

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

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

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning Jul 1, 2005, and ending Jun 30, 2006

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 and 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 (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

G Web site: N/A

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 15,991,478.

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; 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 \$ <u>2,061,218.</u> non-cash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22		2,061,218.	2,061,218.		
23	Specific assistance to individuals (att sch) . . .				
24	Benefits paid to or for members (att sch) . . .				
25	Compensation of officers, directors, etc	215,274.	0.	258,607.	0.
26	Other salaries and wages.	806,774.	219,639.	403,457.	183,678.
27	Pension plan contributions				
28	Other employee benefits	100,922.	19,448.	77,095.	4,379.
29	Payroll taxes	4,338.	4,338.	0.	0.
30	Professional fundraising fees				
31	Accounting fees	375,845.	338,731.	37,114.	0.
32	Legal fees	128,415.	9,569.	118,846.	0.
33	Supplies	65,622.	57,239.	7,663.	720.
34	Telephone	36,675.	29,055.	7,465.	155.
35	Postage and shipping.	6,057.	1,087.	4,202.	768.
36	Occupancy	11,886.	11,886.	0.	0.
37	Equipment rental and maintenance . . .	34,682.	19,558.	6,857.	8,267.
38	Printing and publications	17,060.	15,158.	114.	1,788.
39	Travel	97,034.	94,640.	0.	2,394.
40	Conferences, conventions, and meetings. . .				
41	Interest	460,829.	209,898.	250,107.	824.
42	Depreciation, depletion, etc (attach schedule) . .				
43	Other expenses not covered above (itemize):				
43a	Advertising	10,969.	10,524.	445.	0.
43b	Rentals/Leases	123,296.	115,349.	7,947.	0.
43c	Subscriptions	6,908.	1,372.	0.	5,536.
43d	Membership Dues	12,527.	7,727.	355.	4,445.
43e	Operating Services	15,999.	14,281.	632.	1,086.
43f	Official Functions	113,416.	107,064.	4,065.	2,287.
43g	See Other Expenses Stmt	1,704,451.	1,593,855.	60,358.	50,238.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	6,410,197.	4,941,636.	1,245,329.	266,565.

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

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.

What is the organization's primary exempt purpose? <u>Support 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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Financial assistance to academic departments and administrative officers to supplement operating costs for visiting faculty, guests, speakers, travel, and community development.</u> _____ _____ _____ (Grants and allocations \$ 0.) If this amount includes foreign grants, check here. <input type="checkbox"/>	2,794,126.
b <u>University of New Orleans Chancellor's Office Support for donor cultivation, faculty and staff development, and travel expense.</u> _____ _____ _____ (Grants and allocations \$ 0.) If this amount includes foreign grants, check here. <input type="checkbox"/>	54,792.
c <u>Scholarships, faculty and staff awards.</u> _____ _____ _____ (Grants and allocations \$ 199,974.) If this amount includes foreign grants, check here. <input type="checkbox"/>	199,974.
d <u>Transfer of funds to support UNO's Colleges and Departments</u> _____ _____ _____ (Grants and allocations \$ 1,654,274.) If this amount includes foreign grants, check here. <input type="checkbox"/>	1,892,744.
e <u>Other program services.</u> (Grants and allocations \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	4,941,636.

BAA

Form 990 (2005)

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	21,811.	45	18,623.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a 1,038,535.		
	b Less: allowance for doubtful accounts	47 b	963,830.	47 c 1,038,535.
	48 a Pledges receivable	48 a 1,196,689.		
	b Less: allowance for doubtful accounts	48 b	1,294,177.	48 c 1,196,689.
	49 Grants receivable			49
	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		27,824.	52 23,597.
	53 Prepaid expenses and deferred charges		41,415.	53 21,514.
	54 Investments — securities (attach schedule). L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV		50,206,822.	54 52,353,907.
	55 a Investments — land, buildings, & equipment: basis	55 a 13,947,742.		
	b Less: accumulated depreciation (attach schedule). L-55. Stmt	55 b 1,970,696.	10,402,270.	55 c 11,977,046.
56 Investments — other (attach schedule)			56	
57 a Land, buildings, and equipment: basis	57 a 1,197,271.			
b Less: accumulated depreciation (attach schedule). L-57. Stmt	57 b 761,801.	443,086.	57 c 435,470.	
58 Other assets (describe <input type="checkbox"/> See Line 58 Stmt <input type="checkbox"/>).		282,935.	58 119,292.	
59 Total assets (must equal line 74). Add lines 45 through 58.		63,684,170.	59 67,184,673.	
LIABILITIES	60 Accounts payable and accrued expenses.		773,654.	60 973,250.
	61 Grants payable.			61
	62 Deferred revenue		2,291.	62 0.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64 a Tax-exempt bond liabilities (attach schedule)		1,724,000.	64 a 1,618,000.
	b Mortgages and other notes payable (attach schedule)		3,544,219.	64 b 2,928,169.
	65 Other liabilities (describe <input type="checkbox"/> See Line 65 Stmt <input type="checkbox"/>).		15,261,853.	65 17,218,176.
66 Total liabilities. Add lines 60 through 65.		21,306,017.	66 22,737,595.	
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		3,872,847.	67 4,398,253.
	68 Temporarily restricted		8,214,016.	68 8,521,544.
	69 Permanently restricted		30,291,290.	69 31,527,281.
	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).		42,378,153.	73 44,447,078.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		63,684,170.	74 67,184,673.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	9,242,134.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	467,162.
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>Rental Exp</u>	b4	719,679.
	Add lines b1 through b4	b	1,186,841.
c	Subtract line b from line a	c	8,055,293.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b.	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	8,055,293.

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

a	Total expenses and losses per audited financial statements.	a	7,173,209.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>Rental Exp</u>	b4	719,679.
	<u>Special Event Exp</u>		
	Add lines b1 through b4	b	719,679.
c	Subtract line b from line a	c	6,453,530.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b.	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	6,453,530.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
Harold Bouillion 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
J. Hebert Boydston 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Darryl d'Aquin 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Jean Felts 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Michael A. Flick 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
See List of Officers, Etc. Statement				

Part VI Other Information (continued)

		Yes	No
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?		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?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85 b	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 c	c Dues, assessments, and similar amounts from members		
85 d	d Section 162(e) lobbying and political expenditures		
85 e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		
85 f	f Taxable amount of lobbying and political expenditures (line 85d less 85e).		
85 g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 h	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?		
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86 b	b Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.		
87 b	b 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
89 a	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 .		
89 b	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		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 .		
90 a	List the states with which a copy of this return is filed ▶ <u>None</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		23
91 a	The books are in care of ▶ <u>Robert J. Gremillion, Jr.</u> Telephone number ▶ <u>(504) 280-6950</u> Located at ▶ <u>2000 Lakeshore Drive, New Orleans, LA</u> ZIP + 4 ▶ <u>70148</u>		
91 b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country . ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
91 c	c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country . ▶		X
92	Section 4947(a)(1) nonexempt charitable trusts filing 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 ▶ 92		

Part VII Analysis of Income-Producing Activities (See the 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					1,076,567.
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.			14	43,059.	
96 Dividends & interest from securities			14	1,167,652.	
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	64,851.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,342,662.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Book Sales			01	3,861.	
c Royalties			15	119.	
d License Plate Rev			01	2,508.	
e See Other Revenue Stmt				59,546.	
104 Subtotal (add columns (B), (D), and (E))				2,684,258.	1,076,567.
105 Total (add line 104, columns (B), (D), and (E))					3,760,825.

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 the 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	provided accounting and administrative services for other 501(c)3 exempt organizations also associated with the University of New Orleans

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 the 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/CEO Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Non-Paid Preparer Preparer's SSN or PTIN (See General Instruction W): _____

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

2005

Department of the Treasury
Internal Revenue Service

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
<u>5 employees</u> <u>2021 Lakeshore Drive</u>	<u>40</u>	<u>429,213.</u>	<u>51,753.</u>	<u>0.</u>
Total number of other employees paid over \$50,000 ▶	<u>None</u>			

Part II – A 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
<u>McGlinchey Stafford</u> <u>P.O. Box 60643 New Orleans, LA 70160</u>	<u>Law Firm</u>	<u>70,039.</u>
Total number of others receiving over \$50,000 for professional services ▶	<u>None</u>	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>None</u>		
Total number of other contractors receiving over \$50,000 for other services ▶	<u>None</u>	

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 ▶ \$ <u>0.</u> (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 a 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.)	3 a	X
b Do you have a section 403(b) annuity plan for your employees?	3 b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3 c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4 a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4 b	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.)
- 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). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 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) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

Section 26: Organizations described on lines 10 or 11. Includes sub-sections a-f for calculating public support percentage (line 26e) and investment income percentage (line 26f).

Section 27: Organizations described on line 12. Includes sub-sections a-f for calculating public support percentage (line 27g) and investment income percentage (line 27h).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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		(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)	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) 2005	(b) 2004	(c) 2003	(d) 2002	(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.)

N/A

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

- 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

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		Selling Expenses	
		Basis	

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 8,559,168. 7,216,506.

Gain or (Loss) from Sale of Securities 1,342,662.

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	
-----	-----	-----		Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Depreciation	
				Basis	
				Donation FMV	

Total Other Assets

Gain or (Loss) from Sale of Other Assets

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2005

Part I – Identifying Information

Employer Identification Number . . . 72-1051326
 Name University of New Orleans Foundation
 Address 2000 Lakeshore Drive Room/Suite . . ADC 41
 City New Orleans State . LA ZIP Code . . 70148
 Telephone Number (504) 280-6950 Extension _____
 Fax _____ E-Mail Address . . _____

If eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|--|---|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input checked="" type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | |

QuickBooks Import Users: Check if you're filing 990-EZ & want 990 imported data copied to 990-EZ

Part III – Type of Organization

- | | |
|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation _____ 3 (subsection number) | <input type="checkbox"/> 220(d) Trust |
| <input type="checkbox"/> 501(c) Trust _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408 Trust | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | <input type="checkbox"/> 527 Organization |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . 6
- Short year — Beginning date . . _____ Ending date . . . _____

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2005 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2004 overpayment credited to 2005 estimated tax _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid

1st Quarter Payment	10/17/05				
2nd Quarter Payment	12/15/05				
3rd Quarter Payment	03/15/06				
4th Quarter Payment	06/15/06				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date ▶	02/15/07		

Letter Salutation ▶ _____

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Office Equipment	171,822.	165,737.	4,672.	1,413.
Contract Services	1,018,476.	969,651.	0.	48,825.
Annuity Payments	36,000.	36,000.	0.	0.
Consulting/Payroll Processing	5,484.	0.	5,484.	0.
Faculty & Staff Awards	1,500.	1,500.	0.	0.
Recruiting/Staff Development	1,820.	1,820.	0.	0.
Cultivation/Donation	411,244.	411,244.	0.	0.
Honorarium	1,180.	1,180.	0.	0.
Indirect Cost	2,783.	2,783.	0.	0.
Moving Expenses	3,940.	3,940.	0.	0.
Bad Debt Expense	50,202.	0.	50,202.	0.
Total	<u>1,704,451.</u>	<u>1,593,855.</u>	<u>60,358.</u>	<u>50,238.</u>

Form 990, Page 4, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Corporate Stock	28,149,477.	19,223,902.
Corporate Bonds	4,657,649.	3,300,263.
US Gov't Obligations	9,731,993.	7,490,802.
Money Market Funds	5,252,302.	8,554,121.
Mutual Funds-equities	0.	11,211,883.
Insurance Contracts	2,415,401.	2,572,936.
Total	<u>50,206,822.</u>	<u>52,353,907.</u>

Form 990, Page 4, 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	2,901,269.	0.	2,901,269.
Lee Circle Complex	5,301,870.	0.	5,301,870.
Capital Leases	968,627.	193,575.	775,052.
Film Studio	4,775,976.	0.	4,775,976.
Total Depreciation	0.	1,777,121.	-1,777,121.
Total	<u>13,947,742.</u>	<u>1,970,696.</u>	<u>11,977,046.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	129,000.	0.	129,000.
Buildings	373,156.	0.	373,156.
Equipment	665,602.	0.	665,602.
Vehicles	29,513.	0.	29,513.
Total Depreciation	0.	761,801.	-761,801.
Total	<u>1,197,271.</u>	<u>761,801.</u>	<u>435,470.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
UNO TEC Cash	0.	1,300.
Life Insurance	89,642.	94,198.
Petty Cash - Held by Departments	810.	810.
Condo Donation	167,270.	0.
Utility Deposits	250.	250.
Net Bond Cost of Issuance	24,937.	22,708.
Security America-Phelps	26.	26.
Total	<u>282,935.</u>	<u>119,292.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Funds invested for others	12,304,539.	13,490,755.
Funds Due to Affiliates	1,459,547.	1,743,746.
Obligations under Capital Lease	785,920.	754,797.
Due to University	711,847.	1,228,878.
Total	<u>15,261,853.</u>	<u>17,218,176.</u>

Form 990, Page 5, Part V-A

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
Gary Froeba 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
John Georges 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
David Guidry 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
D. Mason Granger 2000 Lakeshore Drive New Orleans, LA 70148	Second Vice Chair 1	0.	0.	0.
Susan Hess 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
William H. Hines 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
John Kallenborn 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Arnold L. Kirschman 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Thomas Kitchen 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Mel Lagarde, III 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Michael Laufer 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Diana Lewis 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Thomas J. Lupo 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Carla L. Major 2000 Lakeshore Drive New Orleans, LA 70148	Secretary 1	0.	0.	0.
Robert W. Merrick 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Roy B. Morgan 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.

Form 990, Page 5, Part V-A

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
Larry D. Oney 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Peter R. Quirk 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Ashton J. Ryan, Jr. 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
H. Britton Sanderford, Jr. 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
P. K. Scheerle 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Gary N. Solomon 2000 Lakeshore Drive New Orleans, LA 70148	Chairman 1	0.	0.	0.
George G. Villere 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
David Voelker 2000 Lakeshore Drive New Orleans, LA 70148	First Vice Chair 1	0.	0.	0.
Larry D. Wink 2000 Lakeshore Drive New Orleans, LA 70148	Member 1	0.	0.	0.
Fred C. Young 2000 Lakeshore Drive New Orleans, LA 70148	Treasurer 1	0.	0.	0.
Patrick M. Gibbs 2000 Lakeshore Drive New Orleans, LA 70148	President 40	200,000.	15,274.	0.
William Jenkins 2000 Lakeshore Drive New Orleans, LA 70148	Ex-Officio 1	0.	0.	0.
Timothy P. Ryan 2000 Lakeshore Drive New Orleans, LA 70148	Ex-Officio 1	0.	0.	0.

Form 990, Page 8, 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	
Misc Revenue			15	19,873.	
Seminar Reg Rev			01	39,673.	
Total				<u>59,546.</u>	