

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

- B Check if applicable**
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type See specific instructions

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

D Employer Identification Number
81-0362989

E Telephone number
(406) 243-2593

F Accounting method Cash Accrual
 Other (specify) _____

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

- H and I are not applicable to Section 527 organizations
- H (a)** Is this a group return 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 GEN _____
- M** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site N/A

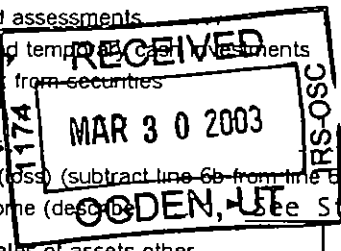
J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **6,017,727**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	10,600,992	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 10,031,278 noncash \$ 569,714)	1d	10,600,992	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	141,000	
3	Membership dues and assessments	3		
4	Interest on savings and temporary investments	4	642,336	
5	Dividends and interest from securities	5	2,463,816	
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe in Statement 1)	7	-7,953,021	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		-569,980	8a	
b	Less cost or other basis and sales expenses	8b		
c	Gain or (loss) (attach schedule)	-569,980	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-569,980	
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	692,584	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	6,017,727	
13	Program services (from line 44, column (B))	13	8,869,418	
14	Management and general (from line 44, column (C))	14	813,716	
15	Fundraising (from line 44, column (D))	15	1,497,608	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	11,180,742	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-5,163,015	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	103,035,276	
20	Other changes in net assets or fund balances (attach explanation) See Statement 2	20	-418,555	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	97,453,706	



SCANNED APR 08 '03

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

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 \$ _____)	6,459,512	6,459,512		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	1,303,271		301,554	1,001,717
27	Pension plan contributions	99,895		29,448	70,447
28	Other employee benefits	150,215		52,122	98,093
29	Payroll taxes	105,534		23,861	81,673
30	Professional fundraising fees				
31	Accounting fees	21,902		21,902	
32	Legal fees	3,610		2,872	738
33	Supplies	391,829	345,628	42,031	4,170
34	Telephone	40,482	6,759	11,084	22,639
35	Postage and shipping	69,666	22,336	14,917	32,413
36	Occupancy				
37	Equipment rental and maintenance	41,328	29,466	11,746	116
38	Printing and publications	98,377	57,479	13,154	27,744
39	Travel	687,013	606,114	41,783	39,116
40	Conferences, conventions, and meetings	47,417	39,001	5,762	2,654
41	Interest	1,250			1,250
42	Depreciation, depletion, etc (attach schedule)	141,610		141,610	
43	Other expenses not covered above (itemize)				
a	Other expense	1,517,831	1,303,123	99,870	114,838
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	11,180,742	8,869,418	813,716	1,497,608

Joint Costs Check if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations 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 \$ _____)	6,442,335
b	Scholarships and Awards made to the University of Montana Financial aid Department and Academic Departments to benefit UM students (Grants and allocations \$ _____)	2,427,083
c	 (Grants and allocations \$ _____)	
d	 (Grants and allocations \$ _____)	
e	Other program services (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services) ▶	8,869,418

Part IV Balance Sheets (See instructions)

Note Where required attached schedules and amounts within the description column should be for end-of year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing	500	45	500
	46 Savings and temporary cash investments	6,658,715	46	6,664,105
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	6,727,126	48a	
	b Less allowance for doubtful accounts	48b	48c	6,727,126
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	161,600	51a	
	b Less allowance for doubtful accounts	51b	51c	161,600
	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	84,885,193	54	83,520,486
	55a Investments – land, buildings, & equipment basis	1,446,766	55a	
	b Less accumulated depreciation (attach schedule) Statement 3	55b	55c	1,446,766
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment basis	4,210,689	57a	
	b Less accumulated depreciation (attach schedule) Statement 4	634,344	57b	57c
	58 Other assets (describe ▶ <u>See Statement 5</u>)	646,851	58	584,713
59 Total assets (add lines 45 through 58) (must equal line 74)	107,886,720	59	102,681,641	
LIABILITIES	60 Accounts payable and accrued expenses	255,353	60	158,769
	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	651,164
	65 Other liabilities (describe ▶ <u>See Statement 6</u>)	4,596,091	65	4,418,002
66 Total liabilities (add lines 60 through 65)	4,851,444	66	5,227,935	
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	6,288,850	67	5,939,496
	68 Temporarily restricted	33,122,807	68	24,294,999
	69 Permanently restricted	63,623,619	69	67,219,211
	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)	103,035,276	73	97,453,706
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	107,886,720	74	102,681,641

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.

BAA

Part VI Other Information (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80a	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
81b	b Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
89b	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>None</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	0
91	The books are in care of <u>-----</u> Telephone number <u>-----</u> Located at <u>-----</u> ZIP + 4 <u>-----</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A <input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a University Contract					141,000
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					642,336
96 Dividends & interest from securities					2,463,816
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 pers prop					
99 Other investment income		-7,953,021			
100 Gain or (loss) from sales of assets other than inventory					-569,980
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					692,584
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-7,953,021			3,369,756
105 Total (add line 104, columns (B), (D), and (E))					-4,583,265

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 instructions)

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 instructions)

(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 instructions)

- 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)

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.

13/21/2003
Date

Delaney-Vice President of Operations

Schedule A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Supplementary Information - (see separate instructions)

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

Department of the Treasury
Internal Revenue Service

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 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 600 Connell Street/Brantly	President 60 hours	93,300	14,988	7,500
Lilli Milder 600 Connell Street/Brantly	Director FA 60 hours	80,000	12,700	0
Jane Ratzlaff 600 Connell Street	Director BA 60 hours	72,800	11,908	0
Ted Delaney 600 Connell Street/Brantly	Vice Pres Oper 60 Hours	72,000	11,820	0
John Scibek 600 Connell/Brantly	Director of Dev 60 Hours	69,405	11,535	0
Total number of other employees paid over \$50,000 ▶	0			

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

(See 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 (See instructions)

	Yes	No
<p>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>0</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	X	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X

Note 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

Part IV Reason for Non-Private Foundation Status (See 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)
- 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	17,685,201	14,983,814	5,807,114		38,476,129
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (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	2,307,278	2,091,309	1,919,829		6,318,416
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 schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	19,992,479	17,075,123	7,726,943		44,794,545
24 Line 23 minus line 17	19,992,479	17,075,123	7,726,943		44,794,545
25 Enter 1% of line 23	199,925	170,751	77,269		

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	895,891
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	11,157,447
c Total support for Section 509(a)(1) test. Enter line 24, column (e).		26c	44,794,545
d Add Amounts from column (e) for lines	18 <u>6,318,416</u> 19 _____	26d	17,475,863
	22 _____ 26b <u>11,157,447</u>	26e	27,318,682
e Public support (line 26c minus line 26d total)		26f	60.99%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12	N/A				
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2000) _____ (1999) _____ (1998) _____ (1997) _____				
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2000) _____ (1999) _____ (1998) _____ (1997) _____				
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 from 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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See 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) ----- ----- -----		
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) ----- -----		
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) ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
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 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 instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' 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		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable 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 instructions)

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

- 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.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

Client UMF

University of Montana Foundation

81-0362989

3/21/03

10 01AM

Schedule A, Part IV-A, Line 26b
Excess Contributors

Contributor	2000	1999	1998	1997	Total
Excess	\$ 12053338	\$ 0	\$ 0	\$ 0	\$ 12053338
					Total \$ 12053338
					Line 26a x 1 (# of contributors) -895,891
					Excess Contributions \$ 11157447

Client UMF

University of Montana Foundation

81-0362989

3/21/03

10 01AM

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

Vanguard Loss

Total	\$ -7,953,021
	<u>\$ -7,953,021</u>

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

Other-Transfers (Non Custodial)

Total	\$ -418,555
	<u>\$ -418,555</u>

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

Category	Basis	Accum Deprec.	Book Value
Land	\$ 1,446,766		\$ 1,446,766
Total	<u>\$ 1,446,766</u>	<u>\$ 0</u>	<u>\$ 1,446,766</u>

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

Category	Basis	Accum Deprec.	Book Value
Furniture and Fixtures	\$ 4,210,689	\$ 634,344	\$ 3,576,345
Total	<u>\$ 4,210,689</u>	<u>\$ 634,344</u>	<u>\$ 3,576,345</u>

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

Various

Total	\$ 584,713
	<u>\$ 584,713</u>

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

Other Liabilities
Rounding

Total	\$ 4,418,001
	<u>\$ 4,418,002</u>

Client UMF

University of Montana Foundation

81-0362989

3/21/03

10 01AM

Statement 7
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Warren Cox 44 Brookside Missoula, MT 598025	Treasurer None	\$ 0	\$ 0	\$ 0
Deborah Doyle McWhinney 98 Hacienda Drive Tiburon, CA 94920	President None	0	0	0
John Olson 530 - 5th Street SE Sidney, MT 59270	Vice President None	0	0	0
Gary Chumrau P O Box 7909 Missoula, MT 59807-7909	General Counsel None	0	0	0
		Total	\$ 0	\$ 0
			\$ 0	\$ 0

			This Year	Last Year
Column B	Programs Services			
601	511 Contracted Services	Fund Group E	22,054 76	42,248 75
601	511 Contracted Services	Fund Group S	206,392 62	170,517.99
601	512 Honorariums	Fund Group S	10,725 00	100 00
601	525 Contributions	Fund Group S	500 00	214.05
601	532 Advertising and	Fund Group E	3,252 30	13,078 24
601	532 Advertising and	Fund Group Q	2,007 90	2,727.01
601	532 Advertising and	Fund Group S	117,841.59	70,934.28
601	543 Dues and Publications	Fund Group E	4,364 67	3,386 03
601	543 Dues and Publications	Fund Group S	12,314 49	12,729 19
601	546 Gift-In-Kind Expense	Fund Group C	1,500 00	4,648 00
601	546 Gift-In-Kind Expense	Fund Group E	31,500 00	1 00
601	546 Gift-In-Kind Expense	Fund Group S	306,086.56	192,090 76
601	549 Graphics	Fund Group S	6,550.00	8,803.65
601	553 Insurance	Fund Group E	539 00	2,500.00
601	554 Instructional	Fund Group E	104,570.25	67,527 08
601	554 Instructional	Fund Group Q	7,919 30	10,765 80
601	554 Instructional	Fund Group S	9,770 95	15,605 05
601	561 Licenses and Taxes	Fund Group C	106.88	126 63
601	561 Licenses and Taxes	Fund Group E	9 90	1,264 95
601	565 Miscellaneous Expense	Fund Group Q	1,000 00	1,000.00
601	565 Miscellaneous Expense	Fund Group S	19,158 06	23,313 10
601	569 Payment to	Fund Group C	23,585 80	13,139.53
601	569 Payment to	Fund Group E	351,043.29	-86,338 07
601	569 Payment to	Fund Group I	10,024 68	-10,909 94
601	569 Payment to	Fund Group R	5,024.25	7,409.32
601	569 Payment to	Fund Group S	28,878 19	9,035 10
601	575 Professional and	Fund Group E	6,825 05	10,007 61
601	575 Professional and	Fund Group Q	2,087.22	6,300 00
601	576 Software/Acquisition,	Fund Group S	1,606 00	4,207 24
601	582 Special Events	Fund Group E	2,000 00	2,100 00
601	582 Special Events	Fund Group S	33,900 86	37,707 17
601	589 Utilities	Fund Group E	268 79	215 27
601	590 Uncollectable Pledges	Fund Group E	-30,864 00	1,556 26
601	590 Uncollectable Pledges	Fund Group I	578 64	1,804 23
	Total Column B		1303123.00	750,355.00

Column C Management & General

681	511 Contracted Services	Fund Group C	453 54	29,042 41
681	532 Advertising and	Fund Group C	9,267 97	3,975 33
681	543 Dues and Publications	Fund Group C	5,648 03	4,881 48

			This Year	Last Year
681	546 Gift-In-Kind Expense	Fund Group C	500 00	4,820.50
681	549 Graphics	Fund Group C	1,154.00	1,039 00
681	553 Insurance	Fund Group C	12,942.34	9,404 33
681	556 Management Fee	Fund Group C	4,356.84	5,021 52
681	556 Management Fee	Fund Group E	6,487.18	-111,952.63
681	556 Management Fee	Fund Group I	764 74	850 24
681	556 Management Fee	Fund Group Q	.00	102,582 52
681	556 Management Fee	Fund Group R	12,889 42	14,517 35
681	556 Management Fee	Fund Group S	47,034 58	39,799 11
681	561 Licenses and Taxes	Fund Group C	113.13	114 01
681	575 Professional and	Fund Group C	4,200.00	1,440 00
681	576 Software/Acquisition,	Fund Group C	8,237 72	39,415.65
681	582 Special Events	Fund Group C	4,904 51	26,537.93
681	590 Uncollectable Pledges	Fund Group C	-19,087.00	-16,899.60
	Total Column C		99,870.00	140,611.00
Column D Fundraising				
671	511 Contracted Services	Fund Group C	25,479 75	42,691 99
671	512 Honorariums	Fund Group C	500.00	250.00
671	532 Advertising and	Fund Group C	8,784.86	13,934.62
671	543 Dues and Publications	Fund Group C	3,207 00	3,730 78
671	546 Gift-In-Kind Expense	Fund Group C	26,532 25	25,311.35
671	549 Graphics	Fund Group C	12,262 95	6,919.50
671	576 Software/Acquisition,	Fund Group C	13,289.23	9,575 00
671	582 Special Events	Fund Group C	24,781 96	13,022 48
	Total Column D		114,838.00	117,251.00
	Total Column A		1,517,831.00	963,217.00

2869

Form **2758**
(Rev. June 1995)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0048

17206

▶ 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: 51-000-00

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. For a foreign address see instructions:
Missoula MT. 59801

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 March 31, 2003 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 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-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 2001, or other tax year beginning July 1, 2001 and ending June 30, 2002
- 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

- 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: 11/06/02

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 _____

EXTENSION APPROVED

Director _____ By _____

DEC 16 2002

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: LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

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)

RECEIVED

NOV 13 2002

OGDEN, UT

1070