

Return of Organization Exempt from Income Tax

2003

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 2003 calendar year, or tax year beginning Jul 1, 2003, and ending Jun 30, 2004

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

C Name of organization: MARSHALL UNIVERSITY FOUNDATION INC.
Number and street (or P O box if mail is not delivered to street addr) Room/suite: ONE JOHN MARSHALL DRIVE
City, town or country: HUNTINGTON State: WV ZIP code + 4: 25755

D Employer Identification Number: 55-6011111
E Telephone number: (304) 696-2826
F Accounting method: [] Cash [X] Accrual

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 [X] No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? [] Yes [] No
H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

G Web site: N/A

J Organization type (check only one): [X] 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.

I Group Exemption Number

M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 78,884,081.

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

Table with 21 rows and 3 columns: Description, Sub-Category, Amount. Includes sections for Contributions, Program Service Revenue, Other Investment Income, Special Events, and Expenses.

SCANNED MAR 23 2005

RECEIVED MAR 07 2005 OGDEN UT

RECEIVED MAR 07 2005 OGDEN UT

Handwritten number: 613-25 20

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 \$ _____)	22			
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 52,687.	0.	52,687.	0.
26 Other salaries and wages	26 1,260,168.	824,821.	358,778.	76,569.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 6,103.	0.	6,103.	0.
32 Legal fees	32 64,263.	20,824.	42,499.	940.
33 Supplies	33 29,487.	15,224.	7,411.	6,852.
34 Telephone	34 18,227.	8,789.	7,492.	1,946.
35 Postage and shipping	35 20,499.	6,997.	4,882.	8,620.
36 Occupancy	36			
37 Equipment rental and maintenance	37 560,204.	483,082.	32,820.	44,302.
38 Printing and publications	38 157,105.	108,130.	4,708.	44,267.
39 Travel	39 300,482.	243,833.	1,670.	54,979.
40 Conferences, conventions, and meetings	40 79,062.	64,138.	7,724.	7,200.
41 Interest	41 54,659.	0.	54,659.	0.
42 Depreciation, depletion, etc (attach schedule)	42 45,070.	23,789.	21,281.	0.
43 Other expenses not covered above (itemize)				
a ADVERTISING	43a 36,893.	25,747.	2,185.	8,961.
b REFUNDS	43b 4,177.	2,794.	-10.	1,393.
c CONSULTING	43c 4,783.	0.	4,783.	0.
d HOSPITALITY	43d 313,037.	174,524.	1,273.	137,240.
e See Other Expenses Stmt	43e 3,772,033.	3,290,046.	208,317.	273,670.
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 6,778,939.	5,292,738.	819,262.	666,939.

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? <input type="checkbox"/> SUPPORT TO MARSHALL UNIVERSITY <small>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 and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)</small>	Program Service Expenses <small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)</small>
a SUPPORT TO VARIOUS MARSHALL UNIVERSITY DEPARTMENTS, FACULTY AND STUDENTS (Grants and allocations \$ 0.)	5,292,738.
b (Grants and allocations \$)	
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)	5,292,738.

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	2,350,274.	45	1,886,259.	
	46 Savings and temporary cash investments	7,138,279.	46	2,686,078.	
	47a Accounts receivable				
	b Less. allowance for doubtful accounts		47c		
	48a Pledges receivable	6,839,340.			
	b Less allowance for doubtful accounts	257,847.	6,128,126.	48c	6,581,493.
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch)	1,404,567.			
	b Less: allowance for doubtful accounts		1,077,456.	51c	1,404,567.
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV	52,245,970.	54	65,046,693.	
	55a Investments – land, buildings, & equipment: basis				
	b Less accumulated depreciation (attach schedule)			55c	
	56 Investments – other (attach schedule)	L-56 Stmt	726,936.	56	455,890.
	57a Land, buildings, and equipment basis	1,740,496.			
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	384,392.	1,396,405.	57c	1,356,104.
	58 Other assets (describe ▶ See Line 58 Stmt)	2,160,182.	58	1,650,107.	
59 Total assets (add lines 45 through 58) (must equal line 74)	73,223,628.	59	81,067,191.		
LIABILITIES	60 Accounts payable and accrued expenses	253,150.	60	308,150.	
	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)	0.	64a		
	b Mortgages and other notes payable (attach schedule)	979,565.	64b	850,083.	
	65 Other liabilities (describe ▶ See Line 65 Stmt)	527,558.	65	381,477.	
66 Total liabilities (add lines 60 through 65)	1,760,273.	66	1,539,710.		
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	13,456,265.	67	15,439,265.	
	68 Temporarily restricted	17,638,699.	68	21,542,711.	
	69 Permanently restricted	40,368,391.	69	42,545,505.	
	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, column (B) must equal line 21)	71,463,355.	73	79,527,481.		
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	73,223,628.	74	81,067,191.		

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)		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 14,849,014.	a Total expenses and losses per audited financial statements	▶ a 6,784,888.
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments \$ 2,577,138.		(1) Donated services and use of facilities \$ 1,347.	
(2) Donated services and use of facilities \$ 1,347.		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify) COGS		(4) Other (specify): COGS 988	
----- \$ 4,602.		----- \$ 4,602.	
Add amounts on lines (1) through (4) ▶ b 2,583,087.		Add amounts on lines (1) through (4) ▶ b 5,949.	
c Line a minus line b ▶ c 12,265,927.		c Line a minus line b ▶ c 6,778,939.	
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)		(2) Other (specify)	
----- \$		----- \$	
Add amounts on lines (1) and (2) ▶ d		Add amounts on lines (1) and (2) ▶ d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 12,265,927.		e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 6,778,939.	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(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 and deferred compensation	(E) Expense account and other allowances
SHERRY ASBURY HUNTINGTON, WV	EXECUTIVE DIRECTOR 40	43,072.	12,635.	
GLEN KERKIAN HUNTINGTON, WV	EXECUTIVE DIRECTOR 40	9,615.	1,284.	
VINCENT G. MANZI HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
STEVEN HATTEN HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
JOHN JAY WHITE HUNTINGTON, WV	PRESIDENT 0	0.	0.	0.
See List of Officers, Etc. Statement		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 instructions

Part VI Other Information (See 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	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
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
81a	Enter direct and indirect political expenditures See line 81 instructions	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	
81b	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	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.)	1,347.	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	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	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85b	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		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	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?		
86a	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) organizations Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0, section 4912 ▶ 0; section 4955 ▶ 0		
89b	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		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 ▶ WEST VIRGINIA		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		8
91	The books are in care of ▶ SANDRA BARNES-WILMOTH Telephone number ▶ (304) 696-6297 Located at ▶ ONE JOHN MARSHALL DRIVE, HUNTINGTON WV ZIP + 4 ▶ 25755		
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		▶ <input type="checkbox"/>

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

Note: Enter gross amounts unless otherwise indicated

	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 RENT INCOME			16	230,737.	
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					
96 Dividends & interest from securities			14	1,665,515.	
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					
100 Gain or (loss) from sales of assets other than inventory			18	2,456,157.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	421000	1,478.	3	6,475.	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,478.		4,358,884.	
105 Total (add line 104, columns (B), (D), and (E))					4,360,362.

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) N/A

(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
	%			
	%			
	%			
	%			

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)

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 has any knowledge.

Date 3/3/2005

DIRECTOR

Date _____ Check if _____ Preparer's SSN or PTIN (see General Instruction W)

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.)

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **MARSHALL UNIVERSITY FOUNDATION INC.**
Employer identification number: **55-6011111**

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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	NONE			

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
DELL COMPUTER CORP. PO BOX 371964, PITTSBURGH, PA 15250-7964	COMPUTERS	140,966.
DAKTRONICS 331 32ND AVENUE, P.O. BOX 5158, BROOKINGS, SD 57006	ELECTRONICS	307,100.
MOTION MASTERS, INC. ONE CREATIVE PLACE, CHARLESTON, WV 25311	VIDEO PRODUCTION	72,576.
SODEXHO CAMPUS SERVICES, MARSHALL UNIV., HUNTINGTON, WV 25755	CATERING SERVICES	115,019.
STEPTOE & JOHNSON PO BOX 1616, MORGANTOWN, WV 26507-1616	LEGAL SERVICES	64,871
Total number of others receiving over \$50,000 for professional services ▶	2	

Part III Statements About Activities (See instructions.)

	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. ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
2a Sale, exchange, or leasing of property?		X
2b Lending of money or other extension of credit?		X
2c Furnishing of goods, services, or facilities?		X
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
2e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)	X	
3b Do you have a section 403(b) annuity plan for your employees?	X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	X	

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	9,449,135.	8,178,513.	7,116,804.	11,177,197.	35,921,649.
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	2,221,706.	4,322,176.	4,586,844.	6,959,405.	18,090,131.
19 Net income from unrelated business activities not included in line 18	12,658.	11,872.	12,039.	19,872.	56,441.
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	11,683,499.	12,512,561.	11,715,687.	18,156,474.	54,068,221.
24 Line 23 minus line 17	11,683,499.	12,512,561.	11,715,687.	18,156,474.	54,068,221.
25 Enter 1% of line 23	116,835.	125,126.	117,157.	181,565.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 1,081,364.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 559,236.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 54,068,221.
d Add: Amounts from column (e) for lines	18 18,090,131.	19 56,441.			26d 18,705,808.
	22	26b 559,236.			26e 35,362,413.
e Public support (line 26c minus line 26d total)					26e 35,362,413.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 65.40 %
27 Organizations described on line 12:					
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					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For 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					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines	15 _____	16 _____			27c _____
	17 _____	20 _____	21 _____		
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 1999 through 2002, 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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
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)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		
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)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 (See instructions)
 (For reporting only by organizations that did not complete Part VI-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

- 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

**Schedule of Gains and Losses from
Sale of Assets Other than Inventory**

2003

▶ Attach to return

Name MARSHALL UNIVERSITY FOUNDATION INC.	Employer Identification Number 55-6011111
---	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	69,069,709.	Cost	66,613,552.
		Selling Expenses	
		Basis	66,613,552.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
Total Securities			69,069,709.	66,613,552.

Gain or (Loss) from Sale of Securities 2,456,157.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	-----
-----	-----	-----		Depreciation	-----
-----	-----	-----		Basis	-----
-----	-----	-----		Donation FMV	-----
-----	-----	-----		Cost	-----
-----	-----	-----		Depreciation	-----
-----	-----	-----		Basis	-----
-----	-----	-----		Donation FMV	-----
-----	-----	-----		Cost	-----
-----	-----	-----		Depreciation	-----
-----	-----	-----		Basis	-----
-----	-----	-----		Donation FMV	-----

Total Other Assets

Gain or (Loss) from Sale of Other Assets

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SPECIAL RECOGNITION	452,257.	426,186.	853.	25,218.
INSURANCE	62,276.	4,231.	27,748.	30,297.
PROFESSIONAL FEES	1,041,730.	914,411.	10,015.	117,304.
EDUC/CLASS EXPENSE	1,586,890.	1,526,565.	575.	59,750.
UTILITIES	6,363.	0.	0.	6,363.
MISCELLANEOUS	25,089.	23,740.	279.	1,070.
TAXES/ROYALTIES, ETS	5,172.	0.	4,468.	704.
BANK CHARGES	194,453.	33,825.	159,628.	1,000.
BAD DEBT EXPENSE	67,869.	67,869.	0.	0.
SUBSCRIPTIONS AND DUES	324,089.	288,675.	4,428.	30,986.
PARKING	3,924.	2,623.	323.	978.
DISPOSAL OF ASSETS	1,921.	1,921.	0.	0.
Total	<u>3,772,033.</u>	<u>3,290,046.</u>	<u>208,317.</u>	<u>273,670.</u>

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
CORPORATE STOCKS (MARKET VALUE)	21,289,429.	35,673,715.
U.S. GOVERNMENT OBLIGATIONS (MARKET VALUE)	28,529,099.	23,105,261.
OTHER	2,427,442.	6,267,717.
Total	<u>52,245,970.</u>	<u>65,046,693.</u>

Form 990, Page 3, Part IV, Line 56

Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
NET INVESTMENT IN DIRECT FINANCING LEASES	726,936.	455,890.
Total	<u>726,936.</u>	<u>455,890.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	442,149.	0.	442,149.
BUILDINGS	1,034,275.	195,301.	838,974.
OFFICE EQUIPMENT	264,072.	189,091.	74,981.
Total	<u>1,740,496.</u>	<u>384,392.</u>	<u>1,356,104.</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
INTEREST RECEIVABLE	124,510.	3,583.
CASH SURRENDER VALUE - LIFE INSURANCE	146,867.	146,867.
CONTRIBUTIONS RECEIVABLE FROM REMAINDER TRUSTS	884,676.	954,307.
ASSETS HELD IN CHARITABLE REMAINDER TRUST	355,579.	0.
PROPERTY ON OPERATING LEASE	648,550.	545,350.
Total	2,160,182.	1,650,107.

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
ACCRUED INTEREST PAYABLE	0.	
ANNUITY PAYMENT LIABILITY	527,558.	381,477.
Total	527,558.	381,477.

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
MONICA J WILTON HATFIELD HUNTINGTON, WV	1ST VP 0	0.	0.	0.
PHILIP E. CLINE HUNTINGTON, WV	TREASURER 0	0.	0.	0.
EARLEEN AGEE HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
ANN SPEER HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
B.C. MCGINNIS, III HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
WILLIAM C. CAMPBELL HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
EARL W HEINER,, JR HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
CHARLES C. LANHAM HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
A. MICHAEL PERRY HUNTINGTON, WV	SECRETARY 0	0.	0.	0.
MARSHALL T. REYNOLDS HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
JOSEPH B TOUMA HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
ARTHUR WEISBERG HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
SELBY WELLMAN CARY, NC	BOD MEMBER 0	0.	0.	0.
NOEL COPEN HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
STERLING HALL HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
JAMES GIBSON SARASOTA, FL	BOD MEMBER 0	0.	0.	0.
GARY WHITE GILBERT, WV	2ND VP 0	0.	0.	0.
DAN ANGEL HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.
WILLIAM B "BART" ANDREWS II HUNTINGTON, WV	BOD MEMBER 0	0.	0.	0.

Total

0. 0. 0.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	2,577,138.
Total	<u>2,577,138.</u>

Supporting Statement of:

Form 990 p 2/Line 42 column (B)

Description	Amount
OFFICE EQUIP	23,789.
Total	<u>23,789.</u>

Supporting Statement of:

Form 990 p 2/Line 42 column (C)

Description	Amount
BUILDINGS	21,281.
Total	<u>21,281.</u>

Supporting Statement of:

Form 990 p 3/Line 51a

Description	Amount
LINE 51 - OTHER NOTES	
ATHLETICS VIDEO BOARD #1	363,820.
THOMPSON/SAMS PROPERTY	588,517.
ATHLETICS VIDEO BOARD #2	452,230.
Total	<u>1,404,567.</u>

Supporting Statement of:

Form 990 p 3/Line 64b, column (B)

Description	Amount
BANK ONE	546,550.
DANIEL E. WAGNOR TRUST	303,533.

*Continued***Supporting Statement of:**

Form 990 p 3/Line 64b, column (B)

Description	Amount
Total	<u>850,083.</u>

MARSHALL UNIVERSITY FOUNDATION, INC.
55-6011111

FORM 990, SCHEDULE A, PAGE 2

PART III, LINE 4: How Organization Determines Who Qualifies for Payments

Most disbursements in furtherance of the Foundation's exempt programs are made directly to or for Marshall University (an instrumentality of the State of West Virginia) for expenses incurred directly in the active conduct of the activities constituting the exempt purpose or function for which the institution is organized and operated. Otherwise disbursements are made in accordance with procedures or subject to conditions established by the Foundation's Board of Directors designed to insure that individuals and organizations receiving disbursements from the Organization in furtherance of its exempt programs are adequately investigated to insure that they are qualifying recipients. Students receiving scholarships and fellowships are judged worthy by the University's assessments on the basis of academic achievement, financial need, and other similar standards.

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	MARSHALL UNIVERSITY FOUNDATION INC.		55-6011111	
	Number, street, and room or suite number If a P O box, see instructions			
	400 HAL GREER BOULEVARD, #323		state	ZIP code
City, town or post office For a foreign address, see instructions		WV	25755	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Feb 15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 - ▶ calendar year 20____ or
 - ▶ tax year beginning Jul 1, 20 03, and ending Jun 30, 20 04.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

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, and that I am authorized to prepare this form

Signature ▶ Daniel J Ware Title ▶ CPA Date ▶ 1/12/04
BAA For Paperwork Reduction Act Notice, see instructions. Form **8868** (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box.

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization MARSHALL UNIVERSITY FOUNDATION INC.	Employer identification number 55-6011111
	Number, street, and room or suite number. If a P.O. box, see instructions. 400 HAL GREER BOULEVARD, #323	For IRS Use Only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HUNTINGTON WV 25755	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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

• If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) If this is for the **whole** group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 16, 2005.

5 For calendar year _____, or other tax year beginning Jul 1, 2003 and ending Jun 30, 2004

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ..

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____

c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). 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 Daniel J. [Signature] Title CPA Date 2/12/05

Notice to Applicant – To be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's 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 filed return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apartment number) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)