSTRATED IN OUR ADVERTISING BY THE PHOTOGRAPHY AND VIDEOS WHICH SHOWCASE OUR STUDENTS ON CAMPUS. WE NEVER USE ACTORS OR STAND-INS IN OUR ADVERTISING ANOTHER IMPORTANT TOOL IS THE UNIVERSITY'S WEBSITE BY SHOWCASING OUR STUDENTS, FACULTY, STAFF AND ALUMNI ON OUR UNIVERSITY WEBSITE WE MAKE A STRONG STATEMENT ABOUT RACIAL DIVERSITY

RECORDS ON RACIAL COMPOSITION

SCHEDULE E, PART I, LINE 4A

SMU DOES NOT CURRENTLY REQUEST, COMPILE, OR DISSEMINATE INFORMATION RELATED TO THE RACIAL COMPOSITION OF ITS APPLICANTS, STUDENT BODY, FACULTY OR ADMINISTRATION

RECORDS ON SCHOLARSHIPS AWARDED ON RACIALLY NONDISCRIMINATORY BASIS

SCHEDULE E, PART I, LINE 4B

SCHOLARSHIPS AND FINANCIAL ASSISTANCE ARE RENDERED BASED ON NEED AND ACADEMIC STANDING

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

FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY

SCHEDULE E, PART I, LINE 6A

GRANTS ARE PROVIDED FROM FEDERAL AND PROVINCIAL GOVERNMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization

SAINT MARY'S UNIVERSITY

Employer identification number

98-1358092

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	1	3,144	PROGRAM SERVICES	EDUCATION	85,728,942
(2) NORTH AMERICA	1	3,144	INVESTMENTS		73,725,349
(3) NORTH AMERICA	1	3,144	GRANTMAKING	FINANCIAL AID	7,031,721
(4) NORTH AMERICA	1	3,144	MAINTAINING OFFICES	MANAGEMENT AND ADMINS	18,543,721
(5) NORTH AMERICA	1	3,144	FUNDRAISING		1,983,478
(6) CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	AGRI-FOOD TECHNOLOGY	15,649
(7) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION	60,469
(8) EUROPE	0	0	PROGRAM SERVICES	EDUCATION	50,836
(9) EUROPE	0	0	PROGRAM SERVICES	EDUCATION	165,907
(10) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION	710,185
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	3,144			188,016,257
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	3,144			188,016,257

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

Schedule F (Form 990) 2019

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	SPONSORSHIP	32,980	CHECK / EFT			
(2)			NORTH AMERICA	SPONSORSHIP	28,421	CHECK / EFT			
(3)			NORTH AMERICA	SPONSORSHIP	17,680	CHECK / EFT			
(4)			NORTH AMERICA	SPONSORSHIP	17,608	CHECK / EFT			
(5)			NORTH AMERICA	SPONSORSHIP	15,782	CHECK / EFT			
(6)			NORTH AMERICA	SPONSORSHIP	15,038	CHECK / EFT			
(7)			NORTH AMERICA	SPONSORSHIP	15,038	CHECK / EFT			
(8)			NORTH AMERICA	SPONSORSHIP	15,038	CHECK / EFT			
(9)			NORTH AMERICA	SPONSORSHIP	15,038	CHECK / EFT			
(10)			NORTH AMERICA	SPONSORSHIP	14,850	CHECK / EFT			
(11)			NORTH AMERICA	SPONSORSHIP	11,836	CHECK / EFT			
(12)			NORTH AMERICA	SPONSORSHIP	9,398	CHECK / EFT			
(13)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	9,398	CHECK / EFT			
(14)			NORTH AMERICA	SPONSORSHIP	8,711	CHECK / EFT			
(15)			NORTH AMERICA	SPONSORSHIP	7,724	CHECK / EFT			
(16)			NORTH AMERICA	SPONSORSHIP	5,688	CHECK / EFT			

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	5,654	CHECK / EFT			
(2)			NORTH AMERICA	SPONSORSHIP	5,639	CHECK / EFT			
(3)			NORTH AMERICA	SPONSORSHIP	5,639	CHECK / EFT			
(4)			NORTH AMERICA	SPONSORSHIP	5,639	CHECK / EFT			
(5)			NORTH AMERICA	SPONSORSHIP	5,526	CHECK / EFT			
(6)			NORTH AMERICA	SPONSORSHIP	5,263	CHECK / EFT			
(7)			NORTH AMERICA	SPONSORSHIP	5,059	CHECK / EFT			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 23

3 Enter total number of other organizations or entities 23

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDENT INDIVIDUALS	NORTH AMERICA	2466	6,657,415	OTHER			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019

Part IV Foreign Forms

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

Schedule F (Form 990) 2019

Part V Supplemental Information

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U S

SCHEDULE F, PART I, LINE 2

SMU'S MISSION STATEMENT REFERS TO "BUILDING ON A STRONG TRADITION OF

ACCESSIBILITY" FINANCIALLY, WE CONTRIBUTE TO THAT VISION BY ENSURING TO

THE EXTENT POSSIBLE THAT STUDENTS CAN AFFORD TO ATTEND SMU SCHOLARSHIPS,

BURSARIES AND FINANCIAL AID ARE PROVIDED BASED ON NEED AND MERIT. SMU

TRACKS ALL GRANTS ISSUED BY GRANT, AMOUNT, STUDENT, AND TERM

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

SAINT MARY'S UNIVERSITY

Employer identification number

98-1358092

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ALUMNI GOLF (event type)	SUPER AUCTION (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	19,135	61,071		80,206
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	19,135	61,071		80,206
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	12,386	10,882		23,268
	8 Entertainment				
	9 Other direct expenses	1,885	25,614		27,499
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				50,767
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				29,439	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE I
(Form 990)

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT MARY'S UNIVERSITY

Employer identification number

98-1358092

OMB No 1545-0047

2019

Open to Public
Inspection

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INCLUSIVE POST SECONDARY EDUCATION 340 BOEKER AVE PISMO BEACH, CA 93449			19,941				MASTERS INTERNS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

1

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

Schedule I (Form 990) (2019)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS AND BURSARIES	26	145,250			
2						
3						
4						
5						
6						
7						

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S

SCHEDULE I, PART 1, LINE 2

FINANCIAL AID AND SCHOLARSHIPS ARE BASED ON NEED AND MERIT FROM

APPLICATIONS SUBMITTED BY STUDENTS ONCE AWARDED, THE FUNDS ARE PLACED

DIRECTLY ON THE STUDENT'S ACCOUNT TO OFFSET THE COST OF TUITION AND FEES

**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" on Form 990, Part IV, line 23.

▶ **Attach to Form 990**

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

SAINT MARY'S UNIVERSITY

Employer identification number

98-1358092

Part I Questions Regarding Compensation

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

☒
☒
☐
☐

First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account

☐
☐
☐
☐

Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (such as maid, chauffeur, chef)

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

	Yes	No
1a		
1b	X	

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

2	X	
---	---	--

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

☐
☒
☐

Compensation committee
Independent compensation consultant
Form 990 of other organizations

☐
☒
☒

Written employment contract
Compensation survey or study
Approval by the board or compensation committee

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

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a		X
4b		X
4c		X

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
b Any related organization?
If "Yes" on line 5a or 5b, describe in Part III.

5a		X
5b		X

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

- a** The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

6a		X
6b		X

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

7		X
---	--	---

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

8		X
---	--	---

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

9		
---	--	--

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GABRIELLE MORRISON VP, FINANCE & ADMINISTRATION	(i) 171,399	0	0	322,592	5,434	499,425	
	(ii) 0	0	0	0	0	0	
2 DR ROBERT SUMMERBY-MUR PRESIDENT AND VICE-CHANCELLOR	(i) 226,091	0	0	79,306	14,016	319,413	
	(ii) 0	0	0	0	0	0	
3 DR MALCOLM BUTLER VP, ACADEMIC & RESEARCH	(i) 178,435	0	0	52,231	7,344	238,010	
	(ii) 0	0	0	0	0	0	
4 DR HARJEET BHABRA DEAN SOBEY SCHOOL-AS OF 9/2018	(i) 182,167	0	0	41,789	7,310	231,266	
	(ii) 0	0	0	0	0	0	
5 DR STEVEN SMITH DEAN OF SCIENCE, ASSOC VP	(i) 166,890	0	0	49,753	4,570	221,213	
	(ii) 0	0	0	0	0	0	
6 DR J COLIN DODDS PROFESSOR & ACADEMIC CHAIR	(i) 195,615	0	0	0	4,312	199,927	
	(ii) 0	0	0	0	0	0	
7 DR MARGARET MACDONALD DEAN OF ARTS	(i) 153,467	0	0	10,259	35,421	199,147	
	(ii) 0	0	0	0	0	0	
8 DR ESTHER ENNS ASSOC VP, TEACHING & LEARNING	(i) 172,682	0	0	10,380	4,986	188,048	
	(ii) 0	0	0	0	0	0	
9 ERIN SARGEANT GREENWOOD VP, ADVANCEMENT	(i) 170,677	0	0	10,281	6,258	187,216	
	(ii) 0	0	0	0	0	0	
10 DR. PAWAN LINGRAS PROFESSOR	(i) 172,020	0	0	10,667	3,600	186,287	
	(ii) 0	0	0	0	0	0	
11 DR NAJAH ATTIG ASSOCIATE PROFESSOR	(i) 169,143	0	0	11,549	4,038	184,730	
	(ii) 0	0	0	0	0	0	
12 DR DAWN JUTLA PROFESSOR	(i) 166,228	0	0	11,452	4,722	182,402	
	(ii) 0	0	0	0	0	0	
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2019

Part III Supplemental Information

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

FIRST-CLASS OR CHARTER TRAVEL

SCHEDULE J, PART I, LINE 1A

FIRST-CLASS TRAVEL IS PROVIDED FOR CERTAIN SENIOR EXECUTIVE(S) AS PER

EMPLOYMENT AGREEMENTS FOR LONG-DISTANCE TRAVEL UNDER CERTAIN

CIRCUMSTANCES

TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, LINE 1A

TRAVEL FOR COMPANIONS IS PROVIDED FOR CERTAIN SENIOR EXECUTIVE(S) AS PER

EMPLOYMENT AGREEMENTS FOR BUSINESS RELATED EVENTS (E.G. DONOR RELATIONS

AND FUNDRAISING ACTIVITIES) WHERE A SPOUSE OR COMPANION IS REQUIRED DUE

TO THE UNIVERSITY'S ROLE.

VESTED ADMINISTRATIVE LEAVES

SCHEDULE J, PART II, COLUMN C

CERTAIN EMPLOYEES ARE ELIGIBLE PER THEIR EMPLOYMENT CONTRACTS TO VESTED

ADMINISTRATIVE LEAVES THIS FUTURE EMPLOYEE BENEFIT IS ACCRUED EACH YEAR

AND REPORTED IN COLUMN C

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2019

**Open To Public
Inspection**

Name of the organization

SAINT MARY'S UNIVERSITY

Employer identification number

98-1358092

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III

Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2019

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) EMPLOYEE 1	FAMILY OF GOVERNOR	129,775	SALARIES & BENEFITS		X
(2) EMPLOYEE 2	FAMILY OF GOVERNOR	130,350	SALARIES & BENEFITS		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV

DUE TO CONFIDENTIALITY AGREEMENTS, THE NAMES OF THE GOVERNOR AND THE
 RELATED FAMILY MEMBER HAVE NOT BEEN LISTED HOWEVER, THE INTERESTED
 PERSONS' COMPENSATION AND BENEFITS HAVE BEEN PROVIDED IN COLUMN C THESE
 TRANSACTIONS HAVE BEEN MADE IN THE NORMAL COURSE OF BUSINESS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

SAINT MARY'S UNIVERSITY

Employer identification number

98-1358092

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	451	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	948,961	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				
25 Other ► (INSURANCE)	X	7	6,408	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a

31

32a

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

SAINT MARY'S UNIVERSITY

Employer identification number

98-1358092

CONTRIBUTION SOLICITATIONS

FORM 990, PART V, LINE 6

SMU IS A FOREIGN UNIVERSITY AND SOLICITS FINANCIAL SUPPORT FROM ITS
WORLDWIDE ALUMNI, LARGELY IN CANADA BUT DOES INCLUDE SOLICITATIONS TO
U S PERSONS AND U S ENTITIES SMU OBTAINED U S TAX EXEMPT STATUS AS A
FOREIGN 501(C) (3) EDUCATIONAL INSTITUTION SMU RELIES ON THE FINANCIAL
SUPPORT IT RECEIVES FROM ALUMNI AND ORGANIZATIONS TO ACHIEVE ITS MISSION
OF OFFERING EDUCATION PROGRAMS, ENGAGE IN RESEARCH AND SERVE THE
COMMUNITY DUE TO SMU'S STATUS AS A FOREIGN 501(C) (3), U S PERSONS AND
U S ENTITIES ARE NOTIFIED THAT THEIR DONATIONS TO SMU MAY NOT BE
DEDUCTIBLE FOR U S TAX PURPOSES

EXECUTIVE COMMITTEE

FORM 990, PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE CAN ACT IN THE ABSENCE OF THE BOARD IF NECESSARY
THIS IS NOT TYPICALLY REQUIRED THIS IS NOT TYPICALLY REQUIRED

OTHER PERSONS WITH THE POWER TO ELECT OR APPOINT THE BOARD

FORM 990, PART VI, SECTION A, LINE 7A

SEVERAL ORGANIZATIONS HAVE THE RIGHT TO APPOINT MEMBERS OF THE BOARD OF
GOVERNORS. SMU STUDENT ASSOCIATION (4), SMU FACULTY UNION (6), NOVA
SCOTIA PROVINCIAL GOVERNMENT (2), SMU ALUMNI ASSOCIATION (6), AND ROMAN
CATHOLIC EPISCOPAL CORP (3).

Name of the organization

SAINT MARY'S UNIVERSITY

Employer identification number

98-1358092

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 IS REVIEWED BY THE SENIOR DIRECTOR OF FINANCIAL SERVICES AND
THE VP, FINANCE & ADMINISTRATION AND DISTRIBUTED TO THE SECRETARY TO
FACILITATE REVIEW WITH THE EXECUTIVE MANAGEMENT GROUP THIS IS CONDUCTED
BEFORE FILING

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12A

ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO SIGN THE
ORGANIZATION'S CONFLICT OF INTEREST POLICY IN-HOUSE LEGAL COUNSEL
REVIEWS ALL FORMS ANY DISCLOSURES NOTED ARE BROUGHT TO THE ATTENTION OF
THE AUDIT COMMITTEE TO REVIEW

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINES 15A & 15B

INDEPENDENT ANALYSIS AND RESEARCH FOR APPROPRIATE COMPENSATION IS DONE BY
A SEARCH FIRM SUBSEQUENT APPROVAL IS GIVEN BY THE GOVERNING BOARD

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION B, LINE 19

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE POSTED ON SMU'S
WEBSITE.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

FOREIGN CURRENCY GAIN (\$8,950,509)

Name of the organization SAINT MARY'S UNIVERSITY	Employer identification number 98-1358092
---	--

ATTACHMENT 1FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ATHLETICS	430,932	4,082,431	763,925
DINING SERVICES	0.	2,405,812.	2,475,550
OTHER PROGRAMS	1,180,584	12,593,915	458,913
TOTALS	<u>1,611,516</u>	<u>19,082,158</u>	<u>3,698,388</u>

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK CANADA LTD 811 ISLINGTON AVENUE TORONTO ONTARIO CANADA M8Z 5W8	DINING SERVICES	2,790,894
HIGHER EDGE PO BOX 500680, DUBAI KNOWLEDGE VILLAGE DUBAI UNITED ARAB EMIRATES	STUDENT RECRUITING	1,078,619
INTERUNIVERSITY SERVICES INC 120 WESTERN PRKW #202 BEDFORD NOVA SCOTIA CANADA B4B 0V2	BUYING GROUP	409,602
NORTHEASTERN PROTECTION SERVICES PO BOX 1118 DARTMOUTH NOVA SCOTIA CANADA B2Y 4B8	SECURITY	400,163.
BRIGHT CANACHIEVE ROOM 802 NO 39 DONSANHUAN ZHONGLU BEIJING CHINA	STUDENT RECRUITING	328,688