

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 2002 calendar year, or tax year beginning Jul 1, 2002, and ending Jun 30, 2003

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.

C Name of organization: University of New Orleans Foundation
Number street (or P.O. box if mail is not delivered to street addr): 2000 Lakeshore Drive
Room/suite: ADC 41
City, town or country: New Orleans
State: LA
ZIP code + 4: 70148

D Employer Identification Number: 72-1051326
E Telephone number: (504) 280-6950
F Accounting method: [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? [X] No
H (b) If 'Yes,' enter number of affiliates.
H (c) Are all affiliates included? [X] No
H (d) Is this a separate return filed by an organization covered by a group ruling? [X] No
I Enter 4-digit GEN
M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: unofoundation.org

J Organization type (check only) [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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 29,364,476.

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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 \$ 4,027,857. non-cash \$ 0.)	22	4,027,857.	4,027,857.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24	17,943.	17,943.		
25 Compensation of officers, directors, etc	25	169,193.	82,004.	57,189.	0.
26 Other salaries and wages	26	622,488.	154,385.	344,825.	123,278.
27 Pension plan contributions	27				
28 Other employee benefits	28	103,901.	30,000.	55,551.	18,350.
29 Payroll taxes	29	4,757.	4,757.	0.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	311,853.	288,931.	22,922.	0.
32 Legal fees	32	7,575.	6,266.	1,309.	0.
33 Supplies	33	177,074.	145,572.	11,354.	20,148.
34 Telephone	34	32,272.	25,911.	5,260.	1,101.
35 Postage and shipping	35	12,476.	6,826.	3,711.	1,939.
36 Occupancy	36	25,041.	25,041.	0.	0.
37 Equipment rental and maintenance	37	30,045.	17,564.	11,481.	1,000.
38 Printing and publications	38	105,387.	65,565.	3,878.	35,944.
39 Travel	39	244,668.	240,564.	1,460.	2,644.
40 Conferences, conventions, and meetings	40	73,192.	50,626.	12,758.	9,808.
41 Interest	41	234,442.	219,799.	14,326.	317.
42 Depreciation, depletion, etc (attach schedule)	42	0.	0.	0.	0.
43 Other expenses not covered above (itemize):					
a Advertising	43a	46,772.	46,229.	460.	83.
b Insurance	43b	23,498.	20,871.	2,627.	0.
c Subscriptions	43c	11,431.	3,065.	283.	8,083.
d Membership Dues	43d	45,370.	45,370.	0.	0.
e See Other Expenses Stmt	43e	2,407,558.	2,292,128.	45,107.	70,323.
44 Total functional expenses (add lines 22-43). Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	8,734,793.	7,817,274.	594,501.	293,018.

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? <u>Support of Higher Education</u> 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.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Financial assistance to academic departments and administrative officers to supplement operating costs for visiting faculty, guests, speakers, travel, and community development (Grants and allocations \$ 0.)	3,700,515.
b University of New Orleans Chancellor's Office Support for donor cultivation, faculty, and staff development, travel expense. (Grants and allocations \$ 0.)	88,902.
c Scholarships, faculty and staff awards (Grants and allocations \$ 0.)	189,652.
d Transfer of funds to support UNO's Colleges and Departments (Grants and allocations \$ 0.)	3,838,205.
e Other program services. <u>Support for the UNO-International Alumni Assoc.</u> (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	7,817,274.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
ASSETS	45	Cash — non-interest-bearing	806,595.	45	0.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	47 a 772,403.		
	b	Less: allowance for doubtful accounts	47 b	288,213.	47 c 772,403.
	48 a	Pledges receivable	48 a 3,406,933.		
	b	Less: allowance for doubtful accounts	48 b 815,537.	3,319,983.	48 c 2,591,396.
	49	Grants receivable		40,357.	49 25,670.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51 a	Other notes & loans receivable (attach sch)	51 a		
	b	Less: allowance for doubtful accounts	51 b		51 c
	52	Inventories for sale or use			52 26,021.
	53	Prepaid expenses and deferred charges			53 11,788.
	54	Investments — securities (attach schedule). L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		38,479,947.	54 39,355,315.
	55 a	Investments — land, buildings, & equipment: basis	55 a 14,658,284.		
	b	Less: accumulated depreciation (attach schedule). L-55. Stmt	55 b 1,505,161.	9,637,617.	55 c 13,153,123.
56	Investments — other (attach schedule)			56	
57 a	Land, buildings, and equipment: basis	57 a 1,409,913.			
b	Less: accumulated depreciation (attach schedule). L-57. Stmt	57 b 776,338.	892,200.	57 c 633,575.	
58	Other assets (describe ▶ See Line 58 Stmt).		1,492,575.	58 1,474,743.	
59	Total assets (add lines 45 through 58) (must equal line 74)		54,957,487.	59 58,044,034.	
LIABILITIES	60	Accounts payable and accrued expenses		60 1,447,631.	737,640.
	61	Grants payable		61	
	62	Deferred revenue			62
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64 a	Tax-exempt bond liabilities (attach schedule)		2,000,000.	64 a 1,919,000.
	b	Mortgages and other notes payable (attach schedule)		4,242,301.	64 b 6,143,759.
	65	Other liabilities (describe ▶ See Line 65 Stmt).		11,770,245.	65 12,733,994.
66	Total liabilities (add lines 60 through 65)		19,460,177.	66 21,534,393.	
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		67 2,703,749.	2,515,595.
	68	Temporarily restricted		68 7,117,176.	6,749,843.
	69	Permanently restricted		69 25,676,385.	27,244,203.
	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)		35,497,310.	73 36,509,641.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		54,957,487.	74 58,044,034.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See 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	11,400,256.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ 4,636,700.		
(2)	Donated services and use of facilities . . . \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify): rental expense special event exp. \$ 1,683,132.		
	Add amounts on lines (1) through (4) . . . ▶	b	6,319,832.
c	Line a minus line b ▶	c	5,080,424.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____		
(2)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	5,080,424.

a	Total expenses and losses per audited financial statements ▶	a	10,387,925.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 . . \$ _____		
(3)	Losses reported on line 20, Form 990 . . \$ _____		
(4)	Other (specify): rental exp. special event exp. \$ 1,683,132.		
	Add amounts on lines (1) through (4) . . . ▶	b	1,683,132.
c	Line a minus line b ▶	c	8,704,793.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____		
(2)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	8,704,793.

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
Hershel L. Abbott, Jr. New Orleans, LA 70130	Member 1	0.	0.	0.
Darryl d'Aquin New Orleans, LA 70112	Member 1	0.	0.	0.
Harold Bouillion New Orleans, LA 70130	Member 1	0.	0.	0.
Ralph Brennan New Orleans, LA 70130	Member 1	0.	0.	0.
J Herbert Boydston New Orleans, LA 70161	Member 1	0.	0.	0.
See List of Officers, Etc. Statement		135,129.	4,064.	30,000.

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	76	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80 a	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?	80 a	X
b	If 'Yes,' enter the name of the organization ▶ <u>University of New Orleans Research and Technology Foundation, Inc.</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81 a	0.
b	Did the organization file Form 1120-POL for this year?	81 b	X
82 a	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?	82 a	X
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.)	82 b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	
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.	85 b	
c	Dues, assessments, and similar amounts from members	85 c	
d	Section 162(e) lobbying and political expenditures	85 d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
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?	85 h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	
b	Gross receipts, included on line 12, for public use of club facilities	86 b	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	
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
89 a	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>		
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	89 b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>		
90 a	List the states with which a copy of this return is filed ▶ <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90 b	0
91	The books are in care of ▶ <u>Robert J. Gremillion, Jr.</u> Telephone number ▶ <u>(504) 280-6950</u> Located at ▶ <u>2000 Lakeshore Dr., New Orleans LA</u> ZIP + 4 ▶ <u>70148</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form 1041 – Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>92</u>		

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 Accounting & Administrative					745,748.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments			14	285.	
95 Interest on savings & temporary cash invmnts.			14	14,631.	
96 Dividends & interest from securities			14	1,000,765.	
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			16	235,188.	
99 Other investment income			14	-2,622.	
100 Gain or (loss) from sales of assets other than inventory			18	-3,945,704.	
101 Net income or (loss) from special events			01	251,768.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Book Sales & Raffles			01	12,231.	
c Research Fees			21	430,769.	
d Royalties			15	13,442.	
e See Other Revenue Stmt				152,747.	
104 Subtotal (add columns (B), (D), and (E))				-1,836,500.	745,748.
105 Total (add line 104, columns (B), (D), and (E))					-1,090,752.

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).
93a	Providing Accounting and Administrative services for other 501(c) 3 exempt organization also associated with the University of New Orleans
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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 Sign Here

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.

Signature of officer: Patrick M. Gibbs, President and CEO Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed:

Preparer's SSN or PTIN (see General Instruction W): _____

Non-Paid Preparer

Firm's name (or yours if self-employed) address, and ZIP + 4: _____

EIN: _____

Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2002Department 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

University of New Orleans Foundation

Employer identification number

72-1051326

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
Maureen Clary New Orleans, LA 70148	Vice President Real Estate Services 40	110,250.	10,740.	0.
Dennis Herringshaw New Orleans, LA 70148	Vice President of Tech. Transfers 40	68,700.	5,256.	0.
Eileen Kennedy Byrne River Ridge, LA	Vice President & CFO 40	115,000.	15,739.	0.
Sharon Gruber New Orleans, LA 70148	Vice President of Advancement 40	100,833.	7,989.	0.
Liz Williams New Orleans, LA	Past President resigned 40	105,134.	9,243.	0.
Total number of other employees paid over \$50,000 ▶	4			

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
Gibbs Construction, LLC 5736 Citrus Blvd., Harahan, LA 70123	Construction Contractor	2,994,150.
The Ellis Company 2201 richland, Kenner, La 70063	Construction	183,922.
Sher, Garner, Cahill, Richter, Klein, McAlister & Hilbert, LLC 909 Poydras, 28th Floor, New Orleans, LA 70112	Law Firm	264,387.
Frances Partners 3351 Severn Ave. Metairie, La 70002	Underwriters	125,848.
Johnson Controls P.O. box 73006 Dallas Tx 75373	Construction Contract	109,470.
Total number of others receiving over \$50,000 for professional services ▶	8	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

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 ▶ \$ 262,966.

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 1 X

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.

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.)

a Sale, exchange, or leasing of property? 2 a X

b Lending of money or other extension of credit? 2 b X

c Furnishing of goods, services, or facilities? 2 c X

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2 d X

e Transfer of any part of its income or assets? 2 e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.) 3 X

4 Do you have a section 403(b) annuity plan for your employees? 4 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.)

11 a 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.)

11 b 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
University of New Orleans	8
University of New Orleans International Alumni Association	10
Privateer Athletic Association	13

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.

N/A

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2001, (b) 2000, (c) 1999, (d) 1998, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

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.'; 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.; c Add: Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.) ----- -----		
34 a	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)

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		0 .
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		0 .
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		0 .
41 Lobbying nontaxable amount. Enter the amount from the following table –			
If the amount on line 40 is – The lobbying nontaxable amount is –			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		0 .
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		0 .
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0 .
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0 .
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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		262,966 .
	X	
	X	
		262,966 .

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

▶ Attach to return

Name University of New Orleans Foundation	Employer Identification Number 72-1051326
--	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
		Cost	
Publicly Traded Securities	18,655,216.		22,600,920.
		Selling Expenses	
		Basis	22,600,920.

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			18,655,216.	22,600,920.

Gain or (Loss) from Sale of Securities -3,945,704.

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 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Conference services	323,171.	-2,000.	325,171.	212,234.	112,937.
Center Austria	36,960.	0.	36,960.	17,422.	19,538.
Boggs Conference Center	219,087.	0.	219,087.	120,556.	98,531.
Concerts/Lectures/Sport Events	928,498.	807,138.	121,360.	100,598.	20,762.
Total	<u>1,507,716.</u>	<u>805,138.</u>	<u>702,578.</u>	<u>450,810.</u>	<u>251,768.</u>

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
Moving Expenses	36,389.	36,389.	0.	0.
Operating Services	26,314.	25,684.	0.	630.
Official Functions	299,197.	271,549.	11,890.	15,758.
Office Equipment	30,549.	28,475.	1,369.	705.
Contract Services	1,979,109.	1,894,031.	31,848.	53,230.
Annuity Payments	36,000.	36,000.	0.	0.
Total	<u>2,407,558.</u>	<u>2,292,128.</u>	<u>45,107.</u>	<u>70,323.</u>

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Corporate Stock	21,537,819.	23,944,751.
Corporate Bonds	6,937,562.	6,573,776.
US Gov't obligations	6,915,751.	5,372,288.
Money Market Funds	2,924,536.	3,303,629.
Mortgage Notes	164,279.	160,871.
Total	<u>38,479,947.</u>	<u>39,355,315.</u>

Form 990, Page 3, Part IV, Lines 55a & 55b

Investments - Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
UNO Technology Enterprise Center	2,768,065.	0.	2,768,065.
Lee Circle complex	5,935,722.	0.	5,935,722.
Confederate Museum	425,000.	0.	425,000.

Form 990, Page 3, Part IV, Lines 55a & 55b

Continued

Investments - Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
TWIGGS Building	367,119.	0.	367,119.
Capital Lease	969,279.	0.	969,279.
Film Studio	2,155,530.	0.	2,155,530.
Parking Lot	2,037,569.	0.	2,037,569.
Total Depr.	0.	1,505,161.	-1,505,161.
Total	<u>14,658,284.</u>	<u>1,505,161.</u>	<u>13,153,123.</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	80,000.	0.	80,000.
Buildings	622,156.	0.	622,156.
Equipment	373,500.	0.	373,500.
Vehicles	53,665.	0.	53,665.
Construction in Progress	280,592.	0.	280,592.
total Depr.	0.	776,338.	-776,338.
Total	<u>1,409,913.</u>	<u>776,338.</u>	<u>633,575.</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
MUSEUM Collections	769,200.	773,700.
Life Insurance	635,926.	147,901.
pre paid	11,437.	0.
Cash held by Property Manager	45,854.	40,625.
Utility Deposits	850.	1,750.
Net Bond Cost of Issuance	29,308.	29,395.
nims life		481,372.
Total	<u>1,492,575.</u>	<u>1,474,743.</u>

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Funds invested for others	10,181,508.	10,389,098.
Funds due to Affiliates	716,919.	1,499,786.
Obligations under Capital Lease	871,818.	845,110.
Total	<u>11,770,245.</u>	<u>12,733,994.</u>

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
Rosa H Edwards New Orleans, LA 70112	Member 1	0.	0.	0.
William H Hines Gretna, LA 70170	Member 1	0.	0.	0.
Jean C. Felts New Orleans, LA 70118	Treasurer 3	0.	0.	0.
Michael A. Flick New Orleans, LA 70122	Member 3	0.	0.	0.
Gary Froeba New Orleans, LA 70130	Member 1	0.	0.	0.
John Georges Harahan, LA 70123	Member 1	0.	0.	0.
Carla L Major New Orleans, LA 70130	Member 1	0.	0.	0.
John Kallenborn New Orleans, LA 70170	Member 1	0.	0.	0.
David Guidry Harvey, LA 70058	Secretary 1	0.	0.	0.
Susan O. Hess New Orleans, LA 70124	Member 1	0.	0.	0.
Robert E. Howson New Orleans, LA 70130	Member 1	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
Mason Granger New Orleans, LA 70113	Member 1	0.	0.	0.
Larry D Oney LaPlace, LA 70068	Member 1	0.	0.	0.
Larry D Wink New Orleans, LA 70128	Member 1	0.	0.	0.
Arnold L. Kirschman New Orleans, LA 70124	Chairman 3	0.	0.	0.
Thomas Kitchen New Orleans, LA 70118	Member 1	0.	0.	0.
Mel Lagarde, III New Orleans, LA 70112	Member 1	0.	0.	0.
Michael Laufer New York, NY 10018	Member 1	0.	0.	0.
Diana Lewis New Orleans, LA 70118	Member 1	0.	0.	0.
Thomas J. Lupo New Orleans, LA 70124	Member 1	0.	0.	0.
Robert Merrick New Orleans, LA 70112	1st Vice Chairman 2	0.	0.	0.
Jennifer Magee New Orleans, LA 70130	Member 1	0.	0.	0.
Roy B. Morgan Washington, DC 20036	Member 1	0.	0.	0.
William Oliver New Orleans, LA 70130	Member 1	0.	0.	0.
Curtis Pace Dallas, TX 75231	Member 1	0.	0.	0.
Fred C Young New Orleans, LA 70127	Member 1	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
Arthur C. Pulitzer Metairie, LA 70005	Member 1	0.	0.	0.
Peter Quirk New Orleans, LA 70113	Ex-Officio 1	0.	0.	0.
Britton Sanderford, Jr. New Orleans, LA 70122	Member 1	0.	0.	0.
Gary Solomon New Orleans, LA 70163	Member 1	0.	0.	0.
George Villere New Orleans, LA 70112	Ex-Officio 1	0.	0.	0.
David Voelker New Orleans, LA 70130	2nd Vice Chairman 2	0.	0.	0.
P.K. Scheerle Metairie, LA 70002	member 1	0.	0.	0.
Patrick M Gibbs New Orleans LA	New President 40	53,125.	4,064.	0.
Greg O'Brien New Orleans, LA 70148	Ex-Officio 5	82,004.	0.	30,000.
Total		<u>135,129.</u>	<u>4,064.</u>	<u>30,000.</u>

Form 990, Page 6, Part VII, Line 103

Other Revenue Stmt

Other revenue:	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Student travel Fees			01	144,097.	
Liscense Fee			01	3,175.	
Misc Revenue			15	5,475.	
Total				<u>152,747.</u>	

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
93b	<u>Provide Financial support for operations of the university Film Studio owned by the University of New Orleans Foundation. The Film Studio enhances the UNO department of Drama and communications programs.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Unrealized gain for the Fiscal Year 20-03	4,636,700.
Total	<u>4,636,700.</u>

Supporting Statement of:

Form 990 p 2/Program Service Expenses-a

Description	Amount
	719,370.
	2,981,145.
Total	<u>3,700,515.</u>

Supporting Statement of:

Form 990 p 3/Line 64a, column (A)

Description	Amount
One bond issue for the purchase of a 63,073 sq. ft. film, video, and multimedia studio center. The film studio enhances the University of New Orleans Drama & Communication programs.	2,000,000.
Total	<u>2,000,000.</u>

Supporting Statement of:

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
Specail event expense	450,810.
rental expense	1,232,322.
Total	<u>1,683,132.</u>

Supporting Statement of:

Form 990 p 4/Part IV-B, Line b(4)

Description	Amount
Special event expense	450,810.
rental expense	1,232,322.
Total	<u>1,683,132.</u>