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Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

SERVING THE NEEDS OF THE REGION THE UNIVERSITY OF MARY EXISTS TO SERVE THE RELIGIOUS, ACADEMIC, AND CULTURAL NEEDS OF PEOPLE IN THIS REGION IT TAKES ITS TONE FROM THE COMMITMENT OF THE SISTERS OF ANNUNCIATION MONASTERY THESE SISTERS FOUNDED THE UNIVERSITY AND CONTINUE TO SPONSOR IT TODAY

2

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

Yes

No

If "Yes," describe these new services on Schedule O

3

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

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 14,146,083 including grants of \$) (Revenue \$ 34,588,887)

ACADEMIC DIVISIONS - THIS AREA CONTAINS THE CURRICULUM AND RELATED EXPENSES FOR ALL DIVISIONS OF THE COLLEGE, INCLUDING BOTH POST-SECONDARY EDUCATION AND GRADUATE PROGRAMS UNIVERSITY OF MARY SERVES APPROXIMATELY 3000 STUDENTS AND HAS 175 FACULTY MEMBERS THEY HAVE FOUR SCHOOLS WITH MORE THAN 40 DEGREE PROGRAMS IN ADDITION, THERE ARE NINE GRADUATE DEGREE PROGRAMS THEY AVERAGE A PLACEMENT RATE OF APPROXIMATELY 98 PERCENT OVERALL FOR THEIR GRADUATES

4b

(Code) (Expenses \$ 7,583,148 including grants of \$ 7,583,148) (Revenue \$)

STUDENT AID & EXPENSES - UNIVERSITY OF MARY OFFERS VARIOUS TYPES OF FINANCIAL ASSISTANCE TO STUDENTS INCLUDING FEDERAL, STATE, AND PRIVATE PROGRAMS AS WELL AS OTHER FORMS OF STUDENT AID AND WORK PROGRAMS DURING THE CURRENT YEAR, 2706 STUDENTS RECEIVED SOME TYPE OF ACADEMIC STUDENT AID AND 214 STUDENTS RECEIVED ATHLETIC STUDENT AID IN ADDITION, 14 INTERNATIONAL STUDENTS RECEIVED STUDENT AID AS WELL

4c

(Code) (Expenses \$ 3,673,265 including grants of \$) (Revenue \$ 1,637,704)

AUXILIARY ACTIVITIES - AUXILIARY ACTIVITIES INCLUDES ALL STUDENT HOUSING AND FOOD SERVICES INCLUDING THE COST OF RESIDENCE HALLS, STUDENT APARTMENTS, STUDENT TRANSPORTATION SERVICE AND DEPRECIATION THE UNIVERSITY OF MARY ALSO HAS A UNIVERSITY STORE, CAFETERIA, SNACK BAR AND COFFEE SHOP

4d

Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 7,194,137 including grants of \$ 27,741) (Revenue \$ 843,392)

4e

Total program service expenses

\$ 32,596,633

Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | No |
| 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 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | Yes | |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | Yes | |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | Yes | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | |
| | • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | |
| | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | Yes | |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | No |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | Yes | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No | |
|---|--|---|-------|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . 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 to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 1,151 | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | | 2b |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | | 3a | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | No |
| | b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | No | |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | | 6a | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | No | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | No | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | 7d | | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | No | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | No | |
| g 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 file a Form 1098-C as required? | | | 7h | Yes | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | |
| a Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | 12b | | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 29 | |
| b | Enter the number of voting members that are independent | 1b | 25 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies

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

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | | No |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | No |
| 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 | | No |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," 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▶ |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization 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 7500 UNIVERSITY DR BISMARCK, ND 58504 (701) 355-8303 |

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

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

Form 990 (2009)

| | | | | |
|-----------|------------------------|---------|---|--------|
| 1b | Total | 399,262 | 0 | 73,650 |
|-----------|------------------------|---------|---|--------|

2

Total number of individuals (including but not limited to those listed above) 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> | | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

1

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| CHARTWELLS DINING SERVICE 2400 YORKMOUNT RD CHAROLETTE, NC 28217 | FOOD SERVICE VENDOR | 1,694,532 |
| CAPITAL ELECTRIC COOP PO BOX 730 BISMARCK, ND 585020730 | ELECTRICAL SERVICES | 587,352 |
| ANNUNCIATION MONASTERY 7520 UNIVERSITY DR BISMARCK, ND 585049653 | MONASTERY SERVICES | 537,197 |
| ST ALEXIUS MEDICAL CENTER PO BOX 5510 BISMARCK, ND 585065510 | CLINICAL EXPERIENCE | 373,768 |
| TWIN CITY ROOFING LLC PO BOX 88 MANDAN, ND 58554 | ROOFING CONTRACTOR | 344,530 |

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶23

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|---|--|----------------------|--|---|---|---------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,012,174 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 603,359 | | | | | | |
| | h | Total. Add lines 1a-1f | | 2,012,174 | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | STUDENT TUITION/FEES | 611,600 | 34,588,887 | 34,588,887 | | | |
| | b | AUXILIARY ENTERPRISES | 611,600 | 1,637,704 | 1,637,704 | | | |
| | c | OTHER | 611,600 | 843,392 | 843,392 | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 37,069,983 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 1,129,751 | | | 1,129,751 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | | |
| | | b | Less rental expenses | | | | | |
| | | c | Rental income or (loss) | | | | | |
| | | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) O ther | | | | |
| | | b | Less cost or other basis and sales expenses | | | | | |
| | | c | Gain or (loss) | | | | | |
| | | d | Net gain or (loss) | | 115,319 | | | 115,319 |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | | b | Less direct expenses | b | | | | |
| | | c | Net income or (loss) from fundraising events . . . | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | | b | Less direct expenses | b | | | | |
| | | c | Net income or (loss) from gaming activities . . . | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | 1,714,216 | | | | |
| | | b | Less cost of goods sold | b | 1,487,533 | | | |
| | | c | Net income or (loss) from sales of inventory . . . | | 226,683 | | | 226,683 |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | | |
| 12 | Total revenue. See Instructions | | 40,553,910 | 37,069,983 | 0 | 1,471,753 | | |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 27,741 | 27,741 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 7,583,148 | 7,583,148 | | |
| 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 | 406,921 | 6,170 | 198,660 | 202,091 |
| 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 | 13,325,168 | 12,887,630 | 174,525 | 263,013 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 705,535 | 670,692 | 21,155 | 13,688 |
| 9 | Other employee benefits | 1,906,558 | 1,410,089 | 467,692 | 28,777 |
| 10 | Payroll taxes | 985,395 | 942,965 | 23,186 | 19,244 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 81,110 | | 81,110 | |
| c | Accounting | 46,525 | | 46,525 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 721,105 | 699,001 | 22,104 | |
| 12 | Advertising and promotion | 562,245 | 499,140 | 36,834 | 26,271 |
| 13 | Office expenses | 1,513,620 | 1,127,779 | 326,484 | 59,357 |
| 14 | Information technology | 490,729 | 490,729 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,574,777 | 1,567,036 | 7,741 | |
| 17 | Travel | 658,027 | 656,527 | 1,500 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 407,705 | 406,107 | 1,598 | |
| 20 | Interest | 147,573 | 132,176 | 15,397 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,586,442 | 1,262,605 | 323,837 | |
| 23 | Insurance | 8,414 | 8,414 | | |
| 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) | | | | |
| a | ACTIVITIES EXPENSE | 1,100,419 | 1,100,419 | | |
| b | REPAIRS & MAINTENANCE | 691,019 | 686,197 | 4,822 | |
| c | BAD DEBT EXPENSE | 184,734 | 134,886 | 49,848 | |
| d | DUES & MEMBERSHIPS | 95,894 | 41,896 | 53,998 | |
| e | FOREIGN CAMPUS EXPENSES | 55,809 | 55,809 | | |
| f | All other expenses | 262,712 | 199,477 | 63,235 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 35,129,325 | 32,596,633 | 1,920,251 | 612,441 |
| 26 | Joint costs. Check here <input type="checkbox"/> 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 | | | | |

Part X

Balance Sheet

| | | | | | | (A) | | (B) |
|-----------------------------|---|--|-----|------------|--|-------------------|-----|-------------|
| | | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | 276,532 | 1 | 288,642 |
| | 2 | Savings and temporary cash investments | | | | 5,577,365 | 2 | 4,897,725 |
| | 3 | Pledges and grants receivable, net | | | | 2,306,363 | 3 | 2,011,700 |
| | 4 | Accounts receivable, net | | | | 349,607 | 4 | 560,129 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 255,047 | 7 | 244,336 |
| | 8 | Inventories for sale or use | | | | 468,471 | 8 | 425,389 |
| | 9 | Prepaid expenses and deferred charges | | | | 134,920 | 9 | 298,179 |
| | 10a | Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D | 10a | 60,912,227 | | | | |
| | b | Less accumulated depreciation | 10b | 23,529,930 | | 37,860,521 | 10c | 37,382,297 |
| | 11 | Investments—publicly traded securities | | | | 29,349,053 | 11 | 34,926,421 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 3,093,018 | 13 | 3,384,214 |
| | 14 | Intangible assets | | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 3,543,461 | 15 | 3,604,586 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | | 83,214,358 | 16 | 88,023,618 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | | 1,020,380 | 17 | 857,166 |
| | 18 | Grants payable | | | | | 18 | |
| | 19 | Deferred revenue | | | | 70,116 | 19 | 617,287 |
| | 20 | Tax-exempt bond liabilities | | | | 4,877,638 | 20 | 805,614 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 210,987 | 21 | 308,734 |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | | 5,772,038 | 25 | 6,029,574 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 11,951,159 | 26 | 8,618,375 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | | |
| | 27 | Unrestricted net assets | | | | 49,071,780 | 27 | 53,789,578 |
| | 28 | Temporarily restricted net assets | | | | 4,672,475 | 28 | 7,016,134 |
| | 29 | Permanently restricted net assets | | | | 17,518,944 | 29 | 18,599,531 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | | 32 | |
| | 33 | Total net assets or fund balances | | | | 71,263,199 | 33 | 79,405,243 |
| | 34 | Total liabilities and net assets/fund balances | | | | 83,214,358 | 34 | 88,023,618 |

Part XI Financial Statements and Reporting

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . | | No |
| b Were the organization's financial statements audited by an independent accountant? | Yes | |
| c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | No |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . | Yes | |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

| | |
|--|--|
| Name of the organization UNIVERSITY OF MARY | Employer identification number 45-0273403 |
|--|--|

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | |

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6Total. Add lines 1 through 5 | | | | | | |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| cAdd lines 7a and 7b | | | | | | |
| 8Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6 | | | | | | |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| cAdd lines 10a and 10b | | | | | | |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a33 1/3% support tests—2009. 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 | | |
| b33 1/3% support tests—2008. 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 | | |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
UNIVERSITY OF MARY

Employer identification number

45-0273403

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

| | |
|---|--|
| | Held at the End of the Year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶\$ _____0

(ii) Assets included in Form 990, Part X▶\$ _____32,977

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

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

b

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

| | | | | | |
|----|--|---------------|-------------------|---------------------|--------------------|
| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance | 23,476,210 | 28,687,691 | | |
| b | Contributions | 1,288,956 | 524,605 | | |
| c | Investment earnings or losses | 3,116,585 | -4,098,351 | | |
| d | Grants or scholarships | | 660,483 | | |
| e | Other expenditures for facilities and programs | 742,798 | 1,025,772 | | |
| f | Administrative expenses | | | | |
| g | End of year balance | 27,138,953 | 23,427,690 | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 30.970 %

b

Permanent endowment ▶ 0.490 %

c

Term endowment ▶ 68.540 %

3a

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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 431,493 | | 431,493 |
| b Buildings | | 47,324,139 | 14,042,060 | 33,282,079 |
| c Leasehold improvements | | | | |
| d Equipment | | 8,520,132 | 5,742,792 | 2,777,340 |
| e Other | | 4,636,463 | 3,745,078 | 891,385 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 37,382,297 |

| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements | | | |
|---|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 40,553,910 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 35,129,325 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 5,424,585 |
| 4 | Net unrealized gains (losses) on investments | 4 | 2,911,620 |
| 5 | Donated services and use of facilities | 5 | 25,843 |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -220,004 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 2,717,459 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 8,142,044 |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | |
|--|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 44,758,902 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 2,911,620 |
| b | Donated services and use of facilities | 2b | 25,843 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | -220,004 |
| e | Add lines 2a through 2d | 2e | 2,717,459 |
| 3 | Subtract line 2e from line 1 | 3 | 42,041,443 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | -1,487,533 |
| c | Add lines 4a and 4b | 4c | -1,487,533 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 40,553,910 |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 36,616,858 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 1,487,533 |
| e | Add lines 2a through 2d | 2e | 1,487,533 |
| 3 | Subtract line 2e from line 1 | 3 | 35,129,325 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 35,129,325 |

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|--|---|---|
| Part III, Line 4 | | ALL GIFTS ARE SUBJECT TO PRIOR REVIEW AND APPROVAL BY THE BOARD. GIFTS RECEIVED HELP TO FURTHER HIGHER EDUCATION BY SERVING ACADEMIC, RELIGIOUS, AND CULTURAL NEEDS OF THE STUDENTS. |
| Part IV, Line 2b | | UNIVERSITY OF MARY CHARTERED CLUBS, STUDENT ACADEMIC ASSOCIATIONS, AND APPROVED FACULTY AND STAFF ASSOCIATIONS HAVE ESTABLISHED UNIVERSITY AGENCY ACCOUNTS. |
| Part V, Line 4 | Description of Intended Use of Endowment Funds | SCHOLARSHIP ENDOWMENTS - HELD TO USE AS SCHOLARSHIPS FOR FUTURE STUDENTS PERMANENTLY RESTRICTED AND BOARD RESTRICTED ENDOWMENTS - INCOME FROM THESE FUNDS IS USED TO HELP FURTHER THE EXEMPT PURPOSE OF THE UNIVERSITY. LOAN FUND ENDOWMENTS - USED TO LOAN STUDENTS MONEY ON A SHORT TERM BASIS UNTIL FINANCIAL AID COMES THROUGH. TYPICALLY, THE LOANS ARE ONLY OUTSTANDING FOR A WEEK OR SO. FAMILY FUND ENDOWMENTS - TO BENEFIT VARIOUS NON-PROFIT ORGANIZATIONS SPECIFIED BY THE DONOR INCLUDING THE UNIVERSITY. |
| Part X | Description of Uncertain Tax Positions Under FIN 48 | The University is a nonprofit organization that is exempt from federal income tax under Internal Revenue Code Section 501(c)(3). The University has adopted provisions of FASB Accounting Standards Codification Topic ASC 740-10 (previously Financial Interpretation No. 48, Accounting for Uncertainty in Income Taxes), on July 1, 2009. The implementation of this standard had no impact on the financial statements. As of both the date of adoption, and as of June 30, 2010, the unrecognized tax benefit accrual was zero. The University will recognize future accrued interest and penalties related to unrecognized tax benefits in income tax expense if incurred. The University is no longer subject to federal tax examinations by tax authorities for the years before 2007 and state examinations for years before 2007. |
| Part XI, Line 8 - Other Adjustments | | ACTUARIAL LOSSES - UNITRUST -124683 ACTUARIAL LOSSES - ANNUITIES -95321 |
| Part XII, Line 2d - Other Adjustments | | ACTUARIAL LOSSES - UNITRUST -124683 ACTUARIAL LOSSES - ANNUITIES -95321 |
| Part XII, Line 4b - Other Adjustments | | COST OF SALES EXPENSE RECORDED IN REVENUES FOR TAX RETURN -1487533 |
| Part XIII, Line 2d - Other Adjustments | | COST OF SALES EXPENSE RECORDED IN REVENUES FOR TAX RETURN 1487533 |

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
UNIVERSITY OF MARY

Employer identification number

45-0273403

| | | YES | NO |
|---|--|-----|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | Yes | |
| | 2 | | No |
| | 3 | | No |
| | THE UNIVERSITY DOES NOT ROUTINELY PUBLICIZE ITS POLICY THROUGH NEWSPAPER OR BROADCAST MEDIA EXCEPT THROUGH JOB OPENING ADVERTISEMENTS THE UNIVERSITY DOES MAKE THE POLICY ACCESSIBLE TO THE PUBLIC THROUGH ITS WEBSITE | | |
| 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) | 4a | Yes | |
| | 4b | Yes | |
| | 4c | Yes | |
| | 4d | Yes | |
| | | | |
| 5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) | 5a | | No |
| | 5b | | No |
| | 5c | | No |
| | 5d | | No |
| | 5e | | No |
| | 5f | | No |
| | 5g | | No |
| | 5h | | No |
| | | | |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Yes | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) | 6b | | No |
| 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 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990) | 7 | | No |

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number
45-0273403

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

Schedule F (Form 990) 2009

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF MARY

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
45-0273403

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|-----------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| DIOCESE OF BISMARCK 520 N WASHINGTON ST BISMARCK,ND 58503 | 450214929 | 501(C)(3) | 11,722 | | | | FUNDING ASSISTANCE FOR CENTENNIAL CELEBRATION |
| BISHOP RYAN HIGH SCHOOL316 11TH AVE NW MINOT,ND 58703 | 450259466 | 501(C)(3) | 8,531 | | | | GENERAL OPERATING |
| MINOT STATE UNIVERSITY500 UNIVERSITY AVE NW MINOT,ND 58703 | 456002481 | GOVERNMENT | 7,488 | | | | GENERAL OPERATING |
| | | | | | | | |
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| | | | | | | | |

2

Enter total number of section 501(c)(3) and government organizations

3

3

Enter total number of other organizations

0

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

[illegible]

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

[illegible]

Software ID:

Software Version:

EIN: 45-0273403

Name: UNIVERSITY OF MARY

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| VOLLEYBALL | 14 | 118,050 | | | |
| WOMEN'S SOFTBALL | 13 | 89,640 | | | |
| FOOTBALL | 64 | 359,850 | | | |
| WRESTLING | 9 | 45,000 | | | |
| MEN'S BASKETBALL | 11 | 119,225 | | | |
| WOMEN'S BASKETBALL | 14 | 170,800 | | | |
| MEN'S TRACK | 21 | 101,500 | | | |
| WOMEN'S TRACK | 27 | 189,587 | | | |
| BASEBALL | 12 | 67,000 | | | |
| MEN'S SOCCER | 12 | 82,210 | | | |
| WOMEN'S SOCCER | 20 | 117,843 | | | |
| MUSIC | 50 | 140,950 | | | |
| FAMILY DISCOUNT | 87 | 24,000 | | | |
| NATIONAL GUARD WAIVER | 49 | 37,226 | | | |
| MILITARY SCHOLARSHIPS | 96 | 240,165 | | | |
| PRESIDENTIAL | 1191 | 3,952,816 | | | |
| PACESETTER GRANT | 238 | 479,859 | | | |
| ELA | 421 | 259,375 | | | |
| PHI THETA KAPPA | 24 | 108,875 | | | |
| FREEDOM PLAN | 107 | 483,328 | | | |
| PEP BAND | 13 | 6,150 | | | |
| INTERNATIONAL | 14 | 160,577 | | | |
| CIC - T&P | 1 | 12,360 | | | |
| FORENSICS | 3 | 3,000 | | | |
| CATHOLIC EDUCATORS | 4 | 6,450 | | | |
| FIFTH YEAR | 6 | 37,050 | | | |
| DONATED SCHOLARSHIPS | 7 | 12,500 | | | |
| VETERAN'S YELLOW RIBBON | 14 | 3,529 | | | |
| CHEER | 14 | 6,500 | | | |
| SADE DISCOUNT | 68 | 73,928 | | | |
| SSS BOOK GRANT | 96 | 9,250 | | | |
| ACADEMIC STUDENT AID | 214 | 64,555 | | | |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY OF MARY

Employer identification number

45-0273403

Part I

Questions Regarding Compensation

| | | | |
|----|---|-----|----|
| | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| | <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a | Receive a severance payment or change-of-control payment? | 4a | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a | The organization? | 5a | No |
| b | Any related organization? | 5b | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a | The organization? | 6a | No |
| b | Any related organization? | 6b | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

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

[illegible]

Part III

Supplemental Information

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

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

| | | |
|--------------------------|--|---------------------------|
| Schedule K (Form 990) | <div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div> | OMB No 1545-0047 |
| | | 2009 |
| | | Open to Public Inspection |

| | |
|--|--|
| Name of the organization UNIVERSITY OF MARY | Employer identification number 45-0273403 |
|--|--|

Part I

Bond Issues

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|--------------------------------|----------------|-------------|-----------------|-----------------|---|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| A BURLEIGH COUNTY NORTH DAKOTA | 45-6002204 | | 08-06-2007 | 3,500,000 | CONSTRUCTION OF THE THARALDSON SCHOOL OF BUSINESS | | X | | X |

Part II

Proceeds

| | | A | | B | | C | | D | | E | |
|----|--|-----------|----|-----|----|-----|----|-----|----|-----|----|
| 1 | Total proceeds of issue | 3,500,000 | | | | | | | | | |
| 2 | Gross proceeds in reserve funds | | | | | | | | | | |
| 3 | Proceeds in refunding or defeasance escrows | | | | | | | | | | |
| 4 | Other unspent proceeds | | | | | | | | | | |
| 5 | Issuance costs from proceeds | 3,500 | | | | | | | | | |
| 6 | Working capital expenditures from proceeds | | | | | | | | | | |
| 7 | Capital expenditures from proceeds | 3,496,500 | | | | | | | | | |
| 8 | Year of substantial completion | 2008 | | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 9 | Were the bonds issued as part of a current refunding issue? | | X | | | | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | | X | | | | | | | | |
| 11 | Has the final allocation of proceeds been made? | X | | | | | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | | | |

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | | 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? | | X | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | X | | | | | | | | |
| 3c | 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? | | X | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 % | | | | | | | | | |
| 6 | Total of lines 4 and 5 | 0 % | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | | | | | | | | |

Part IV

Arbitrage

| | | A | | B | | C | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | X | | | | | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | X | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | X | | | | | | | | | |

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARY

Employer identification number

45-0273403

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
| RACHEL MARIE CRAMER | DAUGHTER OF BOARD MEMBER KEVIN CRAMER | TUITION ASSISTANCE THROUGH EMPLOYMENT CONTRACT WITH MRS KRIS CRAMER Amount \$ 12360 |
| | | |
| | | |
| | | |
| | | |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|---|---|----|
| | | | | Yes | No |
| KRIS CRAMER | FAMILY RELATIONSHIP WIFE OF BOARD MEMBER KEVIN CRAMER | 40,305 | WAGES PAID BOARD MEMBER KEVIN CRAMER'S WIFE IS EMPLOYED BY THE UNIVERSITY | | No |
| | | | | | |
| | | | | | |
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
UNIVERSITY OF MARY

Employer identification number
45-0273403

Part I

Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|----------------------------------|--------------------------------|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 4 | 201,777 | HI - LOW AVERAGE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | X | 1 | 401,582 | APPRAISAL |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► () | | | | |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | 29 | 1 |

| | | | |
|-----|---|-----|----|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | Yes | No |
| b | If "Yes," describe the arrangement in Part II | | No |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | No |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | 32a | No |
| b | If "Yes," describe in Part II | | |
| 33 | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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

Additional Data

Software ID:
Software Version:
EIN: 45-0273403
Name: UNIVERSITY OF MARY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131027181

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNIVERSITY OF MARY

Employer identification number
45-0273403

| Identifier | Return Reference | Explanation |
|----------------------------|----------------------|---|
| Form 990, Part III, line 2 | New Program Services | THE UNIVERSITY OPENED A NEW CAMPUS IN ROME, ITALY IN FY 2011 THE CAMPUS IS LEASED SPACE FROM A MONASTERY AND WAS CREATED TO PROVIDE STUDENTS WITH EXPERIENTIAL LEARNING OPPORTUNITIES |

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 1 | | 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 |

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 1 | | 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 AFTER APPROVAL BY THE CORPORATE MEMBERSHIP, THE TRUSTEESHIP COMMITTEE SUBMITS TO THE BOARD OF TRUSTEES NOMINEES FOR ELECTION TO THE BOARD IN ADDITION, THE COMMITTEE SHALL RECOMMEND TO THE BOARD A SLATE OF CANDIDATES FOR CHAIR, VICE CHAIR, AND SECRETARY A MAJORITY VOTE OF THE TOTAL BOARD OF TRUSTEES CURRENTLY SERVING IS REQUIRED FOR ELECTION OF A TRUSTEE OR AN OFFICER THE COMMITTEE SHALL DEVELOP AND ADMINISTER A PROGRAM OF ORIENTATION FOR NEWLY APPOINTED TRUSTEES B EXECUTIVE COMMITTEE THE CHAIR OF THE BOARD OF TRUSTEES, INCONSULTATION WITH 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 SHALL 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 OFFICIO 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 TO CONSTITUTE A VALID QUORUM, THE QUORUM MUST INCLUDE FOUR (4) MEMBERS OF THE CORPORATION A QUORUM OF THE EXECUTIVE COMMITTEE IS REQUIRED TO TRANSACT BUSINESS IF A QUORUM IS NOT PRESENT AT A MEETING, A MAJORITY OF THOSE PRESENT MAY ADJOURN THE MEETING WITHOUT FURTHER NOTICE THE EXECUTIVE COMMITTEE SHALL MEET AS OFTEN AS NECESSARY TO CONDUCT ITS BUSINESS AS DETERMINED BY THE CHAIR AND THE PRESIDENT OF THE UNIVERSITY THERE SHALL BE AT LEAST TWO (2) REGULAR MEETINGS OF THE EXECUTIVE COMMITTEE ANNUALLY IN COLLABORATION WITH THE PRESIDENT OF THE UNIVERSITY, THE DUTIES OF THE EXECUTIVE COMMITTEE SHALL INCLUDE THE FOLLOWING - MAKING DECISIONS THAT HAVE BEEN DELEGATED BY THE FULL BOARD -TAKING ACTION ON EMERGENCY MATTERS WHICH CANNOT OR SHOULD NOT BE DEFERRED TO THE BOARD'S NEXT SCHEDULED MEETING - PERFORMING INITIAL ASSESSMENT OF THE PRESIDENT OF THE UNIVERSITY ANNUALLY -PERFORMING SUCH DUTIES AS DESCRIBED IN ITS STATEMENT OF OPERATION THE EXECUTIVE COMMITTEE SHALL ACT ON BEHALF OF THE BOARD BETWEEN MEETINGS EXCEPT ON THE FOLLOWING MATTERS -SELECTION AND APPOINTMENT OF THE PRESIDENT OF THE UNIVERSITY -SELECTION OF TRUSTEES AND OFFICERS -ADOPTION OF THE ANNUAL BUDGET - CONFERRAL OF DEGREES -EXERCISE OF THOSE POWERS RESERVED BY THE MEMBERS OF THE CORPORATION AS PROVIDED IN ARTICLE V SECTION 3 OF THE UNIVERSITY'S BYLAWS OTHER COMMITTEES AFTER CONSULTATION AND RECOMMENDATION OF THE BOARD OF TRUSTEES, THE CHAIR OF THE BOARD OF TRUSTEES SHALL DESIGNATE AND APPOINT COMMITTEES TO FACILITATE THE ACTIONS OF THE BOARD OF TRUSTEES, ENABLING IT TO FUNCTION MORE EFFICIENTLY AND EFFECTIVELY EACH COMMITTEE SHALL HAVE, SUBJECT TO THE APPROVAL OF THE BOARD OF TRUSTEES, A STATEMENT OF OPERATION PRESCRIBING THE PURPOSES, GOALS AND RESPONSIBILITIES OF THE COMMITTEE OTHER COMMITTEES THAT CURRENTLY EXIST ARE - INVESTMENT COMMITTEE -FINANCE COMMITTEE -ENROLLMENT SERVICES COMMITTEE -ACADEMIC AFFAIRS AND STUDENT LIFE COMMITTEE -PUBLIC AFFAIRS AND DEVELOPMENT SERVICES COMMITTEE COMMITTEE MEMBERSHIP MEMBERSHIP ON OTHER COMMITTEES SHALL CONSIST OF TRUSTEES APPOINTED BY THE CHAIR OF THE BOARD OF TRUSTEES A REPRESENTATIVE FROM THE ADMINISTRATION SHALL BE APPOINTED BY THE PRESIDENT OF THE UNIVERSITY TO ASSIST EACH COMMITTEE THAT PERSON SHALL SERVE WITHOUT A VOTE EACH COMMITTEE SHALL MEET AT LEAST THREE TIMES ANNUALLY, REPORT ON ITS WORK, AND MAKE RECOMMENDATIONS TO THE BOARD OF TRUSTEES COMMITTEE AUTHORITY LIMITS THE AUTHORITY OF EACH COMMITTEE SHALL BE LIMITED BY THE PROVISIONS OF CHAPTER 10-33 OF THE NORTH DAKOTA CENTURY CODE, THESE BYLAWS, AND THE COMMITTEE STATEMENT OF OPERATION NO COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD OF TRUSTEES COMMITTEE MINUTES ALL COMMITTEES SHALL MAINTAIN MINUTES THAT SHALL BE SENT TO THE UNIVERSITY PRESIDENT FOR DISTRIBUTION TO ALL TRUSTEES |

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 2 | | Family and Business Relationships - 1 Board Members George Ehls and Joe Hauer have a business relationship 2 Board Members Richard Tschider, Joe Hauer, and Niles Hushka have a business relationship 3 Board Members Niles Hushka and Sister Thomas Welder have a business relationship 4 Board Members Bill Clairmont and John Simmons have a business relationship |

| Identifier | 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 |

| Identifier | 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 |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 7b | | POWERS 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, ALTER OR REPEAL THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION E CHANGE THE NAME OF THE CORPORATION |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section B, line 11 | | The Form 990 will be reviewed by the governing body at a meeting subsequent to filing with the IRS |

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| Form 990, Part VI, Section B, line 15a | | THE PRESIDENT'S SALARY IS REVIEWED ANNUALLY 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 |

| Identifier | 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 |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Form 990, SCHEDULE R, PART V, LINE 2C THE AMOUNTS INCLUDED IN SCHEDULE R, PART V, LINE 2C ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING |

| Identifier | Return Reference | Explanation |
|-----------------------------|-----------------------------|--|
| Form 990, Part VI, Line 12b | Conflict of Interest Policy | For fiscal year ending 6-30-11, the organization is working on putting a more detailed policy in place |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARY

Employer identification number
45-0273403

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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| | | | | | |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|--|-------------------------|--|----------------------------|---|----------------------------------|
| BENEDICTINE SISTERS OF THE ANNUNCIATION BMV 7520 UNIVERSITY DRIVE BISMARCK, ND 58504 45-0261530 | RELIGIOUS PURPOSES | ND | 501(C)(3) | 170(B)(1)(A)(I) | N/A |
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