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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
UNIVERSITY OF MARY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
7500 UNIVERSITY DR

Room/suite

City or town, state or country, and ZIP + 4
BISMARCK, ND 585049652

F Name and address of principal officer
BRENT WINIGER
7500 UNIVERSITY DR
BISMARCK, ND 585049652

H(a) Is this a group return for affiliates?☐ Yes ☒ No

H(b) Are all affiliates included?☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UMARY.EDU

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

L Year of formation 1959

M State of legal domicile ND

Part I

Summary

Activities & Governance

1

Briefly describe the organization's mission or most significant activities
UNIVERSITY OF MARY IS A PRIVATE INSTITUTION OF HIGHER EDUCATION OFFERING GRADUATE AND UNDERGRADUATE DEGRESS

2

Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,123
6	Total number of volunteers (estimate if necessary)	6	49
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,012,174
9	Program service revenue (Part VIII, line 2g)	37,069,983
10	Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	1,245,070
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	226,683
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,553,910

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,610,889	8,486,897
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17,329,577	17,972,043
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶632,465		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,188,859	12,494,570
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	35,129,325	38,953,510
19	Revenue less expenses Subtract line 18 from line 12	5,424,585	7,938,814

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	88,023,618
21	Total liabilities (Part X, line 26)	8,618,375
22	Net assets or fund balances Subtract line 21 from line 20	79,405,243

Part II

Signature Block

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

Sign Here

Signature of officer

BRENT WINIGER VICE PRES FOR FINANCIAL AFFAIRS

2011-12-12

Date

Print/Type preparer's name

LISA CHAFFEE CPA

Preparer's signature

LISA CHAFFEE CPA

Date

2011-12-12

Check if self-employed ☐

PTIN

Firm's name ▶

EIDE BAILLY LLP

Firm's EIN ▶

Firm's address ▶

PO BOX 1914

BISMARCK, ND 58502

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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?

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?

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 \$ 15,072,763 including grants of \$) (Revenue \$ 38,586,852)

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 3,000 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 \$ 8,408,747 including grants of \$ 8,408,747) (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, 3,251 STUDENTS RECEIVED SOME TYPE OF ACADEMIC STUDENT AID AND 214 STUDENTS RECEIVED ATHLETIC STUDENT AID IN ADDITION, NINE INTERNATIONAL STUDENTS RECEIVED STUDENT AID AS WELL

4c

(Code) (Expenses \$ 3,869,012 including grants of \$) (Revenue \$ 1,858,803)

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 \$ 8,743,072 including grants of \$) (Revenue \$ 1,822,696)

4e

Total program service expenses

\$ 36,093,594

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b 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, Parts I and IV 	14b 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, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV 	16	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 (see instructions)	17	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	18	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	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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		No
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		No
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)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
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			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	138
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	1,123
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: _____ See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds 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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 29		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this 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	Yes	
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	Yes	
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
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 <input checked="" type="checkbox"/> _____
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 <input checked="" type="checkbox"/> BRENT WINIGER 7500 UNIVERSITY DR BISMARCK, ND 58504 (701) 355-8303

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								460,633	0	71,385

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▶3

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Yes

No

3 No

4 Yes

5 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 91337 COLLECTIONS DR CHICAGO, IL 606931337	FOOD SERVICE VENDOR	1,933,491
HONEYWELL INTERNATIONAL INC 12490 COLLECTIONS CENTER DR CHICAGO, IL 60693	BUILDING SOLUTIONS	1,291,954
DYNAMIC CAMPUS SOLUTIONS 2806 FLINTROCK TRACE SUITE A205 AUSTIN, TX 78738	IT SERVICES	966,083
CAPITAL ELECTRIC COOP PO BOX 730 BISMARCK, ND 585020730	ELECTRICAL SERVICES	641,569
ANNUNCIATION MONASTERY 7520 UNIVERSITY DR BISMARCK, ND 585049653	MONASTERY SERVICES	421,818

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 ▶37

Form 990 (2010)

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	3,436,319				
	g	Noncash contributions included in lines 1a-1f \$	12,271				
	h	Total. Add lines 1a-1f	3,436,319				
	Program Service Revenue			Business Code			
2a		STUDENT TUITION/FEES	611600	38,586,852	38,586,852		
b		AUXILIARY ENTERPRISES	611600	1,858,803	1,858,803		
c		OTHER	611600	1,410,670	1,410,670		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	41,856,325				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		1,138,685		1,138,685
	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) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		48,969		48,969
	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		1,872,002			
		b	Less cost of goods sold b		1,459,976		
		c	Net income or (loss) from sales of inventory		412,026	412,026	
Miscellaneous Revenue		Business Code					
11a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		46,892,324	42,268,351	0	1,187,654	

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	78,150	78,150		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	8,408,747	8,408,747		
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	423,975	4,030	210,727	209,218
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	13,794,882	13,375,074	146,847	272,961
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	741,086	707,386	19,264	14,436
9	Other employee benefits	1,978,467	1,395,254	553,325	29,888
10	Payroll taxes	1,033,633	971,242	42,316	20,075
a	Fees for services (non-employees) Management				
b	Legal	194,078	29,525	164,553	
c	Accounting	50,790		50,790	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,588,684	1,499,614	89,070	
12	Advertising and promotion	611,391	559,732	22,199	29,460
13	Office expenses	1,412,166	1,072,111	283,628	56,427
14	Information technology	436,446	436,446		
15	Royalties				
16	Occupancy	1,642,870	1,639,222	3,648	
17	Travel	697,095	695,595	1,500	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	494,463	475,867	18,596	
20	Interest	42,659	31,009	11,650	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,600,777	1,289,236	311,541	
23	Insurance	29,613	29,613		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIRS & MAINTENANCE	1,401,974	1,392,439	9,535	
b	ACTIVITIES EXPENSE	1,285,432	1,119,201	166,231	
c	FOREIGN CAMPUS EXPENSES	540,836	540,836		
d	DUES & MEMBERSHIPS	91,100	47,792	43,308	
e	BAD DEBT EXPENSE	88,502	39,612	48,890	
f	All other expenses	285,694	255,861	29,833	
25	Total functional expenses. Add lines 1 through 24f	38,953,510	36,093,594	2,227,451	632,465
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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				288,642	1	502,210
	2	Savings and temporary cash investments				4,897,725	2	8,867,493
	3	Pledges and grants receivable, net				2,011,700	3	3,759,544
	4	Accounts receivable, net				560,129	4	644,631
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net				244,336	7	67,513
	8	Inventories for sale or use				425,389	8	391,291
	9	Prepaid expenses and deferred charges				298,179	9	224,546
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	65,684,519	39,697,292	10c	40,571,412	
	b	Less: accumulated depreciation	10b	25,113,107				
	11	Investments—publicly traded securities				34,926,421	11	39,296,602
	12	Investments—other securities. See Part IV, line 11					12	
	13	Investments—program-related. See Part IV, line 11				3,384,214	13	3,429,925
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				1,289,591	15	1,356,156
	16	Total assets. Add lines 1 through 15 (must equal line 34)				88,023,618	16	99,111,323
Liabilities	17	Accounts payable and accrued expenses				857,166	17	1,612,313
	18	Grants payable					18	
	19	Deferred revenue				617,287	19	515,369
	20	Tax-exempt bond liabilities				805,614	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				308,734	21	328,324
	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				6,029,574	25	5,736,924
	26	Total liabilities. Add lines 17 through 25				8,618,375	26	8,192,930
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				53,789,578	27	60,546,136
	28	Temporarily restricted net assets				7,016,134	28	11,170,285
	29	Permanently restricted net assets				18,599,531	29	19,201,972
	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				79,405,243	33	90,918,393
	34	Total liabilities and net assets/fund balances				88,023,618	34	99,111,323

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,892,324
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,953,510
3	Revenue less expenses Subtract line 2 from line 1	3	7,938,814
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,405,243
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,574,336
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	90,918,393

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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 separate basis, consolidated 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

2010

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 described in **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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2009 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN WHITE CHAIR OF BOARD	1 00	X		X				0	0	0
DR RAY GRUBY VICE CHAIR OF BOARD	1 00	X		X				0	0	0
SISTER PATRICIA SCHAP SECRETARY OF BOARD	1 00	X		X				0	0	0
BRENT WINIGER TREASURER OF BOARD, TRUSTEE	40 00	X		X				92,590	0	24,830
A KIRK LANTERMAN TRUSTEE	1 00	X						0	0	0
ABBOT BRIAN WANGLER TRUSTEE	1 00	X						0	0	0
BILL CLAIRMONT TRUSTEE	1 00	X						0	0	0
CHERYL KULAS TRUSTEE	1 00	X						0	0	0
CRAIG LARSON TRUSTEE	1 00	X						0	0	0
DAN BUTLER TRUSTEE	1 00	X						0	0	0
DICK TSCHIDER TRUSTEE	1 00	X						0	0	0
DR HAROLD J MILLER TRUSTEE	40 00	X						153,536	0	30,698
DUANE LIFFRIG TRUSTEE	1 00	X						0	0	0
FATHER AL BITZ TRUSTEE	1 00	X						0	0	0
GEORGE EHLIS TRUSTEE	1 00	X						0	0	0
JOE HAUER TRUSTEE	1 00	X						0	0	0
JOHN SIMMONS TRUSTEE	1 00	X						0	0	0
KEVIN CRAMER TRUSTEE	2 00	X						4,425	0	0
LEON COMEAU TRUSTEE	1 00	X						0	0	0
MIKE HOFER TRUSTEE	1 00	X						0	0	0
NILES HUSHKA TRUSTEE	1 00	X						0	0	0
SISTER AGATHA MUGGLI TRUSTEE	1 00	X						0	0	0
SISTER REBECCA MAYER TRUSTEE	1 00	X						0	0	0
SISTER SUSAN LARDY TRUSTEE	1 00	X						0	0	0
TERRY ZELTINGER TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALLY JOERSZ TRUSTEE	1 00	X						0	0	0
SISTER NANCY MILLER PRIORESS, PRES OF BOARD	40 00			X				0	0	0
FATHER JAMES P SHEA PRESIDENT	40 00			X				103,642	0	5,680
NEAL KALBERER V P OF PUBLIC AFFAIRS	40 00					X		106,440	0	10,177

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	8,743,072	including grants of \$ (Revenue \$ 1,822,696)
EDUCATIONAL PLANT OPERATIONS, FINANCIAL AFFAIRS, GENERAL INSTITUTIONAL, PUBLIC AFFAIRS, ENROLLMENT SERVICES, AND ALL OTHER SERVICES INCLUDING GENERAL ADMINISTRATION, ACADEMIC AFFAIRS, STUDENT DEVELOPMENT, AND STUDENT SENATE			

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

2010

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	► \$ _____
(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	► \$ _____

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	

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	27,138,953	23,476,210	28,687,691	
b	Contributions	626,898	1,288,956	524,605	
c	Investment earnings or losses	3,588,584	3,116,585	-4,098,351	
d	Grants or scholarships	813,186	742,798	660,483	
e	Other expenditures for facilities and programs			1,025,772	
f	Administrative expenses				
g	End of year balance	30,541,249	27,138,953	23,427,690	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 31 890 %

b

Permanent endowment ▶ 62 870 %

c

Term endowment ▶ 5 240 %

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)

☐ Yes☐ No

(ii)

related organizations

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

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		47,892,850	14,996,554	32,896,296
c Leasehold improvements				
d Equipment		8,748,627	6,182,525	2,566,102
e Other	2,314,995	6,296,554	3,934,028	4,677,521
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				40,571,412

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	46,892,324
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,953,510
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,938,814
4	Net unrealized gains (losses) on investments	4	3,687,818
5	Donated services and use of facilities	5	18,154
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-131,636
9	Total adjustments (net) Add lines 4 - 8	9	3,574,336
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,513,150

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	51,926,636
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,687,818
b	Donated services and use of facilities	2b	18,154
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-131,636
e	Add lines 2a through 2d	2e	3,574,336
3	Subtract line 2e from line 1	3	48,352,300
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	-1,459,976
c	Add lines 4a and 4b	4c	-1,459,976
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	46,892,324

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	40,413,486
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	1,459,976
e	Add lines 2a through 2d	2e	1,459,976
3	Subtract line 2e from line 1	3	38,953,510
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	38,953,510

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.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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, 2011, 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 GAINS - UNITRUST 84,933. ACTUARIAL LOSSES - ANNUITIES -216,569.
PART XII, LINE 2D - OTHER ADJUSTMENTS		ACTUARIAL GAINS - UNITRUST 84,933. ACTUARIAL LOSSES - ANNUITIES -216,569.
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF SALES EXPENSE RECORDED IN REVENUES FOR TAX RETURN -1,459,976.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF SALES EXPENSE RECORDED IN REVENUES FOR TAX RETURN 1,459,976.

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

2010

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARY

Employer identification number
45-0273403

Part I

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?

2

Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3

Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

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 Part II

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 Part II

6a

Does the organization receive any financial aid or assistance from a governmental agency?

6b

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 Part II

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 Part II

YES

NO

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

Cat No 50085D

Schedule E (Form 990 or 990-EZ) 2010

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	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.
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES TITLE IV FUNDS AND TRIO FUNDS AND ADMINISTERS THE USE OF THOSE FUNDS.
EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE	SCHEDULE E, PART I, LINE 7	4 03 - THE UNIVERSITY DOES NOT PUBLICIZE ITS POLICY THROUGH NEWSPAPER OR BROADCAST MEDIA.

1

(i) Method of valuation
(book, FMV, appraisal, other)

3 Enter total number of other organizations or entities

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 Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Supplemental Information

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

[illegible]

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

2010

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. Part II can be duplicated if additional space is needed. ☐

1 (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
(1) DIOCESE OF BISMARCK520 N WSHINGTON ST BISMARCK,ND 58503	45-0214929	501(C)(3)	19,295				FUNDING ASSISTANCE FOR CENENNIAL CELEBRATION
(2) BISHOP RYAN HIGH SCHOOL316 11TH AVE NW MINOT,ND 58703	45-0259466	501(C)(3)	9,009				GENERAL OPERATING
(3) MINOT STATE UNIVERSITY500 UNIVERSITY AVE NW MINOT,ND 58703	45-6002481	GOVERNMENT	41,476				GENERAL OPERATING
(4) ELLENDALE PUBLIC SCHOOLPO BOX 400 ELLENDALE,ND 58436	45-6000451	GOVERNMENT	5,315				DOLLARS FOR SCHOLARS PROGRAM OF DICKEY COUNTY

2

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

4

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.

(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
See Additional Data Table					

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE UNIVERSITY IS CONTRIBUTING FUNDS TO CHARITABLE ORGANIZATIONS IN ACCORDANCE WITH ENDOWMENT AGREEMENTS THAT GOVERN THE DISTRIBUTION OF THE UNDERLYING FUNDS THE UNIVERSITY ALSO VERIFIES THAT THE GRANTS GIVEN TO THE CHARITABLE ORGANIZATIONS ARE FOR THE BENEFIT OF INDIVIDUAL STUDENTS FOR SCHOLARHIPS
OTHER INFORMATION	PART IV	STUDENT AWARDS, GRANTS AND LOANS ARE AWARDED ON BASIS OF NEED SCHOLARSHIPS ARE AWARDED BASED UPON NEED AND ACADEMIC OR SPECIAL ACHIEVEMENTS

Software ID:

Software Version:

EIN: 45-0273403

Name: UNIVERSITY OF MARY

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	15	142,400			
WOMEN'S SOFTBALL	14	101,750			
FOOTBALL	65	382,422			
WRESTLING	10	44,500			
MEN'S BASKETBALL	13	167,661			
WOMEN'S BASKETBALL	14	177,785			
MEN'S TRACK	18	100,485			
WOMEN'S TRACK	24	192,287			
BASEBALL	15	76,710			
MEN'S SOCCER	11	93,000			
WOMEN'S SOCCER	10	149,610			
MUSIC	52	99,626			
FAMILY DISCOUNT	71	20,100			
NATIONAL GUARD WAIVER	68	62,009			
MILITARY SCHOLARHIPS	102	280,747			
PRESIDENTIAL	1157	3,588,810			
PACESETTER GRANT	325	456,280			
ELA	485	270,924			
PHI THETA KAPPA	33	152,500			
FREEDOM PLAN	161	721,799			

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
INTERNATIONAL	9	37,206			
CIC - T&P	1	12,800			
FORENSICS	3	5,000			
CATHOLIC EDUCATORS	10	23,495			
FIFTH YEAR	14	117,605			
DONATED SCHOLARHIPS	25	51,500			
VETERAN'S YELLOW RIBBON	7	9,141			
CHEER	12	3,500			
CADE DISCOUNT	182	344,174			
SSS BOOK GRANT	123	7,390			
WOMEN'S TENNIS	5	6,500			
CATHOLIC SCHOLARS	23	107,542			
HONORS DAY	24	176,092			
DANCE	10	3,500			
SSS MERIT SCHOLARHIP	130	36,802			
STUDENT TEACHER TRAINING	19	17,100			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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 checked="" 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 checked="" 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	No
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	No
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 from the organization or a related organization?	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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR HAROLD J MILLER	(i)	152,972	0	564	12,840	18,266	184,642	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
	PART I, LINE 1B	THE PRESIDENT IS REQUIRED TO LIVE IN THE "PRESIDENTIAL RESIDENCE" ON CAMPUS. THE PRESIDENT AND CHAIRMAN EMERITUS (WHO IS ALSO THE FORMER PRESIDENT) BOTH RECEIVE VARIOUS MINOR PERSONAL SERVICES FOR CONVENIENCE SUCH AS AUTOMOTIVE MAINTENANCE OR MINOR HOUSEKEEPING. A GUEST HOUSE ON CAMPUS IS TYPICALLY USED FOR HOUSING TRANSITIONAL EMPLOYEES WHO ARE NEW TO THE UNIVERSITY.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

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
(1) RACHEL MARIE CRAMER	FAMILY RELATIONSHIP - DAUGHTER OF BOARD MEMBER KEVIN CRAMER	6,180
(2) JOSEPH FLADELAND	FAMILY RELATIONSHIP - SON OF BOARD MEMBER DIANE FLADELAND	12,580

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KRIS CRAMER	FAMILY RELATIONSHIP - WIFE OF BOARD MEMBER KEVIN CRAMER	41,511	WAGES PAID - BOARD MEMBER KEVIN CRAMER'S WIFE IS EMPLOYED BY THE UNIVERSITY		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization UNIVERSITY OF MARY	Employer identification number 45-0273403
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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		<p>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</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		FAMILY AND BUSINESS RELATIONSHIPS - 1 BOARD MEMBERS GEORGE EHLIS AND JOE HAUER HAVE A BUSINESS RELATIONSHIP 2 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 BY LAWS OF THE CORPORATION E CHANGE THE NAME OF THE CORPORATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		UPON RECEIPT OF THE DRAFT FORM 990, THE ORGANIZATION WILL FORWARD A PUBLIC DISCLOSURE COPY TO THE EXECUTIVE COMMITTEE MEMBERS FOR THEIR REVIEW AND COMMENTS PRIOR TO ITS FILING WITH THE IRS. THE EXECUTIVE COMMITTEE HAS THE ABILITY TO ACT ON BEHALF OF THE BOARD IN BETWEEN BOARD MEETINGS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS COMPLETES A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR. IF A MEMBER HAS A CONFLICT, THEY REFRAIN FROM GIVING INPUT OR VOTING ON THE ISSUE(S) IN THE RELATION OF THE CONFLICT.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT'S SALARY IS REVIEWED ANNUALLY BY THE INDEPENDENT BOARD. THE UNIVERSITY USES THE JAFFE SALARY SURVEY AS WELL AS CUPA SALARY REPORTS (COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION) 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 AND CUPA SALARY REPORT 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,687,818 DONATED SERVICES AND USE OF FACILITIES 18,154 ACTUARIAL GAINS - UNITRUST 84,933 ACTUARIAL LOSSES - ANNUITIES - 216,569 TOTAL TO FORM 990, PART XI, LINE 5 3,574,336

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

2010

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BENEDICTINE SISTERS OF THE ANNUNCIATION BMC 7520 UNIVERSITY DRIVE BISMARCK, ND 58504 45-0261530	RELIGIOUS PURPOSES	ND	501(C)(3)	170(B)(1)(A)(I)	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

No

Yes

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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