

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493109002510

Form **990**

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

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

_							
Addre:	ıf applıcal	i icasc	C Name of organization UNIVERSITY OF MARY			D Employer io	dentification number
	ss change	use IRS label or	Doing Business As			45-02734 E Telephone r	
_ Name	change	print or type. See	Doing business no			•	
- Initial	return	Specific Instruc-	Number and street (or P O box if mail	is not delivered to street addres	s) Room/suite	(701) 255	- 7 5 0 0 pts \$ 45,501,659
– Termi	nation	tions.	7500 UNIVERSITY DR			G GIUSS FECEI	μιο φ 4υ,υ01,009
– Amen	ded return		City or town, state or country, and ZIP	+ 4	ı		
– Applic	ation pend	ng	BISMARCK, ND 585049652				
		F Na	me and address of Principal Officer		H(a) Is thu	Ls a group retur	n for
		BREN-	Γ WINIGER		affiliat		⊤Yes √ No
			UNIVERSITY DR ARCK,ND 585049652				
Tax-e	exempt sta		c) (3) 4 (insert no)	□ 527	• •	affiliates includ	,
Web	cito: b	WWW UMARY	EDII	·	· ·	o, attach a lis o Exemption N	t See instructions) umber F
WED	site. F	WWW ONAKI			11(0)	'	
C Type c	of organiza	ion 🔽 Corpora	tion trust association other		L Year of For	mation 1959	M State of legal domicile ND
					'		
Part	T S	mmary					
		•	ne organization's mission or most s	ignificant activities			
		•	MARY IS A PRIVATE INSTITUTION		ON OFFERII	NG GRADUAT	EAND
caovemance	UND	ERGRADUA ⁻	TE DEGREES				
<u> </u>							
<u> </u>							
5		•	if the organization discontinued its				
σ		_	members of the governing body (Pa	,			<u>31</u>
<u> </u>		•	ndent voting members of the goveri)		
			mployees (Part V, line 2a)				1,160
			olunteers (estimate if necessary)				
			ated business revenue from Part VI iness taxable income from Form 99		•	7a 7b	
	D Net	annerated bus	Thess taxable income from Form 93	,0-1, lille 34	Drio	r Year	Current Year
	8 Co	ntributions ar	d grants (Part VIII, line 1h)		FIIO	3,456,703	1,235,720
			revenue (Part VIII, line 2g)			33,078,527	35,151,753
_		9.4 5555	ravanas (rant 1111) mis Egy				
§ 1	l O Inv	estment inco	me (Part VIII. column (A.), lines 3.	4. and 7d)		1.234.904	1.022.777
) 2 2 1			me (Part VIII, column (A), lines 3, Part VIII, column (A), lines 5, 6d, 8	•		1,234,904	
*	. 1 Oth	ner revenue (I	me (Part VIII, column (A), lines 3, Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal	3c, 9c, 10c, and 11e)		210,391	334,537
1	.1 Oth	ner revenue (I al revenue—a	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal	Bc, 9c, 10c, and 11e) Part VIII, column (A), line		210,391	1,022,777 334,537 37,744,787
1	11 Oth	ner revenue (l al revenue—a nts and sımıl	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A)	Bc, 9c, 10c, and 11e) Part VIII, column (A), line A), lines 1-3)		210,391	334,537 37,744,787
1 1 1	.1 Oth L2 Tot 12 L3 Gra	ner revenue (l al revenue—a l nts and sımıl nefits paid to	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A)	Bc, 9c, 10c, and 11e) Part VIII, column (A), line A), lines 1–3)), line 4)		210,391	334,537
1 1 1 1	11 Otto 12 Tot 12 13 Gra 14 Ber 15 Sal	ner revenue (l al revenue—a nts and simil nefits paid to aries, other c	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A)	Bc, 9c, 10c, and 11e) Part VIII, column (A), line A), lines 1–3)), line 4)		210,391 37,980,525 7,306,189	334,537 37,744,787 7,511,369
1 1 1 1	11 Ott 12 Tot 12 13 Gra 14 Ber 15 Sal 10	ner revenue (I al revenue—a nts and simil nefits paid to aries, other c	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P)	Part VIII, column (A), line A), lines 1-3)), line 4) art IX, column (A), lines 5		210,391	334,537 37,744,787 7,511,369 0
1 1 1 1	11 Ott 12 Tot 12 13 Gra 14 Ber 15 Sal 10	ner revenue (lal revenue—a nts and sımıl nefits paıd to arıes, other c	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (Pdraising fees (Part IX, column (A), I	Bc, 9c, 10c, and 11e) Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5		210,391 37,980,525 7,306,189	334,537 37,744,787 7,511,369 0
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ottl 12 Tot 12 13 Gra 14 Ber 15 Sal 10 16a Pro b (To	ner revenue (lal revenue—a nts and simil nefits paid to aries, other co fessional fun	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), I spenses, Part IX, column (D), line 25 409,5	Bc, 9c, 10c, and 11e) Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e)		210,391 37,980,525 7,306,189 14,630,170	334,537 37,744,787 7,511,369 C 16,287,240
1 Expenses 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1 Ottl 1.2 Tot 1.2 Tot 1.3 Gra 1.4 Ber 1.5 Sal 1.0 Pro 1.6 Pro 1.7 Ottl	ner revenue (lal revenue—a nts and simil nefits paid to aries, other c fessional fun al fundraising es	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), I spenses, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11	Bc, 9c, 10c, and 11e) Part VIII, column (A), line A), lines 1-3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f-24f)		210,391 37,980,525 7,306,189 14,630,170 11,150,204	334,537 37,744,787 7,511,369 0 16,287,240 0
EXPENSES 1 1 1 1 1 1 1 1 1	11 Ottl 12 Tot 12 13 Gra 14 Ber 15 Sal 10 16a Pro b (To: 17 Ottl 18 Tot	ner revenue (lal revenue—a nts and simil nefits paid to aries, other c fessional fun al fundraising e ner expenses al expenses	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), I spenses, Part IX, column (D), line 25 409,5	Part VIII, column (A), line A), lines 1-3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f-24f) IX, line 25, column (A))		210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563	334,537 37,744,787 7,511,369 0 16,287,240 0 12,887,678 36,686,287
1 1 1 EXPENSES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ottl 12 Tot 12 13 Gra 14 Ber 15 Sal 10 16a Pro b (To: 17 Ottl 18 Tot	ner revenue (lal revenue—a nts and simil nefits paid to aries, other c fessional fun al fundraising e ner expenses al expenses	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), lopenses, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11 -add lines 13-17 (must equal Part	Part VIII, column (A), line A), lines 1-3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f-24f) IX, line 25, column (A))	-	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962	334,537 37,744,787 7,511,369
1 1 1 EXPENSES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ottl 12 Tot 12 13 Gra 14 Ber 15 Sal 10 16a Pro b (To: 17 Ottl 18 Tot 19 Rev	ner revenue (lal revenue—a nts and simil nefits paid to aries, other confessional fun fessional fun al fundraising ex ner expenses al expenses ex	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), lopenses, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11 -add lines 13-17 (must equal Part penses Subtract line 18 from line 1	Part VIII, column (A), line A), lines 1-3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f-24f) IX, line 25, column (A))	-	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year	334,537 37,744,787 7,511,369 0 16,287,240 0 12,887,678 36,686,287 1,058,500 End of Year
1 1 1 EXPENSES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ott 12 Tot 12 Tot 12 Tot 14 Ber 15 Sal 10 Tot 17 Ott 18 Tot 19 Rev	ner revenue (la la revenue — a la revenue — a la refits paid to la ries, other confessional fundraising expenses a lexpenses expenses expe	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), liques, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11—add lines 13-17 (must equal Part penses Subtract line 18 from line in the column (A), lines 13-17 (must equal Part penses Subtract line 18 from line in the column (A), lines 14 from line in the column (B)	Part VIII, column (A), line A), lines 1-3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f-24f) IX, line 25, column (A))	-	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517	334,537 37,744,787 7,511,369 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ottl 12 Tot 12 Tot 12 Tot 14 Ber 15 Sal 10 (To: 17 Ottl 18 Tot 19 Rev 20 Tot	ner revenue (lal revenue—a nts and simil nefits paid to aries, other confessional fun al fundraising ex ner expenses al expenses—venue less ex al assets (Pa al liabilities (Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), lixenses, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11 -add lines 13-17 (must equal Part penses Subtract line 18 from line 12 rt X, line 16)	Part VIII, column (A), line A), lines 1-3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f-24f) IX, line 25, column (A))	-	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500	334,537 37,744,787 7,511,369 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159
In an array of the following second of the following s	11 Ott 12 Tot 12	ner revenue (la la revenue — a la revenue — a la refits paid to la ries, other confessional fundraising expenses a lexpenses expenses expe	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), logenses, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11—add lines 13-17 (must equal Part penses Subtract line 18 from line in the interpretation of the column (A), lines 15 and lines 15 and lines 18 from line in the interpretation of the column (B) and lines 16 and lines 21 from	Part VIII, column (A), line A), lines 1-3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f-24f) IX, line 25, column (A))	-	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517	334,537 37,744,787 7,511,369 0 16,287,240 0 12,887,678 36,686,287 1,058,500
1 1 1 EXPENSES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ott 12 Tot 12 13 Gra 14 Ber 15 Sal 10 (To 17 Ott 18 Tot 19 Rev 20 Tot 21 Tot 22 Ne 31 Si	ner revenue (la la revenue — a la revenue — a la revenue — a la revenue — a la revenue l	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), lixenses, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11 -add lines 13-17 (must equal Part penses Subtract line 18 from line 12 rt X, line 16) Part X, line 26) Ind balances Subtract line 21 from line 15 column (B)	Bc, 9c, 10c, and 11e) Part VIII, column (A), line A), lines 1-3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f-24f) IX, line 25, column (A)) 12	Beginnin	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017	334,537 37,744,787 7,511,369 0 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199
Fund Bakences of Fund B	11 Ott 12 Tot 13 Gra 14 Ber 15 Sal 10 (To 17 Ott 18 Tot 19 Rev 20 Tot 21 Tot 22 Ne Und	nts and similate fits paid to aries, other confessional fundraising expenses al expenses expenses al assets (Paral liabilities (Cassets or furposset) and the confessional fundraising expenses expenses expenses expenses expenses expenses expenses for the cassets or furpossets of paral liabilities (Cassets or furpossets) and the confession expenses expen	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), logenses, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11—add lines 13-17 (must equal Part penses Subtract line 18 from line in the interpretation of the column (A), lines 15 and lines 15 and lines 18 from line in the interpretation of the column (B) and lines 16 and lines 21 from	Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f–24f) IX, line 25, column (A)) 12	Beginnin	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017	334,537 37,744,787 7,511,369 0 16,287,240 0 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199
Exherises of the Part Part Basesees of the Part	11 Ottl 12 Tot 12 Tot 12 Tot 14 Ber 15 Sal 10 Tot 17 Ottl 18 Tot 19 Rev 20 Tot 21 Tot 21 Ne 111 Si Und and	nts and similarities, other confessional fundraising expenses all expenses expenses expenses fund all fundraising expenses expenses expenses fundraising expenses expenses expenses fundraising expenses expenses expenses fund all fundraising expenses expenses expenses expenses expenses fund fundraising expenses fundraising expenses fundraising fundraisin	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), linesing fees (Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11 -add lines 13-17 (must equal Part penses Subtract line 18 from line 19 art X, line 16) Part X, line 26) Ind balances Subtract line 21 from line correct, and complete Declaration of prepare	Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f–24f) IX, line 25, column (A)) 12	Beginnii schedules and st	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017	334,537 37,744,787 7,511,369 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ottl 12 Tot 12 Tot 12 Tot 14 Ber 15 Sal 10 Tot 17 Ottl 18 Tot 19 Rev 20 Tot 21 Tot 21 Ne 111 Si Und and	nts and similarities, other confessional fundraising expenses all expenses exercises (Paralliabilities (Cassets or furnished per penalties of phelicf, it is true,	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), linesing fees (Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11 -add lines 13-17 (must equal Part penses Subtract line 18 from line 19 art X, line 16) Part X, line 26) Ind balances Subtract line 21 from line correct, and complete Declaration of prepare	Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f–24f) IX, line 25, column (A)) 12	Beginnii schedules and st	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017	334,537 37,744,787 7,511,369 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ott 12 Tot 13 Gra 14 Ber 15 Sal 10 (To 17 Ott 18 Tot 19 Rev 10 Tot 11 Tot 12 Ne 11 Si 11 Und 14 15 16 17 18 19 10 10 11 11 11 11 11	nts and simil refits paid to aries, other confessional fundraising expenses al expenses enue less expenses or full refits of phelicf, it is true, assets of offices of offices of phelicf, it is true, assets of offices of office	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A), or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), linesing fees (Part IX, column (A), linesess, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a–11 add lines 13–17 (must equal Part penses Subtract line 18 from line: Tot X, line 16) Part X, line 26) Ind balances Subtract line 21 from line is correct, and complete Declaration of preparer	Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f–24f) IX, line 25, column (A)) 12	Beginnii schedules and st	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017	334,537 37,744,787 7,511,369 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ott 12 Tot 13 Gra 14 Ber 15 Sal 10 (To 17 Ott 18 Tot 19 Rev 10 Tot 11 Tot 12 Ne 11 Si 11 Und 14 15 16 17 18 19 10 10 11 11 11 11 11	nts and similaries, other confessional fundraising expenses all expenses execute less execute less execute less or furont gnature Black penalties of pobelief, it is true, exercises and confine the secure less of pobelief, it is true, exercises and confine the secure less of pobelief, it is true, exercises and confine the secure less of pobelief, it is true, exercises and confine the secure less executed and confine the secure less executed and confine the secure less exercises exercises and confine the secure less exercises ex	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A), or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), linesing fees (Part IX, column (A), linesess, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a–11 add lines 13–17 (must equal Part penses Subtract line 18 from line: Tot X, line 16) Part X, line 26) Ind balances Subtract line 21 from line is correct, and complete Declaration of preparer	Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f–24f) IX, line 25, column (A)) 12 line 20 return, including accompanying arer (other than officer) is based	Beginning Schedules and standard Schedules and Schedul	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017 catements, and to on of which prepared	334,537 37,744,787 7,511,369 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199 The best of my knowledge arer has any knowledge
The sesses of th	11 Ottl 12 Tot 12 13 Gra 14 Ber 15 Sal 10 16a Pro 16 Tot 18 19 Rev 10 Tot 19 11 Tot 19 12 Ne 11 Si 10 Und and 19 11 Prep	nts and similarities, other confessional fundraising expenses all expenses are nue less expenses for the confessional fundraising expenses are expenses at expenses at expenses for the confessional fundraising expenses for the confessional fundraising expenses for the confessional fundraising expenses for fundraising for penalties of public, it is true, for the confessional fundraising for the	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), linesing fees (Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11 add lines 13-17 (must equal Part penses Subtract line 18 from line in the interior of the penses of the pe	Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f–24f) IX, line 25, column (A)) 12 line 20 return, including accompanying arer (other than officer) is based	Beginnii schedules and st	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017 catements, and to on of which prepared	334,537 37,744,787 7,511,369 0 16,287,240 0 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199
Secue did secue	11 Ottl 12 Tot 12 13 Gra 14 Ber 15 Sal 10 (To: 17 Ottl 18 Tot 19 Rev 20 Tot 21 Tot 22 Ne 21 Und and e 25 Prepsigna	nts and similarities, other confessional fundraising expenses all expenses are nue less expenses at lassets (Paralliabilities (Cassets or furger expension of pobelief, it is true, expenses of possible expension of the expension	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A), or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), linesing fees (Part IX, column (A), linesess, Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a–11 add lines 13–17 (must equal Part penses Subtract line 18 from line: Tot X, line 16) Part X, line 26) Ind balances Subtract line 21 from line is correct, and complete Declaration of preparer	Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f–24f) IX, line 25, column (A)) 12 line 20 return, including accompanying arer (other than officer) is based Date 2010-04-06	Beginning Schedules and standard I on all information Date	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017 catements, and to on of which prepared	334,537 37,744,787 7,511,369 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199 the best of my knowledge arer has any knowledge
The second secon	11 Ottl 12 Tot 12 13 Gra 14 Ber 15 Sal 10 16a Pro 17 Ottl 18 Tot 19 Rev 10 Tot 21 Tot 22 Ne 21 Tot 22 Ne 21 Tot 22 Ne 25 Prep signa 26 Firm	nts and similarities, other confessional fundraising expenses all expenses are nue less expenses at liabilities (constant) assets or further confessional fundraising expenses are nue less expenses at liabilities (constant) assets or further confessional fundraising expenses for further confessional fundraising expenses for further confessional fundraising for fund	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), linesing fees (Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11 - add lines 13-17 (must equal Part penses Subtract line 18 from line: Tot X, line 16) Part X, line 26) Ind balances Subtract line 21 from line in the correct, and complete Declaration of prepare and title VICE PRES FOR FINANCIAL AFFAIRS The and title	Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f–24f) IX, line 25, column (A)) 12 line 20 return, including accompanying arer (other than officer) is based Date 2010-04-06	schedules and st on all information Date	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017 catements, and to on of which prepared	334,537 37,744,787 7,511,369 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199 the best of my knowledge arer has any knowledge
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Ottl 12 Tot 12 13 Gra 14 Ber 15 Sal 10 Pro 16 Pro 17 Ottl 18 Tot 19 Rev 19 Ne 11 Si 10 Und 11 And 12 Prep 15 signs 16 Si 17 Prep 18 Si 18 Firm 16 se	nts and similarities, other confessional fundraising expenses all expenses are nue less expenses for the confessional fundraising expenses are expenses at lassets (Paralliabilities (Cassets or fure penalties of proposition of the confession of th	Part VIII, column (A), lines 5, 6d, 8 add lines 8 through 11 (must equal ar amounts paid (Part IX, column (A) or for members (Part IX, column (A) ompensation, employee benefits (P) draising fees (Part IX, column (A), linesing fees (Part IX, column (D), line 25 409,5 (Part IX, column (A), lines 11a-11 -add lines 13-17 (must equal Part penses Subtract line 18 from line in time in time in the subtract line 21 from lock ergury, I declare that I have examined this correct, and complete Declaration of prepare and title that I have the subtract line 21 from line in the subtract line 22 from line in the subtract line 3 from line in th	Part VIII, column (A), line A), lines 1–3)), line 4) art IX, column (A), lines 5 line 11e) 78 d, 11f–24f) IX, line 25, column (A)) 12 line 20 return, including accompanying arer (other than officer) is based Date 2010-04-06	schedules and st on all information Date	210,391 37,980,525 7,306,189 14,630,170 11,150,204 33,086,563 4,893,962 ng of Year 92,282,517 16,364,500 75,918,017 atterments, and to on of which prepared of the	334,537 37,744,787 7,511,369 16,287,240 12,887,678 36,686,287 1,058,500 End of Year 83,214,358 11,951,159 71,263,199 the best of my knowledge arer has any knowledge

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

1	Briefly describe the organization's mission				
	Serving the Needs of the Region The University Commitment of the Sisters of Annunciation Mor				n It takes its tone from the
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .	gnıfıcant program servıce	es during the year wh	nich were not listed on	Yes ✓ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin services?	g or make significant cha	nges ın how ıt condu • • • • • •		Yes 🔽 No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ns and 4947(a)(1) trusts	s are required to repo		
4a	(Code) (Expenses \$ Academic divisions - This area contains the c programs University of Mary serves approx degree programs In addition, there are nine	urriculum and related expense mately 2800 students and has	175 faculty members Th	hey have eight undergraduate divisi	ons with more than 40
4 b	(Code) (Expenses \$ Student aid & expenses - University of Mary forms of student aid and work programs Dustudent aid In addition, 21 international student	offers various types of financiaring the current year, 2621 stu	dents received some typ		
4c	(Code) (Expenses \$ Auxiliary activities - Auxiliary activities includ service and depreciation. The University of N	es all student housing and food) ments, student transportation
	(Code) (Expenses \$	7,922,214 inclu	ıdıng grants of \$	10,000) (Revenue \$)
4d	Other program services (Describe i	n Schedule O)			
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$		Must equal Part IX, Lır	· · · · · · · · · · · · · · · · · · ·	·
	. Sta. p. 19. am Dai Fide Capended 4	33,333,321		, (2);	

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

			163	140
8.	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
		200		110
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	162			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4-	V	
-	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
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	1,160			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i		3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a s			30		
- 14	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	•	4a		Νο
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	v Regarding Prohibited			
_	Tax Shelter Transaction?	•	• • •	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\sf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?	I . .		7c		No_
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			•		
	year [?]			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	1				
	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					
а	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	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management	

					Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body	umber of voting members of the governing body 1a							
Ь	Enter the number of voting members that are independent	1b	27						
2	Did any officer, director, trustee, or key employee have a family relationship or a bustother officer, director, trustee, or key employee?	·	2	Yes					
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the org	anızat	ıon's assets?	5		Νo			
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the						
а	the governing body?			8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		, I I I						
11	11		No						

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Brent Winiger

UNIVERSITY OF MARY 7500 UNIVERSITY BISMARCK, ND 58504

(701) 355-8303

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

		(C) Position (check all that apply)							(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-							
			-							
			-				\vdash			
			-							
			1							
1b Total							-	374,099) C	52,048

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►2

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CAPITAL CITY CONSTRUCTION PO BOX 7337 BISMARCK, ND 585027337	BUILDING CONTRACTOR	978,593
CAPITAL ELECTRIC COOP PO BOX 730 BISMARCK, ND 585020730	ELECTRICAL SERVICES	615,427
ANNUNCIATION MONASTERY 7520 UNIVERSITY DR BISMARCK, ND 585049653	MONASTERY SERVICES	533,991
ST ALEXIUS MEDICAL CENTER PO BOX 5510 BISMARCK, ND 585065510	CLINICAL EXPERIENCE	410,594
MONTANA DAKOTA UTILITIES PO BOX 5600 BISMARCK, ND 585025600	UTILITY SERVICES	403,606
2 Total number of independent contractors (including those in 1) who re from the organization	. ,	11

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a			Revenue		312, 313, 01 314
報告	ь	Membership d	ues					
ou ou			1b					
S,€	С	Fundraising ev	vents 1c					
慧	d	Related organ	ızatıons1d					
<u>اري</u>	e	Government grar	nts (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f		tions, gifts, grants, and not included above	1,235,720				
를 들는 등 등 등	g		1f rıbutıons ıncluded ın					
S ၕ	١.	lines 1a-1f \$			1,235,720			
	h	lotal (Add IIn	es 1a-1f)	· · · · •	1,233,720			
വ				Business Code				
Ę	2a	STUDENT TUITIO	N/FEES	611,600	32,735,670	32,735,670		
85 25	b	AUXILIARY ENTER	RPRISES	611,600	1,614,351	1,614,351		
ъ Ш	С	OTHER		611,600	801,732	801,732		
7 43	d							
ß	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
Ρ̈́	g		es 2a-2f					
	3	► \$ 35,151,75	isome (including divi	dends interest				
			amounts)		1,097,388			1,097,388
				▶				
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss)	ome or (loss)					
	_ u	Net rental inc	onne or (loss)					
	_		(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	4,699,086	29,995				
	ь	than inventory Less cost or other basis and	4,762,397	41,295				
		sales expenses Gaın or (loss)	-63,311	-11,300				
	c d	Net gain or (lo	· ·	·	-74,611	-74,611		
				. •				
dı.	8a	events (not ın	from fundraising cluding .7,546					
ň		of contribution	ns reported on line					
Other Revenue		1c) See Part <i>Attach Schedul</i>	IV , line 18 <i>le G if total exceeds</i>					
÷ ت		\$15,000	a					
the	Ь		xpensesb	8,130	<u></u>			
Ö	С	Net income or	(loss) from fundrais	ing events ▶	9,416	9,416		
	9a	Gross income activities See	from gaming part IV , line 19					
		Complete Sche	dule Gıf total					
		exceeds \$15,00	00 a					
	ь	less directe	xpensesb					
	c		· (loss) from gaming a	activities				
				▶				
	10a	Gross sales o returns and al	finventory, less lowances .					
			а	3,270,171				
	b		goods sold b	2,945,050				
	С		(loss) from sales of		325,121			325,121
		Miscellaneou	ıs Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reve	nue					
	e		es 11a-11d	\$				
	12		a. Add lines 1h, 2g, 3		37,744,787	35,086,558	0	1,422,509
		8c, 9c, 10c, and 1	l1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns		
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	10,000	10,000		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,501,369	7,501,369		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	256,399	11,095	218,227	27,077
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	12,717,628	11,881,819		242,713
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	709,719	644,252	52,319	13,148
9	Other employee benefits	1,656,114	1,206,389	425,105	24,620
10	Payroll taxes	947,380	896,577	32,506	18,297
11	Fees for services (non-employees)				
а	Management				
b	Legal	99,064		99,064	
С	Accounting	36,525		36,525	
d	Lobbying	10,709	10,709		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	570,312	548,954	21,358	
12	Advertising and promotion	560,843	510,393	23,587	26,863
13	Office expenses	1,477,024	1,080,337	339,827	56,860
14	Information technology	416,172	416,172		
15	Royalties				
16	Occupancy	1,725,580	1,716,394	9,186	
17	Travel	760,603	759,103	1,500	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	432,206	416,135	16,071	
20	Interest	416,885	409,591	7,294	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,489,666	1,180,281	309,385	
23	Insurance	8,526	8,526		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	RESERVE FOR UNCOLLECTAB	2,626,200	2,626,200		
b	ACTIVITIES EXPENSE	884,336	884,336		
c	REPAIRS & MAINTENANCE	771,567	760,887	10,680	
d	BAD DEBT EXPENSE	223,874	208,116	15,758	
e	DUES & MEMBERSHIPS	88,818	41,446	47,372	
f	All other expenses	288,768	227,443	61,325	
25	Total functional expenses. Add lines 1 through 24f	36,686,287	33,956,524	2,320,185	409,578
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 /2009)

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			764.510		276,532
	2	Savings and temporary cash investments	7,912,278		5,577,365		
	3	Pledges and grants receivable, net		5,493,574		2,306,363	
	4	Accounts receivable, net			577,630	_	349,607
	5	Receivables from current and former officers, directors, trustees			077,000	_	040,007
	9	other related parties				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net			208,054	7	255,047
	8	Inventories for sale or use			477,491	8	468,471
2	9	Prepaid expenses and deferred charges			123,612	9	134,920
Assets	10a	Land, buildings, and equipment cost basis					
4		Zuna, panango, ana oquipment doot paolo	10a	59,848,328	_		
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	21,987,807	36,626,362	100	37,860,521
	11	Investments—publicly traded securities			31,400,238		26,255,299
	12	Investments—other securities See Part IV, line 11 Complete P.			4,364,340		5,408,749
		Schedule D	3,6 711 6	,	.,,55 .,,5 .5	12	
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D .	Part VIII		3,254,442	13	3,093,018
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			1,079,986	l	1,228,466
		D	20.000.517	15	00.044.050		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			92,282,517		83,214,358
	17	Accounts payable and accrued expenses .			1,075,253		1,033,241
	18	Grants payable			450 404	18	442.502
	19	Deferred revenue			159,461	19	113,503
Ø.	20	Tax-exempt bond liabilities			8,949,124		4,877,638
Œ	21	Escrow account liability Complete Part IV of Schedule D		•	77,830	21	81,639
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				.	
Ï		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		6,102,832	_	5,845,138	
	26	Total liabilities. Add lines 17 through 25			16,364,500	26	11,951,159
φ		Organizations that follow SFAS 117, check here ▶ $\overline{\lor}$ and comp through 29, and lines 33 and 34.	lete lin	es 27			
anc 3	27	Unrestricted net assets			46,686,391	27	49,071,780
Balance	28	Temporarily restricted net assets		10,179,325	28	4,672,475	
豆	29	Permanently restricted net assets	19,052,301	29	17,518,944		
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	lete				
ě		lines 30 through 34.					
왍	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other fu	ınas		75 049 047	32	74 262 400
Net	33	Total net assets or fund balances			75,918,017		71,263,199
	34	Total liabilities and net assets/fund balances			92,282,517	34	83,214,358
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c		Νο
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?	3a	Yes	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

As Filed Data -

DLN: 93493109002510

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

UNIVE		OF MARY							proyer rac			
									-027340			
	rt I			harity Status (to be co					Instruct	ions)		
	organı —			ation because it is (Please								
1		A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	고			tion 170(b)(1)(A)(ii). (Attac								
3	<u> </u>	-	•	e hospital service organizati			-				•	
4	ı	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the										
	_	•	name, city, and									
5	ļ			for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
	_			(Complete Part II)								
6	<u> </u>	•	· -	overnment or governmental								
7	ı			ally receives a substantial p		support fro	om a gove	rnmental ı	ınıt or fror	n the gene	eral public	
_	_		-	b)(1)(A)(vi) (Complete Par	•							
8	<u> </u>		•	ped in Section 170(b)(1)(A)		•	•					
9	ı			ally receives (1) more than								
		•		lated to its exempt functions	-				•			
			=	estment income and unrelate			•			x) from bu	sinesses	
	_			on after June 30, 1975 See								
10	<u> </u>	_	=	and operated exclusively to	•		•	· ·			•	
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h										
		a Type I b Type II c Type III - Functionally Integrated d Type III - Other										
e	Γ	•		rtify that the organization is						-	•	
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (described	ın sectior	n 509(a)(1) or	
f		section 50		d a written determination fro	m the IRS	S that it is	a Type I	Type II o	r Type III	supportir	na organization	
•		check this			110	, that it is	ч , , р ч т ,	. , po 11 o	, po 111	очррони.		
g		_		as the organization accepted	d any gift	or contrıb	utıon from	any of the	<u> </u>			
		following pe		or indirectly controls, either a	alana arta	anther we	th naraana	daaariba	d in /ii)		No No.	
				ing body of the the supported			tii persons	describe	u III (II)	110	Yes No	
			· -	erson described in (i) above	_	LIUII				11g		
			•	ity of a person described in (haua?				11g(11g(
h				mation about the organizatio			cupports			119(<u>/ </u>	
"		i iovide tile	i lollowing illion	mation about the organizatio	ilis the org	janization	supports					
	(i) N	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi)	s the	(vii) A mount of	
		orted	(,	(described on lines 1-9		ation in		nızatıon		ation in	support?	
	0 rgar	nization		above or IRC section		listed in) of your		rganızed		
				(See Instructions))		verning	supp	ort?	ın the	US?		
						ment?				T	-	
					Yes	No	Yes	No	Yes	No		
											-	
										 	 	
											 	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 45-0273403

Name: UNIVERSITY OF MARY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)					(E)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Martın White , Chair of Board	1 00	×		X				0	0	0
Dr Ray Gruby , Vice Chair of Board	1 00	Х		Х				0	0	0
Sister Patricia Schap , Secretary of Board	1 00	Х		х				0	0	0
Brent Winiger , Treasurer of Board, Trus	40 00	Х		Х				86,105	0	21,783
SISTER THOMAS WELDER , PRESIDENT	40 00			х				130,095	0	3,113
A Kırk Lanterman , Board Member	1 00	Х						0	0	0
Abbot Brian Wangler , Board Member	1 00	Х						0	0	0
Amy Mossett , Board Member	1 00	Х						0	0	0
Bill Clairmont , Board Member	1 00	Х						0	0	0
Cheryl Kulas , Board Member	1 00	Х						0	0	0
Craig Larson , Board Member	1 00	Х						0	0	0
Dan Butler , Board Member	1 00	Х						0	0	0
Dick Tschider , Board Member	1 00	Х						0	0	0
Dr Harold J Miller , Board Member	1 00	Х				Х		145,089	0	27,152
Duane Liffrig , Board Member	1 00	Х						0	0	0
Father Al Bıtz , Board Member	1 00	Х						0	0	0
Father John Guthrie , Board Member	1 00	Х						0	0	0
George Ehlis , Board Member	1 00	Х						0	0	0
Joe Hauer , Board Member	1 00	Х						0	0	0
John Sımmons , Board Member	1 00	Х						0	0	0
Kevin Cramer , Board Member	1 00	Х						12,810	0	0
Leon Comeau , Board Member	1 00	Х						0	0	0
Mike Hofer , Board Member	1 00	Х						0	0	0
Myron Atkınson , Board Member	1 00	Х						0	0	0
Niles Hushka , Board Member	1 00	Х						0	0	0
Sıster Agatha Mugglı , Board Member	1 00	Х						0	0	0
Sister Joanne Graham , Board Member	1 00	Х						0	0	0
Sister Rebecca Mayer , Board Member	1 00	X						0	0	0
Sister Susan Lardy , Board Member	1 00	Х						0	0	0
Terry Zeltinger , Board Member	1 00	Х						0	0	0

Form 990, Part VII - Section Aaa

orm profrant till become minut	•									
		(C) Position (check all that apply)				I			(5)	(F)
(A) Name and Tıtle	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Wally Joersz , Board Member	1 00	Х						0	0	0
Sister Nancy Miller , Prioress, President of B	40 00			х				0	0	0

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization UNIVERSITY OF MARY

			45-027340		
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Acc	counts. Complet	te if the
	organization answered res to rorm 5.	(a) Donor advised funds	(b) Fund	s and other accou	nts
1 7	Total number at end of year				
2 /	Aggregate Contributions to (during year)				
3 /	Aggregate Grants from (during year)				
. /	Aggregate value at end of year				
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<u> </u>	oradvised	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		may be	☐ Yes	∏ No
Part	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990,	Part IV, line 7.	
 	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	ion or pleasure) Preservation of an Preservation of ce	rtified historic	structure	a
	on the last day of the tax year	med conservation contribution in the form	or a conservat	tion easement	
				Held at the End of	the Yea
а	Total number of conservation easements		2a		C
b	Total acreage restricted by conservation easement	ts	2b		0 00
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c		(
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		(
;	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organ	ızatıon durıng	
	the taxable year 🕨 1				
ı	Number of states where property subject to conserv	ation easement is located 🕨 💮 1			
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ations, and	ڝes	√ No
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year 🟲	0 00	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$	0	
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	ڝes	√ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial			
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Sii	milar Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	5 116, not to report in its revenue stateme I for public exhibition, education or researc	ch in furtherand		9 ,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		•	
	(i) Revenues included in Form 990, Part VIII, line 1		•	· \$	
	(ii) Assets included in Form 990, Part X		⊨ - \$	5	
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gair	n, provide the	
а	Revenues included in Form 990, Part VIII, line 1		► \$	\$	
ь	Assats included in Form 990 Part Y		.		

Cat No 52283D

Par	411 Organizations Maintaining Co	ollections of Art,	His	tori	<u>cal Treasi</u>	ires, or Othe	<u>r Similar Ass</u>	ets (co	<u> ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or exc	hange programs			
b	Scholarly research		e	Γ	Other				
c	✓ Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and explaii	n how	they	further the	organization's ex	empt purpose in		
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 Vo								
Pai	t IV Trust, Escrow and Custodial					nızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an ar								
1a	included on Form 990, Part X?								
b	If "Yes," explain why in Part XIV and comple	ete the following table	3						
							A mo	unt	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form 990, Part X, line 21?								
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete							\F	
1a	Beginning of year balance	(a)Current Year 28,687,691	(b)) Prior	Year (c) I	wo Years Back (d)	Three Years Back (e)Four Y	ears Back
ь	Contributions	524,605							
c	Investment earnings or losses	-4,098,351							
d	Grants or scholarships	660,483							
e	Other expenditures for facilities	1,025,772							
Ī	and programs								
f	Administrative expenses								
g	End of year balance	23,427,690							
2	Provide the estimated percentage of the year	r end balance held as	5						
а	Board designated or quasi-endowment 🕨	33 000 %							
b	Permanent endowment 🕨 62 000 %								
c	Term endowment ► 5 000 %								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion t	hat a	re held and a	dministered for	the		
	organization by						[Yes	No
	(i) unrelated organizations			•			3a(i)	_	No
L	(ii) related organizations						3a(ii)	<u>' </u>	N o
4	Describe in Part XIV the intended uses of th	•					30		<u> </u>
	t VI Investments—Land, Building					art X. line 10.			
	Description of investment	-,		(a)	Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land					431,493			431,493
	Buildings					46,496,670	13,101,537	3	3,395,133
	Leasehold improvements					4,592,640	3,531,764		1,060,876
	Equipment					7,916,192	5,354,506		2,561,686
	Other					411,333	2,23 1,330		411,333
_				i		.11,000	ı I		, ,

37,860,521

(a) Description of security or cateory	(b)Book value	(c) Method of valuation
(including name of security)	(-)	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests	2 24 4 20 5	
Other Real Estate	2,314,995	
Other CERTIFICATES OF DEPOSIT	3,093,754	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,408,749	
art VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of the of your market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip	tion	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		<u> </u>
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(b) A mount	
ederal Income Taxes	(S) Amount	
OOM DEPOSITS	73,100	
NNUITIES PAYABLE	2,030,484	
OVERNMENT GRANTS REFUNDABLE	2,153,595	
INITRUST PAYMENTS DUE GRANTORS	1,587,959	
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		
rosum (Conumn (D) anound Cydair Onn aau, rait A, COI (D) iilie 20) 🐞	5,845,138	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,744,787
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,686,287
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,058,500
4	Net unrealized gains (losses) on investments	4	-5,683,030
5	Donated services and use of facilities	5	19,753
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-50,041
9	Total adjustments (net) Add lines 4 - 8	9	-5,713,318
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,654,818
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial	_	32,399,653
,	statements	1	
2			
a b	Net unrealized gains on investments		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-2,718,934
3	Subtract line 2e from line 1	3	35,118,587
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		00,220,000
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b 2,626,200		
с	Add lines 4a and 4b	4c	2,626,200
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	37,744,787
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	37,054,471
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	2,994,384
3	Subtract line 2e from line 1	3	34,060,087
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		
Ь	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	2,626,200
5 Dar	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	36,686,287
		/!	/ l.man 4 h a m 4 2 h
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P $lpha$	art XI\	/, iines 1b and 2b,

Identifier Return Reference Explanation

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization Employer identification number UNIVERSITY OF MARY 45-0273403 YES NO 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? Νo 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? 2 Νo 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 3 Νo THE UNIVERSITY DOES NOT ROUTINELY PUBLICIZE ITS POLICY THROUGH NEWSPAPER OR BROADCAST MEDIA EXCEPT THROUGH JOB OPENING ADVERTISEMENTS THE UNIVERSITY DOES MAKE THE POLICY ACCESIBLE TO THE PUBLIC THROUGH ITS WEBSITE Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation 🍠

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493109002510

OMB No 1545-0047

Department of the Treasury Internal Devenue Convec

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

IIILCIII	ai Nevellue Service							Inspection																								
	ne of the organization						Employer iden	tification number																								
							45-0273403																									
Pa	rt I Fundraising	Activities. Complete	of the or	ganızatı	on answered "Yes"	to Form	990, Part IV	, line 17.																								
1	Indicate whether the o	rganization raised funds	through ar	ny of the f	following activities Che	eck all th	at apply																									
а	Mail solicitations				e 🔽 Solicitation of r	non-gove	rnment grants																									
b	Email solicitations				f 🔽 Solicitation of g	governm	ent grants																									
С	Phone solicitations	;			g 🔽 Special fundrais	sıng eve	nts																									
d	✓ In-person solicitat	ions																														
	or key employees liste If "Yes," list the ten hig	ave a written or oral agreed in Form 990, Part VII) ghest paid individuals or least \$5,000 by the orga	or entity entities (f inization f	undraiser Form 990	ction with professional f rs) pursuant to agreeme	fundraisi ents und	ng activities? er which the fur																									
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		(iv) Gross receipts from activity	(or r	nount paid to etained by) isser listed in col (i)	(vi) A mount paid to (or retained by) organization														
			Yes	No																												
						<u> </u>																										
				 		1																										
						1																										
						1																										
						+																										
Tota	al			.		<u> </u>																										

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

ND, AZ, KS, MO, MT, WY

Rent/Facility costs	Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
Comparison Com					(b) Event #2	(c) O ther Events	(Add co	(a) th	
3 Gross revenue (line 1 17,546					(event type)	(total number)		, (5),	
3 Gross revenue (Inte 1 17,546	ΦE	1	Gross receipts	17,546				1	7,546
3 Gross revenue (line 1 17,546	evell	2	Less Charitable	O)				
Solution of the organization operate gaming activities in each of these states? 1,940	<u>ж</u>	3	Gross revenue (line 1	17,546				1	7,546
The direct expenses summary Add lines 4 through 7 in column (d)		4	Cash Prizes						
9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 1 Gross revenue	ee Se	5	Non-cash Prizes	1,940)				1,940
9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 1 Gross revenue	Sens	6	Rent/Facility costs	6,190)				6,190
9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 1 Gross revenue	ğ	7	Other direct expenses	O					
9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 1 Gross revenue	Sired	8	Direct expense summary Add lin	es 4 through 7 in column	(d)				8,130
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add (a) Inrough col (c) (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add (a) Inrough col (c) (a) Inrough col (c) (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add (a) Inrough col (c) (a) Inrough col (c) (c) Other gaming (Add (a) Inrough col (c) (c) Other gaming (Add (a) Inrough col (c) Other gaming (Add (a) Inrough col (c) (c) Other gaming (a) Other gaming (a) Inrough col (c) Other gaming (a) Inrough c		9	Net income summary Combine III	nes 3 and 8 ın column (d))				9,416
bingo/progressive bingo 1 Gross revenue	Par	t III			"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	re thar	1
1 Gross revenue	evenue			(a) Bingo	bingo/progressive	(c) O ther gaming	(d) Tota col (a) tl	l gamıng nrough co	(Add ol (c))
3 Non-cash prizes	~	1	Gross revenue						
6 Volunteer labor		2	Cash prizes						
6 Volunteer labor	bens	3	Non-cash prizes						
6 Volunteer labor	<u>ឆី</u> ថ	4	Rent/facility costs						
7 Direct expense summary Add lines 2 through 5 in column (d)	<u>₽</u>	5	Other direct expenses						
8 Net gaming income summary Combine lines 1 and 7 in column (d)		6	Volunteer labor	<u> </u>	'	'_			
P Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?		7	Direct expense summary Add line	s 2 through 5 in column (d)				
P Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?		8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)				
Is the organization licensed to operate 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? 10a 11 Does the organization operate gaming activities with nonmembers?									
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a 11 Does the organization operate gaming activities with nonmembers?				gaining activities in each	Torthese states		· 9a		
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers?									
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers?	10-		o any of the organization's gaming	licancas ravakad suspan	idad or tarminated durin	g the tax year?			
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				ircelises levokeu, suspeli	ded of terminated duffit	g the tax year.	10a		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity									
	11	Doe	s the organization operate gaming	activities with nonmembe	rs?		11		
formed to administer charitable gaming?	12								

								
13	Indicate the percentage of gaming activity operated in							
а	The organization's facility							
b	An outside facility							
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records							
	Name •							
	Address •							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a						
Ь	If "Yes," enter the amount of gaming revenue received by the organization * \$ and the amount of gaming revenue retained by the third party * \$							
c	If "Yes," enter name and address							
	Name •							
	Address 🟲							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation 🕨 \$							
	Description of services provided 🟲							
	Director/officer Employee Independent contractor							
17	Mandatory distributions							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a						
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(b) EIN

(c) IRC section

DLN: 93493109002510

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public Inspection

(h) Purpose of grant

Department of the Treasury Internal Revenue Service Name of the organization

1(a) Name and address of

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

Inspection

Employer identification number

(e) A mount of non-

(f) Method of valuation

(g) Description of

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is

needed........

(d) A mount of cash

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance DIOCESE OF BISMARCK 45-0214929 501(C)(3) 10,000 FUNDING 520 N WASHINGTON ST ASSISTANCE FOR BISMARCK, ND 58503 CENTENNIAL CELEBRATION Enter total number of section 501(c)(3) and government

Enter total number of other organizations

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

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

See Additional Data Table

000 / (0011) 01101 0 010	oce made and a dear about							
Ident if ier	Return Reference	Explanation						
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 AWARDS, GRANTS AND LOANS ARE AWARDED ON BASIS OF NEED SCHOLARSHIPS ARE AWARDED BASED UPON NEED AND ACADEMIC OR SPECIAL ACHIEVEMENTS						

Software ID: **Software Version:**

EIN: 45-0273403

Name: UNIVERSITY OF MARY

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Volleyball Scholarship	18	94,303			
Women's Tennis	7	9,569			
Women's Softball	14	93,670			
Football	52	314,399			
Wrestling	8	37,470			
Men's Basketball	16	126,909			
Women's Basketball	13	127,717			
Men's Track	18	103,000			
Women's Track	27	149,184			
Baseball	18	66,338			
Men's Soccer	14	61,600			
Women's Soccer	22	102,105			
Music	38	160,500			
Family Discount	119	29,689			
Foreign Student	1	13,252			
National Guard Waiver	62	30,387			
Military Scholarships	101	166,635			
Presidential	1351	4,254,513			
Pacesetter Grant	409	641,281			
ELA	397	269,513			
Phı Theta Kappa	15	66,750			
Freedom Plan	86	340,076			
Pep Band	19	8,750			
International Student Aid	21	178,176			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493109002510

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

2008

Department of the Treasury Internal Revenue Service

UNIVERSITY OF MARY

Compensated Employees ► Attach to Form 990. To be completed by organizations

Open to Public Inspection

that answered "Yes" to Form 990, Part IV, line 23. Name of the organization

Employer identification number

45-0273403

Рa	Questions Regarding Compensation				
				Yes	Νo
1a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N	, , , , , ,	1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat apply			
	Compensation committee Independent compensation consultant	Written employment contract			
	Form 990 of other organizations	Compensation survey or study Approval by the board or compensation committee			
	1 Offit 990 of other organizations	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, I	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of	•	7		Νo
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III	vald or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	8		Νο

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

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

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

(A) Name		W-2 and/or 1099-MI		(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form
	(i) Base compensation	incentive compensation	(iii) Other compensation		20	(=)(.) (=)	990 or Form 990-EZ
Dr Harold J Miller (i)	144,525		564	12,087	15,065	172,241	
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanat ion
-		
	•	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493109002510

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection**

Employer identification number

UN	IVERSITY OF MARY									45-027	3403			
Р	art I Bond Issues (Require	d for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	I) Date Issued (e) Issue Price (f) Description of Purpose		rıptıon of Purpose		feased	ed (h) O Behal Issu				
											Yes	No	Yes	No
A	BURLEIGH COUNTY NORTH DAKOTA	45-6002204		08-06-	2007	3,5	500,000	CONSTRUCTION OF THE THARALDSON SCHOOL OF BUSINESS				x		x
Pa	art III Proceeds (Optional for	r 2008)				_								
1					A	E	3	•	<u> </u>)		E	
2	Gross Proceeds in Reserve Fund	ls												
3	Proceeds in Refunding or Defeas	ance Escrows												
4	Other Unspent Proceeds													
5	5 Issuance Costs from Proceeds													
6	Working Capital Expenditures fro	om Proceeds												
7	Capital Expenditures from Proce	eds												
8	Year of Substantial Completion					•		'						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>. </u>	No
9	Were the bonds issued as part of	f a current refunding iss	ue?											
10	Were the bonds issued as part of	f an advance refunding i	issue?											
11	Has the final allocation of procee	eds been made?												
12	final allocation of proceeds?	·												
Pa	rt IIII Private Business Use	e (Optional for 2008))	_		_								
					A No	_	No	Yes No) _{N-}	Yes	E	
1	Was the organization a partner in which owned property financed by		mber of an LLC,	Yes	INO	Yes	INO	res	140	Yes	No	Tes	,	No
2	Are there any lease arrangement which may result in private busin		nanced property											
For	Paperwork Reduction Act Notice, see t	he Instructions for Form	990.			Cat No 501	193E			s	chedule K	(Form 99	0) 2008	į.

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A		В		С		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government											
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local governmen											
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493109002510

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Internal Revenue Service Employer identification number Name of the organization UNIVERSITY OF MARY 45-0273403 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal (d)Balance due default? by board or lagreement? organization? purpose amount committee? From Yes Yes Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization TUITION ASSISTANCE THROUGH DAUGHTER OF BOARD MEMBER KEVIN EMPLOYMENT CONTRACT WITH MRS KRIS CRAMER CRAMER Rachel Marie Cramer

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization' revenues?	
	organization			Yes	No
KRIS CRAMER	FAMILY RELATIONSHIP WIFE OF BOARD MEMBER KEVIN CRAMER	,	WAGES PAID BOARD MEMBER KEVIN CRAMER'S WIFE IS EMPLOYED BY THE UNIVERSITY		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493109002510

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Non-Cash Contributions

Attach to Form 990 Internal Revenue Service Name of the organization UNIVERSITY OF MARY

Employer identification number

45-0273403

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	etermını	ıng	
1	Art—Works of art	Х	3		APPRAISAL			
	Art—Historical treasures .			30,000				
	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	5	48,573	FAIR MARKET VAL	UE		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles	Х	1	4,464	APPRAISAL			
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	IN-KIND Other (describe <u>SERVICES</u>)	x	3	20.066	 FAIR MARKET VAL	UF		
	Other (describe)			20,000				
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea	ar for contributions for				
	which the organization complete				29			0
	Acknowledgement		•			1.	1	
30a	During the year, did the organiza hold for at least three years from the date o						Yes	No_
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme					-		
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	1	Νο
32a	Does the organization hire or use contributions?	e third parti	-	to solicit, process, or sell	non-cash	32a		No
ь	If "Yes", describe in Part II							
	If the organization did not report	revenuesı	n Column (c) for a type of p	property for which Column (a	a)ıs			
	checked, describe in Part II							
For P	aperwork Reduction Act Notice, see	the Instruct	tions for Form 990	Cat No 512271	Schedule	M (Form	990	2008

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.								
Identifier	ReturnReference	Explanation						
240111111	Notal III Colored	Explanation						
	1	1						

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

* Attach to Form 990. To be completed by organizations to provide additional information for

2008

DLN: 93493109002510

Open to Public Inspection

Name of the organization UNIVERSITY OF MARY

Employer identification number

45-0273403

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Other Program Services a Educational Plant Operations b Financial Affairs c General Institutional d Public Affairs e Enrollment Services f All Other - General Administration, Academic Affairs, Student Development, Student Senate, Expenses \$ 7922214 including grants of \$ 10000 Revenue \$ 0

responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Family and Business Relationships - 1 Board Members Sister Thomas Welder, Sister Nancy Miller, Sister Joanne Graham, Sister Rebecca Mayer, Sister Agatha Muggli, Sister Patricia Schap, Sister Susan Lardy, and Sister Janet Zander all have a business relationship 2 Board Members George Ehlis and Joe Hauer have a business relationship 3 Board Members Richard Tschider, Joe Hauer, and Niles Hushka have a business relationship 4 Board Members Niles Hushka and Sister Thomas Welder have a business relationship 5 Board Members Bill Clairmont and John Simmons have a business relationship

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Members - Membership of the corporation shall consist of those sisters serving in the Sponsorship Group as established from time to time by the monastic community known as the Benedictine Sisters of the Annunciation, BMV, who have made their perpetual monastic profession

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Powers Shared with Board of Trustees - The following reserved powers shall be exercised by the members of the corporation and the board of trustees. The power of the board to act on any of these matters is subject to the requirement that the members of the corporation shall approve such action prior to the submission of the matter to a vote of the board of trustees a. To approve any person to be elected to serve on the board of trustees or to remove any trustee if this action is indicated b. To approve a new candidate appointed to serve as president of the university

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Pow ers Reserved to Corporation Members - Exercise of the following powers shall be reserved solely to corporation members to a approve any change in the sponsorship, reserved powers or mission of the University as an institution founded on Christian, Catholic, and Benedictine tradition b approve the sale or encumbrance of all or substantially all of the assets or property of the corporation c approve the merger, liquidation or dissolution of the corporation d amend, after or repeal the articles of incorporation or the bylaws of the corporation e change the name of the corporation

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section A, line 10		Approval of Form 990 - Upon receipt of the draft Form 990, the Organization will forward a copy to the Executive Committee Members for their review and comments prior to its filing with the IRS. The Executive Committee has the ability to act on behalf of the board in between board meetings.						

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section B, line 15		The President's salary is reviewed by the board. The University uses the Jaffe Salary Survey to obtain comparable data from other Midwestern Universities. The information is documented in a letter noting that the board has accepted and approved the salary change. The top financial official's salary is currently reviewed and approved by the President. The same Jaffe Salary Survey is used for comparable data. The percentage increase is documented in an employment contract, but not in the board meeting minutes. For the fiscal year ending 6-30-10, the University is planning to have the board review and approve this position as well as the President's					

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE UNIVERSITY PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON SPECIFIC REQUEST

ldentifier	Return Reference	Explanation
SCHEDULE E LINE 1	RACIALLY NONDISCRIMINATORY POLICY	The University currently does not have the nondiscriminatory policy in its governing documents. The policies are currently listed on the University's wiebsite. For fiscal year 6-30-10, the University plans incorporate the policy into its governing documents.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 1A	VOTING RIGHTS OF THE GOVERNING BODY	Part VI Line 1a - The president of the university shall be an ex officio member of the board of trustees. The president shall not vote on matters concerning or related to 1) the appointment of a successor, 2) the president's compensation, or 3) matters affecting the president's own interest, in accordance with Article X, Section 2, of the University's Bylaws. The president shall cease to be a trustee when no longer holding that position.

ldentifier	Return Reference	Explanation
form 990, PART V, LINE 1A	COMMITTEES	Standing Committees. The corporation shall establish and maintain as standing committees a trusteeship committee and an executive committee. a Trusteeship Committee. The trusteeship committee shall be appointed annually by the president of the board (prioress). The committee shall consist of four (4) trustees, which includes the president of the university as an ex-officio member of the committee. Such trusteeship committee shall recommend to the corporate membership names and qualifications for consideration to fill any positions on the board of trustees and the corporate membership, the trusteeship committee submits to the board of trustees for election to the board in addition, the committee shall recommend to the board a slate of candidates for chair, concerning the committee shall every and administer a program of orientation for newly appointed trustees. B Executive Committee shall develop and administer a program of orientation for newly appointed trustees. B Executive Committee The chair of the board of trustees, in consultation with the president of the board (prioress), the president of the university, and other trustees shall appoint the executive executive earth earth and include for leaving the president of the board (prioress), the president of the university, and other trustees shall appoint the executive committee at the annual meeting. The executive committee is all consist of nine (9) trustees, to include the chair of the board, the president of the board (prioress), four additional members of the corporation and three additional trustees. Serving as the principal liaison to the board of trustees, the president of the university shall be present ex officion without a vote and not to be counted for a quorum. A quorum of the executive committee is a majority of the trustees serving on the executive committee. The constitute a valid quorum, the quorum must include four (4) members of the corporation. A quorum of the executive committee is a majority of the trustees had not be deferred to the boar

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12b	Conflict of Interest Policy	For fiscal year ending 6-30-10, the organization is working on putting a more detailed policy in place

DLN: 93493109002510

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization **Employer identification number** UNIVERSITY OF MARY 45-0273403 Part I **Identification of Disregarded Entities** (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity Benedictine Sisters of the Annunciation BMV 7520 University Drive **RELIGIOUS PURPOSES** ND 501(c)(3) 1 170(b)(1)(A)(ı) N/A BISMARCK, ND58504 45-0261530

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtionate allocations?		e (I) Code V—UBI amount on Box 20 of K-1	(J) General o managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Yes

Part V Transactions with Related Organizations

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Benedictine Sisters of the Annunciation BMV	К	49,348
(2)	Benedictine Sisters of the Annunciation BMV	L	49,348
(3)	Benedictine Sisters of the Annunciation BMV	Q	40,867
(4)	Benedictine Sisters of the Annunciation BMV	Q	12,330
(5)	Benedictine Sisters of the Annunciation BMV	С	31,000
(6)			

(B)

1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1 I	Yes	
1m		No
1n		No
10		No
1p		No
1q	Yes	
1r		No

Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1	
(A) Name, address, and EIN of entity	(B) Primary activity	ty (C) Legal domicile (state or foreign country) (D) Are all partners section 501(c)(3) organizations?		s?	(E) Share of end-of-year assets	(F) Dispropition allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1				ı		1		