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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
MARYWOOD UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
2300 ADAMS AVENUE

City or town, state or country, and ZIP + 4
SCRANTON, PA 185091598

D Employer identification number
24-0795453

E Telephone number
(570) 348-6222

G Gross receipts $ 104,523,800

F Name and address of principal officer
JOSEPH GARVEY JR CPA
2300 ADAMS AVENUE
SCRANTON,PA 185091598

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 MARYWOOD EDU

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

L Year of formation 1915

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE AN EDUCATION IN THE IMMACULATE HEART OF MARY TRADITION OF ACADEMIC EXCELLENCE

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	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,149
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	554,457
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-39,043

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,099,889	8,635,667
	9	Program service revenue (Part VIII, line 2g)	83,688,746	87,741,048
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-85,403	1,091,809
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,572,973	6,472,984
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,276,205	103,941,508
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,655,244	31,382,889
	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)	38,947,769	41,629,932
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	75,259	86,652
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,470,011		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,971,224	26,323,016
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	93,649,496	99,422,489
	19	Revenue less expenses Subtract line 18 from line 12	2,626,709	4,519,019

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	175,570,601	183,677,851
	21	Total liabilities (Part X, line 26)	63,615,546	69,122,577
	22	Net assets or fund balances Subtract line 21 from line 20	111,955,055	114,555,274

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

****** 2013-04-26
Signature of officer Date

JOSEPH GARVEY JR CPA VP FOR BUSINESS AFFAIRS
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
JULIUS GREEN CPA	2013-04-26		P00350393

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PARENTEBEARD LLC
46 PUBLIC SQUARE SUITE 400
WILKESBARRE, PA 18701

EIN ▶ 23-2932984

Phone no ▶ (570) 820-0100

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

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

A CATHOLIC UNIVERSITY SPONSORED BY THE CONGREGATION OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY, MARYWOOD UNIVERSITY ROOTS ITSELF IN THE PRINCIPLE OF JUSTICE AND A BELIEF THAT EDUCATION EMPOWERS PEOPLE ENACTING ITS IDEALS, MARYWOOD OFFERS STUDENTS A WELCOMING AND SUPPORTIVE COMMUNITY THAT ENCOURAGES MEN AND WOMEN OF ALL BACKGROUNDS TO SHAPE THEIR LIVES AS LEADERS IN SERVICE TO OTHERS PROUD OF ITS LIBERAL ARTS TRADITION AND HOST OF PROFESSIONAL DISCIPLINES, MARYWOOD CHALLENGES STUDENTS TO BROADEN THEIR UNDERSTANDING OF GLOBAL ISSUES AND TO MAKE DECISIONS BASED ON SPIRITUAL, ETHICAL, AND RELIGIOUS VALUES MARYWOOD CALLS UPON STUDENTS TO SEEK THEIR FULL POTENTIAL AND INVITES ALL TO ENGAGE IN A LIFELONG PROCESS OF LEARNING WITNESSING THE EFFICACY OF TEACHING AND SCHOLARSHIP, MARYWOOD EDUCATES STUDENTS TO LIVE RESPONSIBLY IN A DIVERSE AND INTERDEPENDENT WORLD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 69,138,905 including grants of $ 31,382,889) (Revenue $ 54,768,403)

INSTRUCTION AND SCHOLARSHIPS - PROVIDED UNDERGRADUATE AND GRADUATE INSTRUCTION TO 2,722 FULL-TIME AND 757 PART-TIME STUDENTS ALSO OFFERED NON-CREDIT WORKSHOPS FOR CONTINUING EDUCATION PURPOSES

4b (Code) (Expenses $ 6,944,676 including grants of $) (Revenue $ 9,908,533)

RESEARCH AND ACADEMIC SUPPORT - PROVIDED STUDENT SERVICES TO SUPPORT INSTRUCTION NOTED ABOVE THIS INCLUDES LIBRARY, MEDIA, COMPUTER, ATHLETICS, HEALTH SERVICES, AND MORE

4c (Code) (Expenses $ 10,438,214 including grants of $) (Revenue $ 14,563,488)

AUXILIARY SERVICES - PROVIDED DORMITORY AND FOOD SERVICES TO 1,013 RESIDENT STUDENTS AND FOOD SERVICES TO COMMUTER STUDENTS AND CAMPUS STAFF ALSO OPERATED THE CAMPUS BOOKSTORE AND DAY CARE CENTER

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 86,521,795

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 instructions)?	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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, line10? *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		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III 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*	17	Yes	
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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and II*	21		No
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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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 owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
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? *If "Yes," complete Schedule R, Part VI*	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 . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	131			
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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,149			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate 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 aggregate 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** 30			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 30			
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**		No
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**	Yes	
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	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ PA

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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 ▶

JOSEPH GARVEY JR CPA
2300 ADAMS AVENUE LIBERAL ARTS
SCRANTON, PA 185091598
(570) 961-4779

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,309,877	0	221,760

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶21

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
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*	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHARTWELLS PO BOX 91337 CHICAGO, IL 60693	CAMPUS FOOD SERVICE	5,478,185
HEMMLER CAMAYD PC 409 LACKAWANNA AVE SUITE 400 4TH SCRANTON, PA 18503	ARCHITECTS	1,096,991
G WEINBERGER COMPANY 231 OAK ST OLD FORGE, PA 18518	MECHANICAL/PLUMBING CONTRACTOR	1,043,724
R E LESNIAK INC RR 9 BOX 9237 MOSCOW, PA 18444	ELECTRICAL CONTRACTOR	784,625
CHARLES W GRIMM CONSTRUCTION INC PO BOX X WAYMART, PA 18472	MECHANICAL CONTRACTOR	567,170

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶18

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	1,660,472				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	6,975,195				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		8,635,667			
Program Service Revenue			Business Code				
	2a	TUITION & FEES	611600	78,613,209	78,613,209		
	b	SALES & SVCS-AUX ENTER	721310	8,500,624		554,457	7,946,167
	c	SALES & SVCS-EDUCATION	611710	322,140	322,140		
	d	EDUCATION RELATED SVCS	611710	305,075	305,075		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		87,741,048			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		517,806			517,806
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 1,002,921				
	b	Less cost or other basis and sales expenses	(i) 428,918				
	c	Gain or (loss)	(i) 574,003				
	d	Net gain or (loss) . . . . ▶		574,003			574,003
	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	6,062,864				
	b	Less cost of goods sold . . b	153,374				
	c	Net income or (loss) from sales of inventory . . ▶		5,909,490			5,909,490
		Miscellaneous Revenue	Business Code				
	11a	PARKING & TRAFFIC FINE	900099	243,029			243,029
	b	DEPOSITS, ADJUSTMENTS,	900099	172,781			172,781
	c	BAD DEBT RECOVERIES	900099	74,719			74,719
	d	All other revenue		72,965			72,965
	e	**Total.** Add lines 11a–11d . . . . . . ▶		563,494			
	12	**Total revenue.** See Instructions . . . ▶		103,941,508	79,240,424	554,457	15,510,960

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)
Check if Schedule O contains a response to any question in this Part IX . . . .

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	31,382,889	31,382,889		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	697,858	697,858		
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	30,330,682	24,247,816	5,215,261	867,605
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,259,971	1,742,285	439,760	77,926
9 Other employee benefits	6,291,135	4,556,560	1,603,724	130,851
10 Payroll taxes	2,050,286	1,650,654	341,788	57,844
11 Fees for services (non-employees)				
a Management				
b Legal	94,506		94,506	
c Accounting	91,875		91,875	
d Lobbying	69,587		69,587	
e Professional fundraising *See Part IV, line 17* . .	86,652			86,652
f Investment management fees	26,071		26,071	
g Other	3,729,036	2,433,624	1,289,611	5,801
12 Advertising and promotion	371,059	235,510	116,318	19,231
13 Office expenses	3,292,069	2,641,546	602,577	47,946
14 Information technology				
15 Royalties . .	260,578	126,280	131,973	2,325
16 Occupancy	2,793,007	2,767,507	20,938	4,562
17 Travel	1,164,762	947,487	156,686	60,589
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,002,745	2,002,745		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,093,489	4,356,748	736,741	
23 Insurance	297,765	231,500	66,265	
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 FOOD SERVICE	5,291,454	5,291,454		
b ENTERTAINMENT	553,021	374,808	74,161	104,052
c OTHER EXPENSES	361,254	346,921	13,630	703
d BAD DEBT	307,600		307,600	
e				
f All other expenses	523,138	487,603	31,611	3,924
25 **Total functional expenses.** Add lines 1 through 24f	99,422,489	86,521,795	11,430,683	1,470,011
26 **Joint costs.** Check here ▶ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		17,924	1	13,685
	2	Savings and temporary cash investments		5,906,143	2	4,401,543
	3	Pledges and grants receivable, net		5,467,688	3	7,943,738
	4	Accounts receivable, net		4,265,992	4	3,460,668
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		160,903	8	20,389
	9	Prepaid expenses and deferred charges		382,374	9	518,997
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 190,845,959			
	b	Less accumulated depreciation	10b 64,712,220	117,288,169	10c	126,133,739
	11	Investments—publicly traded securities		37,500,065	11	37,050,911
	12	Investments—other securities See Part IV, line 11		1,001,524	12	952,698
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,579,819	15	3,181,483
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		175,570,601	16	183,677,851
Liabilities	17	Accounts payable and accrued expenses		5,995,018	17	9,181,439
	18	Grants payable			18	
	19	Deferred revenue		779,782	19	3,183,582
	20	Tax-exempt bond liabilities		42,878,140	20	42,340,601
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	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		7,896,432	23	10,951,119
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		6,066,174	25	3,465,836
	26	**Total liabilities.** Add lines 17 through 25		63,615,546	26	69,122,577
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		89,554,028	27	89,552,134
	28	Temporarily restricted net assets		3,658,471	28	5,576,913
	29	Permanently restricted net assets		18,742,556	29	19,426,227
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		111,955,055	33	114,555,274
	34	Total liabilities and net assets/fund balances		175,570,601	34	183,677,851

Part XI Reconcilliation 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	103,941,508
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,422,489
3	Revenue less expenses Subtract line 2 from line 1	3	4,519,019
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	111,955,055
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,918,800
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	114,555,274

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 ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
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	2c		
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 ☐ Separate basis ☐ Consolidated basis ☐ 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?	3a		No
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 . .	3b		

Additional Data

Software ID:
Software Version:
EIN: 24-0795453
Name: MARYWOOD UNIVERSITY

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			
MARY ANN CONABOY ABRAHAMSEN TRUSTEE	1 00	X						0	0	0
SISTER JEAN LOUISE BACHETTI IHM TRUSTEE	1 00	X						0	0	0
RICHARD BEASLEY TRUSTEE	1 00	X						0	0	0
LORRAINE BREEN TRUSTEE	1 00	X						0	0	0
PATRICK BRIER TRUSTEE	1 00	X						0	0	0
MICHAEL E BUGNO TRUSTEE	1 00	X						0	0	0
PETER J DANCHAK TRUSTEE	1 00	X						0	0	0
LEE A DEHIHNS III TRUSTEE	1 00	X						0	0	0
SISTER SUZANNE DELANEY IHM TRUSTEE	1 00	X						0	0	0
ATTORNEY TRACY DISKIN DOHERTY TRUSTEE	1 00	X						0	0	0
FRANK A EPIFANO TRUSTEE	1 00	X						0	0	0
PATRICK J FRICCHIONE MD TRUSTEE	1 00	X						0	0	0
SISTER NANCY HAWKINS IHM TRUSTEE	1 00	X						0	0	0
ANN R HENRY PHD TRUSTEE	1 00	X						0	0	0
MICHAEL INSALACO TRUSTEE	1 00	X						0	0	0
WILLIAM R LYNETT TRUSTEE	1 00	X						0	0	0
DOROTHY L MAGNOTTA TRUSTEE	1 00	X						0	0	0
MARY ELLEN MCDONOUGH TRUSTEE	1 00	X						0	0	0
SISTER MARY ELLEN MERRICK IHM TRUSTEE	1 00	X						0	0	0
MARY C MURRAY TRUSTEE	1 00	X						0	0	0
CATHERINE G QUINNAN TRUSTEE	1 00	X						0	0	0
MARY KAY ROTERT TRUSTEE	1 00	X						0	0	0
VIRGINIA P SHIELDS TRUSTEE	1 00	X						0	0	0
JOHN P SWEENEY SR TRUSTEE	1 00	X						0	0	0
JOHN T TIGHE III 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			
MONSIGNOR DAVID L TRESSLER TRUSTEE	1 00	X						0	0	0
SISTER ANNE MUNLEY IHM PRESIDENT	35 00	X		X				0	0	1,484
MARION MUNLEY CHAIR OF THE BOARD	1 00	X		X				0	0	0
PATRICIA J GLINSKY VICE CHAIR OF THE BOARD	1 00	X		X				0	0	0
ANTONIA M SCHIERLING SECRETARY OF THE BOARD	1 00	X		X				0	0	0
RICHARD KANE TREASURER OF THE BOARD	1 00	X		X				0	0	0
JOSEPH X GARVEY JR VICE PRESIDENT FOR BUSINESS AFFAIRS & TREASURER	35 00			X				154,739	0	26,723
DR RAYMOND HEATH VICE PRESIDENT FOR STUDENT LIFE	35 00			X				148,290	0	16,681
DR ALAN LEVINE VICE PRESIDENT FOR ACADEMIC AFFAIRS	35 00			X				150,412	0	28,713
MARY THERESA PATERSON SECRETARY OF THE UNIVERSITY AND GENERAL COUNSEL	35 00			X				85,684	0	13,636
DR CLAYTON N PHEASANT VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT	35 00			X				152,563	0	27,421
COLLIER PARKER DEAN, CREATIVE AND PERFORMING ARTS	35 00					X		120,568	0	25,772
DR LLOYD LYTER INTERIM DEAN, HEALTH & HUMAN SERVICES/DIRECTOR,SSW	35 00					X		127,032	0	19,587
GREGORY KEANE HUNT DEAN, SCHOOL OF ARCHITECTURE	35 00					X		126,566	0	19,169
DR MICHAEL ALAN FOLEY DEAN, LIBERAL ARTS & SCIENCES	35 00					X		122,127	0	23,263
DR MARYANNE FEDRICK DEAN, EDUCATION & HUMAN DEVELOPMENT	35 00					X		121,896	0	19,311

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

2011

Open to Public Inspection

Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

		Yes	No
(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?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 III Support Schedule for Organizations Described in IRC 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
MARYWOOD UNIVERSITY	24-0795453

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		69,587
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			69,587
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE UNIVERSITY PAID ARENT FOX, LLC, AND PROVIDENCE CONSULTING FOR SERVICES INCLUDING CONTACTING PENNSYLVANIA CONGRESSIONAL DELEGATION, ALONG WITH MEMBERS OF THE SENATE AND HOUSE APPROPRIATIONS COMMITTEE(S) IN SUPPORT OF MARYWOOD UNIVERSITY'S REQUESTS FOR FEDERAL FUNDING THROUGH APPROPRIATIONS LEGISLATION AND COMPETITIVE GRANTS OFFERED BY USDA, HHS, EPA, AND USDE IN CONJUNCTION WITH THESE SERVICES, MARYWOOD UNIVERSITY SUBMITTED APPROPRIATION REQUESTS TO CONGRESS AND COMPETITIVE GRANT APPLICATIONS TO THESE AGENCIES

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

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? ☐ Yes ☐ 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 ☐ Yes ☐ 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of a certified historic structure

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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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 ▶ $ ________

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	35,506,913	28,258,110	23,948,313	28,287,988	
b Contributions	473,367	1,328,503	1,106,115	3,526,665	
c Investment earnings or losses	618,687	6,762,454	4,063,280	-6,352,063	
d Grants or scholarships	855,000	804,000	844,000		
e Other expenditures for facilities and programs				1,363,000	
f Administrative expenses	45,410	38,154	15,599	151,277	
g End of year balance	35,698,557	35,506,913	28,258,109	23,948,313	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 60 000 %

b Permanent endowment ▶ 40 000 %

c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,358,579		1,358,579
b Buildings		168,729,597	64,712,220	104,017,377
c Leasehold improvements				
d Equipment		274,924		274,924
e Other		20,482,859		20,482,859
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				126,133,739

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
STUDENT DEPOSITS	916,438
REFUNDABLE ADVANCES FOR FEDERAL STUDENT LOANS	1,634,633
ASSET RETIREMENT OBLIGATION	297,277
INTEREST RATE SWAP	617,488
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,465,836

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	103,941,508
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	99,422,489
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,519,019
4	Net unrealized gains (losses) on investments	4	-1,605,677
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-313,123
9	Total adjustments (net) Add lines 4 - 8	9	-1,918,800
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,600,219

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	73,246,672
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	44,503		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-30,892,713		
e	Add lines **2a** through **2d**			2e	-30,848,210
3	Subtract line **2e** from line **1**			3	104,094,882
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	-153,374		
c	Add lines **4a** and **4b**			4c	-153,374
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	103,941,508

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	70,664,915
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	44,503		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	2,109,584		
e	Add lines **2a** through **2d**			2e	2,154,087
3	Subtract line **2e** from line **1**			3	68,510,828
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	30,911,661		
c	Add lines **4a** and **4b**			4c	30,911,661
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	99,422,489

Part XIV Supplemental 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	MARYWOOD UNIVERSITY ART GALLERIES STRIVE TO PRESENT EXHIBITIONS AND PROGRAMS THAT PROVIDE OPPORTUNITIES FOR LIFE LONG LEARNING AND CONTRIBUTE TO THE VISUAL LITERACY OF BOTH THE INSTITUTION AND GREATER COMMUNITY THE ART GALLERIES COMMITTED TO COMPLEMENTING AND BROADENING THE AVAILABILITY OF CONTEMPORARY AND HISTORICAL VISUAL ARTS FOR THE ACADEMIC COMMUNITY WITH OUTREACH AND COLLABORATIVE PROGRAMMING ALL EXHIBITIONS, RECEPTIONS, AND ACCOMPANYING EVENTS ARE FREE OF CHARGE AND OPEN TO THE MARYWOOD COMMUNITY AND THE GENERAL PUBLIC CURRENT, FUTURE, AND PAST EXHIBITIONS, AS WELL AS OVER 50 OBJECTS FROM THE PERMANENT COLLECTION, CAN BE VIEWED ON THE ART GALLERIES' WEB PAGE AT WWW MARYWOOD EDU/GALLERIES THE SURACI GALLERY MAINTAINS MARYWOOD'S PERMANENT COLLECTION OF FINE AND DECORATIVE ARTS THE ASIAN COLLECTION CONSISTS OF PAINTINGS, FURNITURE, IVORIES, TAPESTRIES, AND CERAMICS BRONZE AND MARBLE SCULPTURES, FURNITURE, AND PAINTINGS COMPRISE THE 19TH CENTURY COLLECTION IN ADDITION, EUROPEAN CERAMICS, GLASS, AND OTHER DECORATIVE ARTS ARE DISPLAYED FEATURE EXHIBITIONS THAT SHOWCASE REGIONAL, NATIONAL, AND INTERNATIONAL ARTISTS, AS WELL AS RECENT WORK BY ART FACULTY ARE HIGHLIGHTED DURING THE YEAR IN A RECENTLY RENOVATED EXHIBITION SPACE
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 100 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE BOARD OF TRUSTEES OF THE UNIVERSITY HAS INTERPRETED PENNSYLVANIA LAW AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, THE UNIVERSITY CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS EITHER TEMPORARILY RESTRICTED OR UNRESTRICTED NET ASSETS BASED ON THE EXISTENCE OF DONOR RESTRICTIONS OR BY LAW THE UNIVERSITY CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS 1 THE DURATION AND PRESERVATION OF THE FUND 2 THE PURPOSES OF THE UNIVERSITY AND THE DONOR-RESTRICTED ENDOWMENT FUND 3 GENERAL ECONOMIC CONDITIONS 4 THE POSSIBLE EFFECT OF INFLATION AND DEFLATION 5 THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS 6 OTHER RESOURCES OF THE UNIVERSITY 7 THE INVESTMENT POLICIES OF THE UNIVERSITY THE UNIVERSITY HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE UNIVERSITY MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD(S) AS WELL AS BOARD-DESIGNATED FUNDS UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED THE PRICE AND YIELD RESULTS OF THE S&P 500 INDEX WHILE ASSUMING A MODERATE LEVEL OF INVESTMENT RISK THE UNIVERSITY EXPECTS ITS ENDOWMENT FUNDS, OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN OF APPROXIMATELY 9 PERCENT ANNUALLY ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE UNIVERSITY RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS) THE UNIVERSITY TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS THE UNIVERSITY HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 3 5 TO 5 PERCENT OF ITS ENDOWMENT FUNDS' AVERAGE FAIR VALUE OVER THE PRIOR 12 QUARTERS THROUGH THE CALENDAR YEAR-END PROCEEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED IN ESTABLISHING THIS POLICY, THE UNIVERSITY CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT ACCORDINGLY, OVER THE LONG TERM, THE UNIVERSITY EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 4 PERCENT ANNUALLY THIS IS CONSISTENT WITH THE UNIVERSITY'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNIVERSITY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE UNIVERSITY'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES THE UNIVERSITY'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE TAX YEARS ENDED JUNE 30, 2008 THROUGH JUNE 30, 2011 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN SPLIT INTEREST AGREEMENTS 18,948 OTHER UNREALIZED LOSS ON INTEREST RATE SWAP -342,033 AVIATION DISTRIBUTION 18,462 MISCELLANEOUS -8,500 TOTAL TO SCHEDULE D, PART XI, LINE 8 -313,123
PART XII, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIPS -30,911,661 CHANGE IN SPLIT INTEREST AGREEMENTS 18,948 INVESTMENT INCOME
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -153,374
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 153,374 MISCELLANEOUS 8,500 UNREALIZED LOSSES ON INTEREST RATE SWAP 342,033 UNREALIZED LOSSES ON INVESTMENTS 1,605,677
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS 30,911,661

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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

2011

Open to Public Inspection

Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
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?	2	Yes	
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	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	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?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	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	7	Yes	

Part II 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	CLEARLY STATED ON MOST ADMISSIONS ADVERTISEMENTS AND PUBLICATIONS ALSO DISCLOSED ON THE SUPPLEMENTAL MATERIAL CREATED BY THE MARKETING AND COMMUNCATIONS OFFICE
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY AWARDS GRANTS-IN-AID AND SCHOLARSHIPS TO INDIVIDUALS WHO MEET THE UNIVERSITY'S ACADEMIC STANDARDS THE AMOUNTS OF SUCH AWARDS ARE BASED UPON THE FINANCIAL NEEDS OF EACH APPLICANT ADDITIONAL FINANCIAL AID IS PROVIDED TO STUDENTS FROM FEDERAL AND STATE PROGRAMS IN WHICH THE UNIVERSITY PARTICIPATES AND FROM MONIES CONTRIBUTED TO THE UNIVERSITY BY ALUMNI AND FRIENDS OF THE UNIVERSITY CERTAIN STUDENTS OF THE UNIVERSITY WERE RECIPIENTS OF GRANTS UNDER THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE ACT ("PHEAA") AND THE PELL GRANTS PROGRAMS THE GRANTS ARE SIMILAR TO AGENCY FUNDS BECAUSE THE UNIVERSITY ACTED ONLY AS CUSTODIAN AND DISBURSING AGENT FOR THESE FUNDS HAD THESE AMOUNTS BEEN INCLUDED, REVENUES AND EXPENSES WOULD HAVE INCREASED BY $ 2,913,418 IN 2012 AND $ 2,480,826 IN 2011 FOR PHEAA AND $ 3,230,090 IN 2012 AND $ 3,290,094 IN 2011 FOR PELL

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
AFRICAN COUNTRIES KENYA, TANZANIA, UGANDA, NIGERIA, ZAMBIA, AND GHANA	0	10	PROGRAM SERVICES	DURING THE THREE-YEAR PHASE OF THE SISTERS LEADERSHIP DEVELOPMENT INITIATIVE ("SLDI") PILOT PROJECT IN AFRICA, THERE WILL BE A SERIES OF TWO-WEEK SEQUENTIAL WORKSHOPS FOCUSED ON MANAGEMENT & LEADERSHIP CAPACITY BUILDING CURRICULUM SPECIALISTS AT THE ASEC COLLEGES WILL DEVELOP THE SCOPE AND SEQUENCE OF THE OFFERINGS IN ADDITION TO INSTRUCTIONAL PROGRAMS OFFERED BY ASEC COLLEGES, SLDI PARTICIPANTS WILL HAVE THE OPPORTUNITY TO ATTEND SESSIONS COORDINATED BY SUCH AFRICAN-BASED ORGANIZATIONS AS CORAT AFRICA, WHICH FACILITATES IN-COUNTRY CLIENT DETERMINED COURSES, WORKSHOPS & SEMINARS LONG RANGE PLANS FOR SLDI INCLUDE INCREASED USE OF TECHNOLOGY & THE INTERNET TO ACCESS DISTANCE EDUCATION THE PURPOSE OF PHASE II OF THIS ONGOING PROJECT IS TO INCREASE ACCESS TO MANAGEMENT & LEADERSHIP SKILL BUILDING THROUGH TRAINING & EDUCATION FOR AT LEAST 250 AFRICAN SISTERS IN ORDER TO IMPACT POSITIVELY ON THE EDUCATIONAL/SOCIAL/ECONOMIC CONDITION OF THE LIVES OF THOSE SERVED THROUGH THEIR MINISTRIES	587,465
3a Sub-total	0	10			587,465
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	10			587,465

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☑
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . ▶

Part 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE PHASE II YEAR 2 PROGRAM EVALUATION IS AN OBJECTIVES-BASED ASSESSMENT USING CRITERIA OUTLINED IN THE PROJECT PROPOSAL TO THE CONRAD N HILTON FOUNDATION IT TARGETS (1) PROJECT OUTPUTS, (2) PARTICIPANT SKILLS AND KNOWLEDGE, (3) PROJECT MANAGEMENT, AND (4) PROJECT OUTCOMES (1) PROJECT OUTPUTS AND PARTICIPANT DEMOGRAPHICS WERE BASED ON DATA COLLECTED DURING THE SESSIONS AND RECORDED BY THE PARTICIPANT OR COORDINATOR (2) PARTICIPANT SKILLS AND KNOWLEDGE WERE ASSESSED PRE AND POST TRAINING THESE MEASURES WERE SELF-REPORT MEASURES, AND THE LIKERT SCALES WERE CONSTRUCTED TO ALIGN WITH THE EXPECTED COMPETENCIES INTEGRATED INTO THE TECHNOLOGY AND WEB-DESIGN CURRICULUM (3) PROJECT MANAGEMENT WAS ASSESSED USING DATA INCLUDING (A) LEARNING ENVIRONMENT ASSESSMENT BY PARTICIPANTS AFTER EACH SESSIONS, AND (B) TRAINER EVALUATIONS AFTER EACH SESSION (4) THE FINAL OUTCOME OF THE PROJECT WILL BE BASED ON THE YEARLY DATA COLLECTED AND THE FOLLOWING - FINAL PROJECT EVALUATION BY PARTICIPANTS - FINAL PROJECT EVALUATION BY TRAINERS - FINAL PROJECT EVALUATION BY AFRICAN COORDINATORS - PARTICIPANT COMPETENCY EVALUATION (POST PROJECT)

Identifier	Return Reference	Explanation
		SCHEDULE F PART I 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES PROGRAM EVALUATION THE PHASE II YEAR I PROGRAM EVALUATION IS AN OBJECTIVES-BASED ASSESSMENT USING CRITERIA OUTLINED IN THE PROJECT PROPOSAL TO THE CONRAD N HILTON FOUNDATION IT TARGETS (1) PROJECT OUTPUTS, (2) PARTICIPANT SKILLS AND KNOWLEDGE, (3) PROJECT MANAGEMENT, AND (4) PROJECT OUTCOMES (1) PROJECT OUTPUTS AND PARTICIPANT DEMOGRAPHICS WERE BASED ON DATA COLLECTED DURING THE SESSIONS AND RECORDED BY THE PARTICIPANT OR COORDINATOR (2) PARTICIPANT SKILLS AND KNOWLEDGE WERE ASSESSED PRE AND POST TRAINING THESE MEASURES WERE SELF-REPORT MEASURES, AND THE LIKERT SCALES WERE CONSTRUCTED TO ALIGN WITH THE EXPECTED COMPETENCIES INTEGRATED INTO THE TECHNOLOGY AND WEB-DESIGN CURRICULUM (3) PROJECT MANAGEMENT WAS ASSESSED USING DATA INCLUDING (A) LEARNING ENVIRONMENT ASSESSMENT BY PARTICIPANTS AFTER EACH SESSIONS, AND (B) TRAINER EVALUATIONS AFTER EACH SESSION (4) THE FINAL OUTCOME OF THE PROJECT WILL BE BASED ON THE YEARLY DATA COLLECTED AND THE FOLLOWING FINAL PROJECT EVALUATION BY PARTICIPANTS, FINAL PROJECT EVALUATION BY TRAINERS, FINAL PROJECT EVALUATION BY AFRICAN COORDINATORS AND PARTICIPANT COMPETENCY EVALUATION (POST PROJECT)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
RUFFALO CODY 65 KIRKWOOD NORTH ROAD SW CEDAR RAPIDS, IA 52406	PHONATHON AGENT		No	176,049	86,652	89,397
Total				176,049	86,652	89,397

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

PA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ______ ☐ No	☐ Yes ______ ☐ No	☐ Yes ______ ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities ______

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

b If "No," Explain ______

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

b If "Yes," Explain ______

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ____________________

Address ▶ ____________________

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address

Name ▶ ____________________

Address ▶ ____________________

16 Gaming manager information

Name ▶ ____________________

Gaming manager compensation ▶ $ ____________________

Description of services provided ▶ ____________________

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE UNIVERSITY PAID RUFFALO CODY TO ACT AS OUR ANNUAL FUND PHONATHON AGENTS DURING FY 2009-2010 AS SUCH, RUFFALO CODY CONTACTED ALUMNI, PARENTS, AND FRIENDS OF THE UNIVERSITY SOLICITING PLEDGES OF FINANCIAL SUPPORT OF OUR INSTITUTIONAL MISSION IN PARTICULAR, THEY SOUGHT GIFTS IN SUPPORT OF THE MARYWOOD SCHOLARSHIP FUND TO PROVIDE RESOURCES TO UNDERWRITE FINANCIAL AID AND SCHOLARSHIP AWARDS MADE BY THE UNIVERSITY TO DESERVING STUDENTS IN THE COURSE OF THEIR WORK, RUFFALO CODY ADVISED THESE SUPPORTERS OF NEW AND EXCITING CHANGES TO PROGRAMS AND FACILITIES AT MARYWOOD IN ADDITION, THEY OBTAINED INFORMATION CONCERNING CHANGES TO BIOGRAPHIC AND DEMOGRAPHIC INFORMATION OF THE INDIVIDUALS CALLED RUFFALO CODY ACTED STRICTLY IN THE ROLE OF OUR AGENT IN SECURING PLEDGES OF SUPPORT THE PROCESSING OF ALL PLEDGE PAYMENTS AND CREDIT CARD TRANSACTIONS WERE HANDLED BY UNIVERSITY EMPLOYEES

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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
(1) SPONSORED SCHOLARSHIPS	1225	588,971		CASH	
(2) NON-SPONSORED SCHOLARSHIPS	2480	30,322,690		CASH	
(3) STUDENT AID	119	471,228		CASH	

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 OFFICE OF FINANCIAL AID DETERMINES ELIGIBILITY OF EACH STUDENT WHO APPLIES FOR FINANCIAL AID, USING FORMULAS AND CRITERIA PROMULGATED BY VARIOUS FEDERAL STATE, AND LOCAL GOVERNMENTAL BODIES, AS WELL AS MARYWOOD'S INTERNALLY ESTABLISHED RULES AND PROCEDURES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

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Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

Part I Questions Regarding Compension

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? 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 accured 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 Schedule J-1 if additional space needed.

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

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

(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) JOSEPH X GARVEY JR	(i)	154,739	0	0	15,756	10,967	181,462	0
	(ii)	0	0	0	0	0	0	0
(2) DR RAYMOND HEATH	(i)	148,290	0	0	14,784	1,897	164,971	0
	(ii)	0	0	0	0	0	0	0
(3) DR ALAN LEVINE	(i)	150,412	0	0	15,465	13,248	179,125	0
	(ii)	0	0	0	0	0	0	0
(4) DR CLAYTON N PHEASANT	(i)	152,563	0	0	16,061	11,360	179,984	0
	(ii)	0	0	0	0	0	0	0

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 1A	MARYWOOD'S PRESIDENT, SR ANNE MUNLEY, LIVES IN HOUSING OWNED BY MARYWOOD, SPECIFICALLY FOR THE PRESIDENT BECAUSE SISTER'S CONGREGATION TAKES A VOW OF POVERTY, ALL OF HER INCOME RELATED TO HER WORK FOR MARYWOOD GOES DIRECTLY TO THE CONGREGATION, AND IS THEREFORE NOT TAXABLE TO SISTER ANNE

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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No	(i) Pool financing Yes	(i) Pool financing No
A	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917NU77	02-03-2005	9,105,000	SERIES A OF 2005 - TO ADVNC-REF'D O/S BAL OF 2000 BONDS & TO PAY ISS COSTS		X		X		X
B	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917N4Q4	04-15-2005	11,447,049	SERIES B OF 2005 - TO REF'D 1999 D4 BNDS, FIN CONSTR OF ATH FAC, FND DBT SVC		X		X		X
C	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917RAZ8	12-15-2005	12,567,509	SERIES C OF 2005 - TO FIN RENOV OF RES HALL, FIN VAR CAP IMP, FND DBT SVC		X		X		X
D	THE ABINGTON TOWNSHIP MUNICIPAL AUTHORITY	23-1708665	003642AH8	01-04-2007	14,991,657	SERIES OF 2007 - TO FIN RENOV OF RESIDENCE HALL & OTHER CAP IMPROVMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,360,000	715,000	820,000	
2	Amount of bonds defeased				
3	Total proceeds of issue	10,268,152	11,466,757	12,590,428	14,997,303
4	Gross proceeds in reserve funds		506,484	546,438	628,955
5	Capitalized interest from proceeds		393,943	242,819	462,804
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	142,834	161,197	176,557	205,201
8	Credit enhancement from proceeds	25,000	323,210	341,441	274,787
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	60,924	9,759,679	11,506,871	13,887,085
11	Other spent proceeds	8,876,242	700,000		
12	Other unspent proceeds				
13	Year of substantial completion	2005	2006	2007	2008

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

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MARYWOOD UNIVERSITY

Employer identification number
24-0795453

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		288	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	34,919	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	7	8,675	FMV
20 Drugs and medical supplies	X	1	370	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GIFT BASKETS & CERTIFICATES)	X	6	288	FMV
26 Other ► (GATORADE SIDELINE KITS)	X	1	3,400	FMV
27 Other ► (ONE YAMAHA T-118 POLISHED EBONY 46" PIANO)	X	1	4,839	FMV
28 Other ► (PAYMENT FOR VILOINIST FOR TRUSTEE DINNER)	X	1	75	FMV
Other ► (CHARTWELLS - IMPUTED INTEREST)	X	1	25,775	FMV
Other ► (COMPLIMENTARY UNIVERSITY PARTNER PROGRAM)	X	1	792	FMV

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

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

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	PENN SECURITY BANK & TRUST COMPANY RECEIVES ALL STOCK CONTRIBUTIONS AND IMMEDIATELY SELLS THEM

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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

2011

Open to Public Inspection

Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	CHARTWELLS MANAGES DINING SERVICES, CONCORD INVESTMENTS ADVISES AS TO MARYWOOD'S ENDOWMENT FUND INVESTING, AS OF 7/27/11, FOLLETT MANAGES MARYWOOD'S BOOKSTORE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE MARYWOOD UNIVERSITY CORPORATION ARE SIX MEMBERS OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE MARYWOOD UNIVERSITY CORPORATION ARE SIX MEMBERS OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY ARTICLE I, SECTION 4 OF THE MARYWOOD UNIVERSITY BYLAWS STATES "THE MEMBERS OF THE CORPORATION SHALL HAVE THE RIGHT, BY MAJORITY VOTE, TO ELECT TRUSTEES THEY SHALL HAVE THE RIGHT OF APPROVAL, BY MAJORITY VOTE, OF ACTIONS OF THE BOARD OF TRUSTEES RELATING TO CHANGES IN INSTITUTIONAL PURPOSE AND PHILOSOPHY, APPOINTMENT OF THE PRESIDENT OF THE UNIVERSITY, ACQUISITION, DISPOSITION,ENCUMBRANCE, OR LEASE OF REAL PROPERTY OF THE INSTITUTION, CONSTRUCTION OF NEW BUILDINGS, DISSOLUTION, MERGER, OR CONSOLIDATION OF THE INSTITUTION WITH ANOTHER CORPORATION, AMENDMENTS TO THE BYLAWS, AND DISPOSITION OF PROPERTY UPON DISSOLUTION"

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	NOMINATIONS ARE MADE BY THE BOARD OF TRUSTEES THE MEMBERS OF THE MARYWOOD UNIVERSITY SHALL HAVE THE RIGHT, BY MAJORITY VOTE, TO ELECT TRUSTEES THEY SHALL HAVE THE RIGHT OF APPROVAL, BY MAJORITY VOTE, OF ACTIONS OF THE BOARD OF TRUSTEES RELATING TO CHANGES IN INSTITUTIONAL PURPOSE AND PHILOSOPHY, APPOINTMENT OF THE PRESIDENT OF THE UNIVERSITY, ACQUISITION, DISPOSITION, ENCUMBRANCE, OR LEASE OF REAL PROPERTY OF THE INSTITUTION, CONSTRUCTION OF NEW BUILDINGS, DISSOLUTION, MERGER, OR CONSOLIDATION OF THE INSTITUTION WITH ANOTHER CORPORATION, AMENDMENTS TO THE BYLAWS, AND DISPOSITION OF PROPERTY UPON DISSOLUTION FOR 2006 TO 2010, THE (SIX) MEMBERS OF THE MARYWOOD UNIVERSITY CORPORATION INCLUDED SISTER MARY PERSICO, PRESIDENT OF THE IHM CONGREGATION, SISTER MARY JO GALLAGHER, VICE PRESIDENT OF THE IHM CONGREGATION, SISTER KATHRYN CLAUSS, COUNCILOR, SISTER SUSAN HADZIMA,COUNCILOR, BARBARA JABLONSKI, COUNCILOR, AMY ZYCHAL, COUNCILOR FOR 2010 TO 2014, THE (FIVE) MEMBERS OF THE MARYWOOD UNIVERSITY CORPORATION INCLUDE SISTER THERESE O'ROURKE, PRESIDENT OF THE IHM CONGREGATION, SISTER ELLEN CARNEY, VICE PRESIDENT OF THE IHM CONGREGATION, SISTER ROSEMARY GOULET, COUNCILOR, SISTER CHRISTINE KOELLHOFFER, COUNCILOR, SISTER ELLEN CARNEY, COUNCILOR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	FOR THE CURRENT FISCAL YEAR AND GOING FORWARD, MARYWOOD UNIVERSITY WILL SUBMIT THE DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE FOR THEIR APPROVAL THE AUDIT COMMITTEE WILL THEN REPORT TO THE FULL BOARD THAT THEY HAVE REVIEWED THE FORM 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST FORMS ARE DISTRIBUTED AT THE ANNUAL MEETING, IN APRIL, OF THE BOARD OF TRUSTEES THE SECRETARY OF THE UNIVERSITY ASSURES THAT A CONFLICT OF INTEREST STATEMENT IS RECEIVED FROM EACH MEMBER BY THE FOLLOWING JULY 1 THE FILE OF FORMS IS KEPT IN THE OFFICE OF THE SECRETARY OF THE UNIVERSITY ARTICLE XIV OF THE UNIVERSITY'S BYLAWS REQUIRES THAT THE MINUTES OF ANY MEETING IN WHICH A TRUSTEE MAY HAVE A CONFLICT OF INTEREST MUST REFLECT THAT A DISCLOSURE OF SUCH CONFLICT WAS MADE, AND THAT THE TRUSTEE HAVING SAID CONFLICT ABSTAINED FROM VOTING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT CONSULTING FIRM, AFTER PERFORMING DUE DILIGENCE IN STUDYING COMPARATIVE SALARIES AND OTHER ECONOMIC FACTORS, RECOMMENDS A SALARY AMOUNT FOR THE PRESIDENT OF THE UNIVERSITY TO THE EXECUTIVE OFFICERS OF THE BOARD OF TRUSTEES, THIS COMMITTEE OF EXECUTIVE OFFICERS, AFTER DELIBERATION AND CONSIDERATION, APPROVES THE PRESIDENT'S SALARY THE PRESIDENT OF THE UNIVERSITY THEN SETS THE SALARIES OF THE SENIOR ADMINISTRATIVE OFFICERS, WITH APPROVAL OF THE EXECUTIVE OFFICERS OF THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO GOVERNMENTAL AGENCIES WHO REQUIRE THEM, AND TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES MOREOVER, THE FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE NACUBO WEBSITE AND THROUGH THE EMMA SYSTEM, AS REQUIRED BY CERTAIN BOND DOCUMENTS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,605,677 CHANGE IN SPLIT INTEREST AGREEMENTS 18,948 OTHER UNREALIZED LOSS ON INTEREST RATE SWAP -342,033 AVIATION DISTRIBUTION 18,462 MISCELLANEOUS -8,500 TOTAL TO FORM 990, PART XI, LINE 5 -1,918,800

Identifier	Return Reference	Explanation
	FORM 990, PART VII	CERTAIN OFFICERS ARE NOT DIRECTLY COMPENSATED BY THE UNIVERSITY THE UNIVERSITY PAYS THE CONGREGATION OF THE SISTERS, SERVANTS OF IMMACULATE HEART OF MARY ("IHM") ON BEHALF OF SISTER ANNE MUNLEY, PRESIDENT MARYWOOD UNIVERSITY PAID IHM $288,883 ON BEHALF OF SISTER ANNE MUNLEY FOR HER ROLE AS PRESIDENT

Identifier	Return Reference	Explanation
	SCHEDULE K, PART IV, LINE 4	THE DEBT SERVICE RESERVE FUNDS WERE INVESTED IN A GIC THE GIC'S WERE TERMINATED DUE TO A DOWNGRADE IN AIG'S INVESTMENT RATING ON SEPTEMBER 16, 2008 THE DEBT SERVICE RESERVE FUND'S WERE SUBSEQUENTLY RE-INVESTED IN CERTIFICATE'S OF DEPOSIT WITH M&T BANK

Identifier	Return Reference	Explanation
	SCHEDULE K, PART IV, LINE 6	THE PROCEEDS WERE INVESTED IN SLUGS, WHICH EARNED LESS THAN THE BOND ISSUE INTEREST RATE, AND THEREFORE NO ARBITRAGE WAS EARNED

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.

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2011
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Name of the organization
MARYWOOD UNIVERSITY

Employer identification number
24-0795453

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) CONGREGATION OF THE SISTERS SERVANTS OF THE IMMACULATE HEART IHM CENTER 2300 ADAMS AVENUE SCRANTON, PA 18509	RELIGIOUS	PA	501(C)(3)	LINE 1	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) Disproprtionate 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.)

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orrganization 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	**1a**		No
b	Gift, grant, or capital contribution to related organization(s)	**1b**		No
c	Gift, grant, or capital contribution from related organization(s)	**1c**	Yes	
d	Loans or loan guarantees to or for related organization(s)	**1d**		No
e	Loans or loan guarantees by related organization(s)	**1e**		No
f	Sale of assets to related organization(s)	**1f**		No
g	Purchase of assets from related organization(s)	**1g**		No
h	Exchange of assets with related organization(s)	**1h**		No
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**		No
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**		No
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**		No
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**		No
n	Sharing of paid employees with related organization(s)	**1n**		No
o	Reimbursement paid to related organization(s) for expenses	**1o**		No
p	Reimbursement paid by related organization(s) for expenses	**1p**		No
q	Other transfer of cash or property to related organization(s)	**1q**		No
r	Other transfer of cash or property from related organization(s)	**1r**	Yes	

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)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income(related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate 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**		**Yes**	**No**	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation