

Return of Organization Exempt From Income Tax

2000

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type See Specific Instructions.

C University of Montana Foundation, 600 Connell Avenue, Missoula, MT 59807-7159

D Employer identification number 81-0362989

E Telephone number (406) 243-2593

F Check If application pending

G Organization type (check only one) 501(c)(3) (insert no) 527 OR 4947(a)(1)

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

J Accounting method Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

Note H and I are not applicable to section 527 orgs. H(a) Is this a group return filed for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No (if "No," attach a list See instructions)

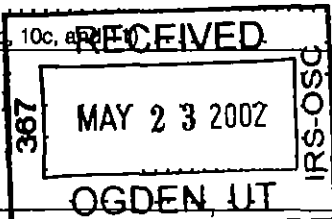
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program service revenue, investment income, and total revenue/expenses.



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22 6,285,653	6,285,653		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25			
26 Other salaries and wages	26 1,349,494		251,852	1,097,642
27 Pension plan contributions	27 88,774		25,961	62,813
28 Other employee benefits	28 99,196		32,037	67,159
29 Payroll taxes	29 98,090		18,775	79,315
30 Professional fundraising fees	30			
31 Accounting fees	31 20,700		20,750	-50
32 Legal fees	32 21,046		21,046	
33 Supplies	33 450,501	395,507	36,189	18,805
34 Telephone	34 43,640	13,255	9,708	20,677
35 Postage and shipping	35 60,590	23,537	13,265	23,788
36 Occupancy	36			
37 Equipment rental and maintenance	37 31,465	26,819	4,545	101
38 Printing and publications	38 140,620	82,155	12,918	45,547
39 Travel	39 763,025	688,489	36,611	37,925
40 Conferences, conventions, and meetings	40 43,951	34,906	5,444	3,601
41 Interest	41 1,226	1,164		62
42 Depreciation, depletion, etc (attach schedule)	42 135,310		135,310	
43 Other expenses (itemize) a See Attached	43a 963,217	705,355	140,611	117,251
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15	44 10,596,498	8,256,840	765,022	1,574,636

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)
a Academic and Institutional support to the University of Montana Faculty and Administration. So the University can continue their strive for excellence. (Grants and allocations \$ 0)	6,270,291
b Scholarships and Awards made to the University of Montana Financial aid Department and Academic Departments to benefit UM students (Grants and allocations \$ 0)	1,986,549
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	8,256,840

Part IV Balance Sheets (See Specific Instructions on page 23)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
				Beginning of year		End of year	
ASSETS	45	Cash - non-interest-bearing		500	45	500	
	46	Savings and temporary cash investments		7,874,318	46	6,658,715	
	47a	Accounts receivable	47a				
		b Less allowance for doubtful accounts	47b		47c		
	48a	Pledges receivable	48a	10,491,810			
		b Less allowance for doubtful accounts	48b		48c	10,491,810	
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach sch)			50		
	51a	Other notes and loans receivable (attach schedule)	51a	162,523			
		b Less allowance for doubtful accounts	51b		51c	162,523	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments - securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		86,412,430	54	84,885,193
	55a	Investments - land, buildings, and equipment basis	55a	1,369,178			
	b Less accumulated depreciation (attach schedule) Stmt 3	55b		55c	1,369,178		
56	Investments - other (attach schedule)			56			
57a	Land, buildings, and equipment basis	57a	4,242,338				
	b Less accumulated depreciation (attach schedule) Stmt 4	57b	570,388	57c	3,671,950		
58	Other assets (describe ▶ See Statement 5)			58	646,851		
59	Total assets (add lines 45 through 58) (must equal line 74)			59	107,886,720		
LIABILITIES	60	Accounts payable and accrued expenses		127,242	60	255,353	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
		b Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe ▶ See Statement 6)			65	4,596,091	
66	Total liabilities (add lines 60 through 65)			66	4,851,444		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		6,572,285	67	6,288,850	
	68	Temporarily restricted		41,271,277	68	33,122,807	
	69	Permanently restricted		51,571,566	69	63,623,619	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		99,415,128	73	103,035,276	
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		104,778,859	74	107,886,720	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements	a 7,152,967
b Amounts included on line a but not on line 12, Form 990	
(1) Net unrealized gains on investments \$ -6,954,447	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify)	
Add amounts on lines (1) through (4)	b -6,954,447
c Line a minus line b	c 14,107,414
d Amounts included on line 12, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 14,107,414

a Total expenses and losses per audited financial statements	a 10,596,498
b Amounts included on line a but not on line 17, Form 990	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c 10,596,498
d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e 10,596,498

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Penelope Wagner Peabody 7010 N Mercer Way Mercer Island, WA 98040	President None	0	0	0
Deborah Doyle McWhinney 98 Hacienda Drive Tiburon, CA 94920	Vice Presiden None	0	0	0
John Olson 530 - 5th Street SE Sidney, MT 59270	Treasurer None	0	0	0
Gary Chumrau P O Box 7909 Missoula, MT 59807-7909	General Couns None	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule - see Specific Instructions on page 26

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a University Contract					141,000
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					871,580
96 Dividends and interest from securities					2,307,278
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income		-6,999,916			
100 Gain/loss from sales of assets other than inventory					-39,621
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-6,999,916			3,422,129
105 Total (add line 104, columns (B), (D), and (E))					-3,577,787

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please 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

page 14)

14/22/02

Date

Type or print name and title

Check if Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

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

Name of the organization

University of Montana Foundation

Employer identification number

81-0362989

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Sharen B. Peters 1 Contour Road	President 60 hours	93,300	14,628	7,500
Lilli Milder 1790 Elison Lane #3	Director FA 60 hours	70,000	3,540	0
Jane Ratzlaff 5980 Gharrett	Director BA 60 hours	70,000	11,240	0
John Scibek 420 Crestline	Director of Dev 60 Hours	65,405	10,734	0
Ted Delaney 307 Rimrock Way	Director of Ope 60 Hours	63,417	10,516	0
Total number of other employees paid over \$50,000 ▶	2			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

- The organization is not a private foundation because it is (Please check only **ONE** applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 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) (Also complete the **Support Schedule** in Part IV-A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	14,983,814	5,807,114			20,790,928
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,091,309	1,919,829			4,011,138
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	17,075,123	7,726,943			24,802,066
24 Line 23 minus line 17	17,075,123	7,726,943			24,802,066
25 Enter 1% of line 23	170,751	77,269			

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	496,041
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	24,802,066
d Add: Amounts from column (e) for lines 18 4,011,138 19 _____ 22 _____ 26b _____		26d	4,011,138
e Public support (line 26c minus line 26d total)		26e	20,790,928
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	83.83%

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A	(1999) _____ (1998) _____ (1997) _____ (1996) _____
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year:	(1999) _____ (1998) _____ (1997) _____ (1996) _____	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c _____
d Add: Line 27a total _____ and line 27b total _____		27d _____
e Public support (line 27c total minus line 27d total)		27e _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)		27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).		27h _____ %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V

Private School Questionnaire (See page 5 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32a	32 Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
32b			
32c			
32d			
33a	33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
33b			
33c			
33d			
33e			
33f			
33g			
33h			
34a	34a Does the organization receive any financial aid or assistance from a governmental agency?		
34b	b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

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

Schedule of Contributors

2000

Department of the Treasury
Internal Revenue Service

Supplementary information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

Employer identification number

University of Montana Foundation

81-0362989

Organization type (check one) - Section 501(c)(3) ◀ (enter number), 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ▶
Enter here the total gifts received during the year for a religious, charitable, etc , purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ Schedule B (Form 990 or 990-EZ) (2000)

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		5,000 00
		100,000 00
		61,960 09
		5,000 00
		42,936 25
		494,719 94
		101,500 00
		12,500 00
		10,000 00
		578,202 00
		20,000 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		10,662 09
		53,517 36
		10,000 00
		5,000 00
		600,000 00
		561,784 03
		6,228 68
		106,196 65
		9,907 35
		5,000 00
		8,735 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		105,000 00
		25,000 00
		5,000 00
		8,000 00
		8,678 22
		5,000 00
		400,000 00
		10,000 00
		10,718 75
		19,999 76
		21,890 75
		10,000 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		6,500 00
		5,000 00
		5,000 00
		11,400 00
		34,333 00
		17,500 00
		5,016 25
		10,000 00
		8,400 00
		5,000 00
		5,000 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		20,230 16
		30,150 00
		10,000 00
		15,000 00
		15,852 00
		38,500 00
		31,000 00
		5,000 00
		7,793 60
		15,000 00
		5,000 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		15,000 00
		10,000 00
		80,910 00
		12,000 00
		7,396 92
		6,000 00
		15,786 00
		10,000 00
		6,500 00
		26,000 00
		9,650 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		9,500 00
		7,923 96
		10,000 00
		5,000 00
		9,333 67
		5,000 00
		15,000 00
		5,000 00
		13,798 70
		11,000 00
		25,000 01

The University of Montana Foundation
Attachment to Form 990

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		79,520 28
		10,000 00
		20,000 00
		21,500 00
		175,000 00
		25,993 38
		20,979 00
		6,000 00
		20,000 00
		5,000 00
		5,000 00
		5,000 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		23,475 30
		10,000 00
		7,250 06
		52,731 80
		13,500 00
		5,250 00
		9,450 00
		35,350 00
		5,000 00
		20,000 00
		10,000 00
		25,000 00

The University of Montana Foundation
Attachment to Form 990

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		6,000 00
		150,000 00
		123,100 00
		8,400 00
		14,000 00
		9,681 25
		155,000 00
		33,950 00
		14,942 73
		22,000 00
		5,000 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		162,000 00
		55,235 00
		14,000 00
		5,000 00
		10,000 00
		5,000 00
		10,000 00
		5,236 00
		49,419 18
		9,500 00
		6,000 00
		41,550 50

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		110,000 00
		30,020 00
		5,450 00
		7,500 00
		5,000 00
		10,000 00
		35,707 50
		5,000 00
		10,000 00
		26,387 50
		10,125 00
		10,923 75

The University of Montana Foundation
Attachment to Form 990

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		9,806 25
		10,000 00
		5,111 75
		5,000 00
		10,000 00
		20,000 00
		151,188 00
		7,893 80
		20,000 00
		7,500 00
		76,100 00
		7,352 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		45,000 00
		33,245 10
		7,000 00
		49,161 00
		5,500 00
		1,000,000 00
		6,859 38
		5,000 00
		5,391 00
		5,000 00
		6,800 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		209,000 00
		5,000 00
		10,000 00
		5,000 00
		5,000 00
		5,639 10
		30,000 00
		8,000 00
		50,000 00
		20,000 00
		105,000 00
		51,000 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		20,000 00
		12,000 00
		10,000 00
		6,102 60
		10,000 00
		57,500 00
		150,000 00
		20,000 00
		10,000 00
		20,000 00
		5,000 00

The University of Montana Foundation
Attachment to Form 990

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		10,000 00
		5,000 00
		10,446 26
		11,600 00
		5,583 49
		10,000 00
		10,000 00
		21,944 91
		20,026 00
		9,000 00
		5,000 00

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		7,500 00
		346,450 65
		5,000 00
		10,000 00
		10,000 00
		18,487 00
		21,000 00
		5,000 00
		6,000 00
		6,750 00
		18,625 35

**The University of Montana Foundation
Attachment to Form 990**

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		11,000 00
		10,000 00
		25,000 00
		10,000 00
		8,000 00
		5,000 00
		50,000 00
		5,138 64
		5,000 00
		5,300 00
		10,000 00

The University of Montana Foundation
Attachment to Form 990

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000	Contribution
		28,647 49
		150,000 00
		302,550 00
		8,500 00
		10,000 00
		5,171 90
		10,000 00
	10/27/2000	7,500 00
	04/20/2001	175,000 00
	02/28/2001	130,000 00
	08/14/2000	25,000 00
	12/31/2000	110,465 00

The University of Montana Foundation
Attachment to Form 990

Schedule of Contributors for 990 Line 1d

UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$5,000		Contribution
		12/31/2000	18,000 00
		12/31/2000	6,600 00
			<hr/> <hr/> 9,881,176 09

The University of Montana Foundation
Attachment to Form 990

Supporting list of Contributors for Schedule A, Part IV, In 26
 UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$496,041	Contribution	Excess
		914,513 00	418,472 00
		685,476 00	189,435 00
		536,496 55	40,455 55
		5,700,000 00	5,203,959 00
		1,595,219 74	1,099,178 74
		522,521 00	26,480 00
		1,315,257 00	819,216 00
		1,450,915 53	954,874 53
		1,626,211 00	1,130,170 00
		740,000 00	243,959 00
		537,000 00	40,959 00

The University of Montana Foundation
Attachment to Form 990

Supporting list of Contributors for Schedule A, Part IV, In 26
UN 81-0362989 9406 09 03 13 3

Aggregate gift totals in excess of	\$496,041	Contribution	Excess
		510,138 00	14,097 00
		756,362 60	260,321 60
		525,000 00	28,959 00
		900,500 00	404,459 00
		1,500,479 30	1,004,438 30
		9,529,806 64	9,033,765 64
		941,252 72	445,211 72
		<u>30,287,149 08</u>	<u>21,358,411 08</u>

Client UMF

University of Montana Foundation

81-0362989

5/10/02

12:08PM

Statement 1
Form 990, Part I, Line 7
Other Investment Income

Vanguard Loss	\$ -6,999,916
Total	<u>\$ -6,999,916</u>

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Other-Transfers(Non Custodial)	\$ 109,232
Total	<u>\$ 109,232</u>

Statement 3
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

Asset	Basis	Accum. Deprec.	Book Value
Land	\$ 1,369,178		1,369,178
Total	<u>\$ 1,369,178</u>	<u>0</u>	<u>1,369,178</u>

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Asset	Basis	Accum. Deprec.	Book Value
Furniture and fixtures	\$ 4,242,338	570,388	3,671,950
Total	<u>\$ 4,242,338</u>	<u>570,388</u>	<u>3,671,950</u>

Statement 5
Form 990, Part IV, Line 58
Other Assets

Various	Ending \$ 646,851
Total	<u>\$ 646,851</u>

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

	<u>Ending</u>
Other Liabilities	\$ 4,596,090
Rounding	<u>1</u>
Total	<u>\$ 4,596,091</u>

			This Year	Last Year
Column: B - Program Services				
601	511 Contracted Services	Fund Group E	42,248 75	18,277 50
601	511 Contracted Services	Fund Group S	170,517 99	156,768 73
601	512 Honorariums	Fund Group S	100 00	6,918 20
601	532 Advertising and	Fund Group E	13,078 24	2,679 71
601	532 Advertising and	Fund Group Q	2,727 01	1,146 25
601	532 Advertising and	Fund Group S	70,934 28	173,721 34
601	543 Dues and Publications	Fund Group E	3,386 03	3,701 82
601	543 Dues and Publications	Fund Group R	261 00	204 00
601	543 Dues and Publications	Fund Group S	12,729 19	15,039 93
601	546 Gift-In-Kind Expense	Fund Group E	1 00	5,000 00
601	546 Gift-In-Kind Expense	Fund Group S	192,090 76	824,594 48
601	549 Graphics	Fund Group S	8,803 65	7,817.60
601	554 Instructional	Fund Group E	67,527 08	60,676 58
601	554 Instructional	Fund Group Q	10,765 80	9,662 51
601	554 Instructional	Fund Group S	15,605 05	9,902 08
601	561 Licenses and Taxes	Fund Group E	1,264 95	207 63
601	565 Miscellaneous Expense	Fund Group E	314 09	411 46
601	565 Miscellaneous Expense	Fund Group Q	1,000.00	2,400 94
601	565 Miscellaneous Expense	Fund Group S	23,313 10	61,058 33
601	569 Payment to	Fund Group E	5,770.04	404,560 26
601	569 Payment to	Fund Group I	-10,909 94	70,487 42
601	569 Payment to	Fund Group R	7,409 32	4,378 42
601	569 Payment to	Fund Group S	9,035 10	31,126 68
601	575 Professional and	Fund Group E	10,007 61	10,085 00
601	576 Software/Acquisition,	Fund Group S	4,207 24	4,303 29
601	582 Special Events	Fund Group E	2,100 00	2,000 00
601	582 Special Events	Fund Group S	37,707 17	26,627 57
601	590 Uncollectable Pledges	Fund Group E	1,556 26	1,083 48
601	590 Uncollectable Pledges	Fund Group I	1,804 23	2,720 75
Total Column: B			705,355.00	1,917,561 96

Column: c - Management and General

681	511 Contracted Services	Fund Group C	29,042 41	17,252.52
681	532 Advertising and	Fund Group C	3,975.33	4,284 75
681	543 Dues and Publications	Fund Group C	4,881 48	3,910 49
681	549 Graphics	Fund Group C	1,039 00	908 00
681	553 Insurance	Fund Group C	9,404 33	5,766 33
681	556 Management Fee	Fund Group C	5,021 52	6,329 64
681	556 Management Fee	Fund Group E	-111,952.63	869,562 37
681	556 Management Fee	Fund Group I	850 24	432.21

			This Year	Last Year
81	556 Management Fee	Fund Group Q	102,705.24	96,561 87
681	556 Management Fee	Fund Group R	14,517 35	14,108 03
681	556 Management Fee	Fund Group S	39,799 11	47,088 64
681	561 Licenses and Taxes	Fund Group C	240 64	27 63
681	575 Professional and	Fund Group C	1,440 00	63,488 05
681	576 Software/Acquisition,	Fund Group C	39,415 65	690 80
681	582 Special Events	Fund Group C	26,537 93	8,744 39
681	590 Uncollectable Pledges	Fund Group C	-16,899 60	27,783 00
681	590 Uncollectable Pledges	Fund Group E	.00	-8,681 00
681	590 Uncollectable Pledges	Fund Group S	-9,407 00	3,926 00

Total Column: C	140,611.00	1,162,183 72
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Column: D - Fundraising

671	511 Contracted Services	Fund Group C	42,691 99	18,787 96
671	532 Advertising and	Fund Group C	13,934 62	9,475 01
671	543 Dues and Publications	Fund Group C	3,730 78	2,146 85
671	546 Gift-In-Kind Expense	Fund Group C	25,311 35	26,896 01
671	549 Graphics	Fund Group C	6,919 50	9,209 29
671	575 Professional and	Fund Group C	1,538 75	9,223 54
671	576 Software/Acquisition,	Fund Group C	9,575 00	700 00
671	582 Special Events	Fund Group C	13,549.01	14,916 29

Total Column: D	117,251.00	91,354 95
------------------------	-------------------	------------------

Total Column: A

963,217.00	3,171,100 63
-------------------	---------------------

Form **2758**

(Rev. June 1998)

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No 1545-0144

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions.

Name The University of Montana Foundation	Employer identification number 81-0362989
Number, street, and room or suite no. (or PO box no. if mail is not delivered to street address) 600 Connell Street / East Wing of Brantly Hall	
City, town, or post office, state, and ZIP code. For a foreign address, see instructions. Missoula, Montana 59812	

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8738 to request an extension of time to file Form 1065, 1066, or 1041.

1. I request an extension of time until May 15, 2002 to file (check only one)
- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8812 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3620-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box.

- 2a. For calendar year 2000, or other tax year beginning July 1, 2000 and ending June 30, 2001
- b. If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
3. Has an extension of time to file been previously granted for this tax year? Yes No
4. State in detail why you need the extension Computer conversion going on with data problems programmer not sure if data can be transfer to Lacerte software in time to meet 2-15-2002 extension

- 5a. If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b. If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c. Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: Vice President of Operations Date: 1-23, 2002

FILE ORIGINAL AND ONE COPY The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant — To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director

By

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name
	Number, street, and room or suite no. (or PO box no. if mail is not delivered to street address)
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions.

For Paperwork Reduction Act Notice, see back of form.

Form 2758 (Rev. 6-98)

ISA
317 F2046237

Old by [unclear] support @ [unclear] office 4/4/02
Revised Original back

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

6106

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions.

Name: THE UNIVERSITY OF MONTANA FOUNDATION
Employer identification number: 81-0362989
Number, street, and room or suite no. (or PO box no. if mail is not delivered to street address): 600 CONNELL STREET/BRANTLY HALL EAST WING
City, town, or post office, state, and ZIP code: MISSOULA, MONTANA 59812

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

- 1. I request an extension of time until February 15, 2002, to file (check only one)
Form 706-GS(D)
Form 706-GS(T)
Form 990 or 990-EZ
Form 990-BL
Form 990-PF
Form 990-T (sec 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041 (estate) (see instructions)
Form 1041-A
Form 1042
Form 1120-ND (sec. 4951 taxes)
Form 3520-A
Form 4720
Form 5227
Form 6069
Form 8612
Form 8613
Form 8725
Form 8804
Form 8831

If the organization does not have an office or place of business in the United States, check this box

- 2a. For calendar year 01, or other tax year beginning July 1, 2000, and ending June 30, 2001
b. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
3. Has an extension of time to file been previously granted for this tax year? Yes, No
4. State in detail why you need the extension: TO collect data needed to prepare the 990

RECEIVED

- 5a. If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions.
b. If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8831, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
c. Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions.

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: Vice President of Operations Date: 10-24-2001

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
Other

RECEIVED

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IRS-PHILA, PA

358

Director By Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name
Number, street, and room or suite no. (or PO box no. if mail is not delivered to street address)
City, town, or post office, state, and ZIP code. For a foreign address, see instructions.