

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 7/1/2007, and ending 6/30/2008

- B Check if applicable:
Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization: SAINT MARTINS UNIVERSITY
Number and street (or P.O. box if mail is not delivered to street address): 5300 Pacific Avenue SE
Room/suite:
City or town, state or country, and ZIP + 4: Lacey, WA 98503

D Employer identification number: 91-0564993
E Telephone number: (360) 438-4534
F Accounting method: [] Cash [x] Accrual [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [] Yes [x] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [x] Yes [] No

G Website: www.stmartin.edu

J Organization type (check only one) [x] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

I Group Exemption Number: 0928

M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 52,128,190

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, dividends, gross rents, net rental income, special events, and total revenue/expenses.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ 9,408,863 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	9,408,863	9,408,863		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	732,149	148,438	447,898	135,813
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	11,584,069	9,478,815	1,772,185	333,069
27	Pension plan contributions not included on lines 25a, b, and c	676,376	551,743	95,802	28,831
28	Employee benefits not included on lines 25a - 27	1,385,808	1,085,215	263,380	37,213
29	Payroll taxes	953,113	752,498	165,191	35,424
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	73,007	0	73,007	0
32	Legal fees	95,371	0	95,371	0
33	Supplies	357,178	236,468	115,157	5,553
34	Telephone	85,828	28,224	56,163	1,441
35	Postage and shipping	264,040	80,525	164,012	19,503
36	Occupancy	147,187	55,837	0	91,350
37	Equipment rental and maintenance	606,683	0	605,410	1,273
38	Printing and publications	282,468	158,467	85,319	38,682
39	Travel	763,135	662,126	84,205	16,804
40	Conferences, conventions, and meetings	86,677	64,358	19,697	2,622
41	Interest	1,330,527	0	1,330,527	0
42	Depreciation, depletion, etc. (attach schedule)	2,061,071	1,168,281	892,790	0 Stmt 4
43	Other expenses not covered above (itemize): See Statement 5	7,253,352	4,152,549	2,998,412	102,391
a	-----				
b	-----				
c	-----				
d	-----				
e	-----				
f	-----				
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	38,146,902	28,032,407	9,264,526	849,969

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **Higher Education is the primary exempt purpose for** **Program Service Expenses**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<p>a See Statement 6</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p>	<p>28,032,407</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	0	45	0
	46 Savings and temporary cash investments	25,096,577	46	18,369,765
	47a Accounts receivable	1,700,035		
	b Less: allowance for doubtful accounts	403,528	1,193,295	47c
				1,296,507
	48a Pledges receivable	2,680,384		
	b Less: allowance for doubtful accounts	0	251,000	48c
				2,680,384
	49 Grants receivable		0	49
				0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a
				0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b
				0
	51a Other notes and loans receivable (attach schedule) See Statement 7	1,132,094		
	b Less: allowance for doubtful accounts	0	1,103,476	51c
				1,132,094
	52 Inventories for sale or use		119,651	52
				118,786
53 Prepaid expenses and deferred charges		680,935	53	
			105,634	
54a Investments—publicly-traded securities		0	54a	
			0	
b Investments—other securities (attach schedule)		9,687,089	54b	
			5,848,647	
55a Investments—land, buildings, and equipment: basis	56,067,251			
b Less: accumulated depreciation (attach schedule) See Statement 9	19,546,674	37,915,134	55c	
			36,520,577	
56 Investments—other (attach schedule)		0	56	
			0	
57a Land, buildings, and equipment: basis	0			
b Less: accumulated depreciation (attach schedule)	0	0	57c	
			0	
58 Other assets, including program-related investments (describe See Statement 10)		4,706,787	58	
			19,153,319	
59 Total assets (must equal line 74). Add lines 45 through 58		80,753,944	59	
			85,225,713	
Liabilities	60 Accounts payable and accrued expenses	1,930,322	60	4,970,500
	61 Grants payable	0	61	0
	62 Deferred revenue	800,327	62	884,780
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63
				0
	64a Tax-exempt bond liabilities (attach schedule) See Statement 11		36,000,000	64a
	b Mortgages and other notes payable (attach schedule)		0	64b
				0
65 Other liabilities (describe See Statement 12)		2,531,289	65	
			6,351,707	
66 Total liabilities. Add lines 60 through 65		41,261,938	66	
			47,696,987	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	29,339,835	67	24,446,134
	68 Temporarily restricted	3,494,790	68	6,249,530
	69 Permanently restricted	6,657,381	69	6,833,062
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		39,492,006	73
				37,528,726
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		80,753,944	74	
			85,225,713	

Stmt 8

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b _____		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b _____		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members		
	85c _____		
	d Section 162(e) lobbying and political expenditures		
	85d _____		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e _____		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f _____		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g _____		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h _____		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a _____		
	b Gross receipts, included on line 12, for public use of club facilities		
	86b _____		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a _____		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b _____		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		✓
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		✓
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
	e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		✓
	f <i>All organizations.</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		✓
	g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
	89g _____		
90a	List the states with which a copy of this return is filed ▶ <u>WA</u>		
	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b _____	0
91a	The books are in care of ▶ <u>Mary Sigmen</u> Telephone no. ▶ <u>360-438-4534</u> Located at ▶ <u>5300 Pacific Ave SE, Lacey, WA</u> ZIP + 4 ▶ <u>98503-7500</u>		
	b 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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	Yes	No
	91b _____		✓

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Student Tuition and Fees					27,235,007
b Auxiliary enterprises	722320	382,746	03	9,952	3,858,214
c Miscellaneous Campus Revenue	541800	15,680			381,962
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,501,318	
96 Dividends and interest from securities			14	152,063	
97 Net rental income or (loss) from real estate:					
a debt-financed property			38	121,417	
b not debt-financed property	721310	42,185	16	67,193	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-168,362	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		440,611		1,683,581	31,475,183
105 Total (add line 104, columns (B), (D), and (E)) ▶					33,599,375

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer _____ Date _____

Mary Sigmen, Vice President of Finance

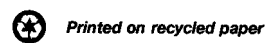
Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____ Preparer's SSN or PTIN (See Gen. Inst. X) _____

Phone no. _____



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization SAINT MARTINS UNIVERSITY	Employer identification number 91 0564993
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Heather Grob 2021 36th Lane NE, Olympia, WA 98506, US	Professor 40	100,478	12,219	0
Joyce Westgard 5300 Pacific Avenue SE, Lacey, WA 98503, US	Dean 40	96,506	9,795	0
Josephine Yung 5300 Pacific Avenue SE, Lacey, WA 98503, US	Associate VP 40	94,580	12,218	0
Leslie Bailey 5300 Pacific Avenue SE, Lacey, WA 98503, US	Professor 40	94,132	10,221	0
Godfrey Ellis 5300 Pacific Avenue SE, Lacey, WA 98503, US	Professor 40	85,923	10,221	0
Total number of other employees paid over \$50,000 ▶	73			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
McGranahan Architects 2111 Pacific, Tacoma, WA 98402, US	Architects	364,370
Mindpower 337 Georgia Ave SE, Atlanta, GA 30312, US	Marketing	244,615
Mithun Pier 56, Seattle, WA 98101, US	Architects	230,857
Ruffalocody LLC PO Box 3018, Cedar Rapids, IA 52406-3018, US	Consulting	140,447
Madison Street Consulting Inc 7457 South Madison Street, Tacoma, WA 98409, US	Architects	135,440
Total number of others receiving over \$50,000 for professional services ▶	4	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Marpac Constructions LLC 1225 South Weller Street, Seattle, WA 98144, US	Contractor	8,021,641
Berschauer Phillips Construction Co PO Box 11489, Olympia, WA 98508-1489, US	Contractor	1,967,405
DLB Earthwork Co PO Box 12599, Olympia, WA 98508-2599, US	Contractor	307,966
Lorig Associates LLC 2025 First Avenue, Seattle, WA 98121, US	Project Management	270,964
Equitable Masonary Restoration Inc 17624 15th Ave SE Suite 104A, Mill Creek, WA 98012, US	Contractor	99,950
Total number of other contractors receiving over \$50,000 for other services ▶	1	

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
See Form 990, Pt. V		
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	✓
b Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	✓
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	✓
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	✓
b Did the organization make any taxable distributions under section 4966?	4b	✓
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	✓
d Enter the total number of donor advised funds owned at the end of the tax year ▶		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33½%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33½%** 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					
e Public support (line 26c minus line 26d total) ▶					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					
d Add: Line 27a total _____ and line 27b total _____ ▶					
e Public support (line 27c total minus line 27d total) ▶					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 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?	✓	
30 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?	✓	
31 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, attach a separate statement.) See Statement 19		✓

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	✓	
d Copies of all material used by the organization or on its behalf to solicit contributions?	✓	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		✓
b Admissions policies?		✓
c Employment of faculty or administrative staff?		✓
d Scholarships or other financial assistance?		✓
e Educational policies?		✓
f Use of facilities?		✓
g Athletic programs?		✓
h Other extracurricular activities?		✓
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	✓	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Stmnt 20		✓
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	✓	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	} 41	
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Statement 1

Form: 990

Page: 1

Part: I

Question: 8

SAINT MARTINS UNIVERSITY

91-0564993

Sales of Assets Other than Inventory

Publicly Traded Securities

Description:

Sold To:

Sales Price:	\$11,207,567.00	Date Sold:
Expense of Sale:	\$0.00	Date acquired:
Cost or value when acquired:	\$11,375,929.00	How acquired:
Depreciation since acquisition:	\$0.00	
Net Sale:	-\$168,362.00	

Statement 2

Form: 990

Page: 1

Part: I

Question: 20

SAINT MARTINS UNIVERSITY**91-0564993****Other changes in Net Assets or Fund Balances**

Explanation	Amount
Unrealized Loss on Interest Rate Swap	-\$3,870,214.00
Unrealized Losses on Investments	-\$691,949.00
Change in value of split-interest agreement	-\$6,476.00
Total:	-\$4,568,639.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 22b

SAINT MARTINS UNIVERSITY

91-0564993

Grants and Allocations

Classification Tuition Scholarships

Saint Martin's University

Date:

Type: Cash

Address: 5300 Pacific Ave SE

Grant Amt \$9,408,863.00

Lacey, WA 98503

United States

Purp of payment to affiliate

Relationship:

Scholarships provided to students of SMU

Description of Property:

How Determined

Book Value of Property:

FMV of Property:

Total Grants:

\$9,408,863.00

Statement 4

Form: 990

Page: 2

Part: II

Question: 42

SAINT MARTINS UNIVERSITY

91-0564993

Depreciation and Depletion

Asset	Current Deprec.
Annual depreciation of fixed assets	\$2,061,071.00
Total	\$2,061,071.00

Statement 5

Form: 990

Page: 2

Part: II

Question: 43

SAINT MARTINS UNIVERSITY

91-0564993

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundraising
Services	\$7,253,352.00	\$4,152,549.00	\$2,998,412.00	\$102,391.00
Total:	\$7,253,352.00	\$4,152,549.00	\$2,998,412.00	\$102,391.00

Statement 6

Form: 990

Page: 3

Part: III

Question:

SAINT MARTINS UNIVERSITY

91-0564993

Program Services

Achievement	Pgm. Svc. Exp.
Higher Education: Instructional programs and related services for on-campus and extension students leading to undergraduate and graduate degrees. (1600 students)	\$9,343,553.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Higher Education: Student Services for on-campus and extension students leading to undergraduate and graduate degrees. (1600 students)	\$4,459,844.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Higher Education: Student Financial Aid (1600 students)	\$9,408,863.00
Grants and Allocations: \$9,408,863.00 This amount includes foreign grants: No	
Higher Education: Auxiliary services including food service, bookstore and student housing. (1600 students)	\$4,820,147.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total:	\$28,032,407.00

Statement 7

Form: 990

Page: 4

Part: IV

Question: 51

SAINT MARTINS UNIVERSITY

91-0564993

Schedule of Other Notes and Loans Receivable

Borrower's Name: Student LoansPerkins

Borrower's Title:

Original Amount: \$1,132,094.00

Balance Due: \$1,132,094.00

Date of Note:

Maturity Date:

Repayment Terms:

Interest Rate:

Security Provided by Borrower:

Purpose of Loan:

Description of Consideration:

FMV of Consideration:

Relationship of Borrower/Lender:

Total Due: \$1,132,094.00

Statement 8

Form: 990

Page: 4

Part: IV

Question: 54

SAINT MARTINS UNIVERSITY**91-0564993****Investments - Securities**

Security	Valuation Type	Amount
Mutual Funds	FMV	\$892,303.00
Life Insurance Policy	FMV	\$807,100.00
Other	FMV	\$500.00
Common Stocks	FMV	\$914,622.00
Bonds	FMV	\$3,234,122.00
Total:		\$5,848,647.00

Statement 9

Form: 990

Page: 4

Part: IV

Question: 55

SAINT MARTINS UNIVERSITY**91-0564993****Schedule of Investment Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
Land Improvements, Buildings and Equipment	\$56,067,251.00	\$19,546,674.00	\$36,520,577.00
Total:	\$56,067,251.00	\$19,546,674.00	\$36,520,577.00

Statement 10

Form: 990

Page: 4

Part: IV

Question: 58

SAINT MARTINS UNIVERSITY**91-0564993****Other Assets**

Asset Description	BOY Amount	EOY Amount
Bond Reserve	\$2,501,337.00	\$2,637,840.00
Construction in progress	\$995,589.00	\$15,604,322.00
Bond Issuance Cost	\$458,731.00	\$448,860.00
Contracts Receivable	\$751,130.00	\$462,297.00
Total:	\$4,706,787.00	\$19,153,319.00

Statement 11

Form: 990

Page: 4

Part: IV

Question: 64a

SAINT MARTINS UNIVERSITY

91-0564993

Tax Exempt Bond Liabilities

Purpose:	Refinancing of existing bonds, new construction
Issue Date:	06/28/2007
Original Amount:	\$36,000,000.00
Amount of issue outstanding:	\$35,490,000.00
Unexpended Proceeds:	\$7,523,185.00
Facility used by 3rd Party:	No
Percent used by 3rd Party:	
Obligation is a Mortgage:	No
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Contingent Liability:	No

If 'Yes', this record will not be included in the total returned to the Form 990:

Total Due: \$35,490,000.00

Statement 12

Form: 990

Page: 4

Part: IV

Question: 65

SAINT MARTINS UNIVERSITY**91-0564993****Other Liabilities**

Liability Description	BOY Amount	EOY Amount
US Government Grants Refundable	\$972,178.00	\$972,178.00
Annuities Payable	\$813,929.00	\$785,834.00
Loan from St. Martin's Abbey	\$745,182.00	\$723,481.00
Interest Rate Swap	\$0.00	\$3,870,214.00
Total:	\$2,531,289.00	\$6,351,707.00

Statement 13

Form: 990

Page: 5

Part: IV-A

Question: b(4)

SAINT MARTINS UNIVERSITY

91-0564993

Revenue Audit Line b(4)

Description	Amount
Display of Scholarships	-\$9,408,863.00
Total:	-\$9,408,863.00

Statement 14

Form: 990

Page: 5

Part: IV-B

Question: b(4)

SAINT MARTINS UNIVERSITY

91-0564993

Expense Audit Line b(4)

Description	Amount
Display of Scholarships	-\$9,408,863.00
Total:	-\$9,408,863.00

Statement 15

Form: 990

Page: 5

Part: V

Question:

SAINT MARTINS UNIVERSITY**91-0564993****Officers, Directors, Trustees, and Key Employees**

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Abbot Neal Roth Title: Chancellor Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	1	\$0.00	\$0.00	\$0.00
Barbara Gayle Title: Vice President Addr 1: 5140 SE Lynch Road Addr 2: CSZ: Shelton, WA 98584 Country: United States	40	\$103,698.00	\$19,735.00	\$0.00
Brian Charneski Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	1	\$0.00	\$0.00	\$0.00
Brother Boniface Lazzari Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	1	\$0.00	\$0.00	\$0.00
Cynthia Worth Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	1	\$0.00	\$0.00	\$0.00
Daniel Dugaw Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	1	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Douglas Astolfi Title: President Addr 1: 8636 Fenwick Loop Addr 2: CSZ: Olympia, WA 98513 Country: United States	40	\$240,675.00	\$52,298.00	\$0.00
Father Alfred Hulscher Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	1	\$0.00	\$0.00	\$0.00
Father Bede Classick Title: Treasurer Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	20	\$0.00	\$0.00	\$0.00
Father George Seidel Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	1	\$0.00	\$0.00	\$0.00
Father Kilian Malvey Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	1	\$0.00	\$0.00	\$0.00
Father Timothy Lamm Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States	1	\$0.00	\$0.00	\$0.00
Francis Iwasawa Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503	1	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Country: United States				
Hilton Smith	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
James Taylor	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Kathleen O'Grady	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Ken Parsons	5	\$0.00	\$0.00	\$0.00
Title: Chairman Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Mary Gentry	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Mary Sigmen	40	\$103,525.00	\$14,770.00	\$0.00
Title: Vice President Addr 1: 2502 North Starr Street Addr 2: CSZ: Tacoma, WA 98403 Country: United States				
Melanie Richardson	40	\$89,688.00	\$22,856.00	\$0.00
Title: Dean of Student Services Addr 1: 4428 Governor Lane SE Addr 2:				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Olympia, WA 98501 Country: United States				
Michael Cronk	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Patrick Crumb	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Patrick Rants	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Phillip Weigand	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Richard Hecker	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Richard Panowicz	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Richard Roney	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Stephen McGlone	40	\$135,813.00	\$13,581.00	\$0.00
Title: Vice President Addr 1: 4014 North 35th Street Addr 2: CSZ: Tacoma, WA 98407 Country: United States				
Terry Monaghan	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Waite Dalrymple	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Wayne Staley	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 5300 Pacific Avenue SE Addr 2: CSZ: Lacey, WA 98503 Country: United States				
Eric Pedersen	40	\$58,750.00	\$18,416.00	\$0.00
Title: Dean of Admissions and Financial Aid Addr 1: 3533 Ashley Dr NE Addr 2: CSZ: Olympia, WA 98506 Country: United States Compensation Explanation: Eric started employment 9-19-2007				
TOTALS		\$732,149.00	\$141,656.00	\$0.00

Statement 16

Form: 990

Page: 6

Part: VI

Question: 80 b

SAINT MARTINS UNIVERSITY

91-0564993

Related Organizations

Description	Exempt
St Martin's Abbey	Yes

Statement 17

Form: 990

Page: 8

Part: VIII

Question:

SAINT MARTINS UNIVERSITY

91-0564993

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	Student tuition and fees are paid by students to cover the cost of their education, enabling the university to fulfill their primary mission of educating students.
93 b	Programs provide necessary housing and food services for students as well as providing a convenient on campus location to purchase books and supplies.
93 c	Programs provide activities and resources which are a typical part of the student educational experience.

Statement 18
Form: Schedule A
Page: 2
Part: III
Question: 3a

SAINT MARTINS UNIVERSITY
91-0564993

Explanation of Grant Determination

Explanation of grant qualifications

The University awards scholarships in conformance with established policies on the basis of both need and scholastic merit. Awards to students with need are based on the student's financial information contained in the Free Application for Financial Aid filed with the federal processor. All aid is objectively determined and awarded on an equal basis to recipients with similar attributes.

Statement 19
Form: Schedule A
Page: 5
Part: V
Question: 31

SAINT MARTINS UNIVERSITY
91-0564993

Publicize Racially Nondiscriminatory Policy

Explanation/Description

The University inadvertently failed to place the advertisement during the year. The advertisement has since been placed and procedures implemented to ensure future compliance.

Statement 20
Form: Schedule A
Page: 5
Part: V
Question: 34

SAINT MARTINS UNIVERSITY
91-0564993

Financial Assistance

Explanation

The University receives funds from the Department of Education to be given out in the form of grants and loans to students. We also periodically receive funds from federal agencies for research or equipment grants.