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Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

2008

Open to Public Inspection

A Fo	or the 2	2008 ca	lendar yea		1-2008 and ending 06-30-200	9		
<b>3</b> Ch	eck if ap	pplicable	Please	C Name of organization University of New Orleans Foun	dation		D Employer ider	ntification number
₹ Ad	dress ch	ange	use IRS label or	,			72-1051326	
– Na	me char	nge	print or	Doing Business As			E Telephone nu	
– <sub>Inr</sub>	tıal retur	rn	type. See Specific	Number and street (or P.O. box	: if mail is not delivered to street addre	ess) Room/suite	(504) 280-2	
<b>–</b> <sub>Те</sub>	minatio	n	Instruc- tions.	2021 Lakeshore Drive No 420		,	G Gross receipts	s \$ 8,795,192
– <sub>Am</sub>	nended r	return		City or town, state or country,	and ZIP + 4		ł	
– <sub>Ap</sub>	plication	pending		New Orleans, LA 70122				
		F	E Non	as and address of Principal (	) fficer	l		
				ne and address of Principal ( M Gibbs	Tiller	H(a) Is the affilia	s a group return tes?	for ┌Yes ┍No
				akeshore Drive No 420		diiii d		, 103   110
. тэ	v-evem	pt status		leans, LA 70122 (3) ◀ (insert no)	V/1) or		l affiliates include	
		<u> </u>			1(1) 01   327			See instructions )
W	eb site	e: 🕨 www	v unofounda	ation org		H(c) Grou	p Exemption Nur	nder 🗲
€ Тур	e of org	anızatıon	Corporat	ion  trust association other	er 🏲	L Year of Fo	rmation 1984 M S	State of legal domicile LA
Pa	rt I	Sumr	marv					
				e organization's mission or r	nost significant activities			
v		SUPPO	RT HIGHE	R EDUCATION INSTITUTI	0 N			
<u>≥</u>								
≝								
aovemance	2	Check t	hıs box 🏳	ıf the organizatıon discontin	ued its operations or disposed o	of more than 2	5% of its assets	
	3	Number	of voting r	nembers of the governing bo	dy (Part VI, line 1a)		з _	27
o V	4	Number	of indepen	dent voting members of the	governing body (Part VI, line 1	b)	. 4 _	27
ACIIVIIIes &	5	Total nu	ımber of en	nployees (Part V , line 2a) .			5 _	17
₹				lunteers (estimate if necess			6 _	0
4					art VIII, line 12, column (C)		7a	0
	b	Net unre	elated busi	ness taxable income from Fo	orm 990-T, line 34		7b	0
						Pric	or Year	Current Year
a.	8			d grants (Part VIII, line 1h)			3,943,022	3,365,252
Ravenue	9	Progra	m service	revenue (Part VIII, line 2g)		1,595,280	1,702,449	
9/61	10			ne (Part VIII, column (A), lu		3,733,093	-4,419,508	
_	11		•	art VIII, column (A), lines 5			3,329,254	
	12	Total r	evenue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), lın	е	9,271,395	3,977,447
	13		and simila	ar amounts paid (Part IX, col	umn (A ), lines 1-3)		2,089,490	2,028,350
	14			r for members (Part IX, colu				0
	15				fits (Part IX, column (A), lines	5 –		
\$		10)	,	,,,		808,742	846,668	
Expenses	16a	Profes	sional fund	raising fees (Part IX, columi	n (A), line 11e)			0
ਡੌ	b	(Total fu	ındraısıng exj	penses, Part IX, column (D), line 2	5 319,511			
_	17	Other	expenses (	Part IX, column (A), lines 1	1a-11d, 11f-24f)		2,871,082	3,911,733
	18	Total e	xpenses—	add lines 13–17 (must equa	ıl Part IX, line 25, column (A))		5,769,314	6,786,751
48	19	Revenu	ue less exp	enses Subtract line 18 fron	n line 12		3,502,081	-2,809,304
රීක් කින						Beginni	ng of Year	End of Year
3646	20	Total a	ssets (Par	t X, line 16)			74,167,471	65,917,129
net Assers or Fund Bałances	21	Total li	ıabılıtıes (F	Part X, line 26)			24,048,815	18,607,777
# E	22	Netas	sets or fun	d balances Subtract line 21	from line 20		50,118,656	47,309,352
Pa	rt II	Sign	ature Blo	ock			<u> </u>	
					ned this return, including accompanying			
)		l.		correct, and complete Declaration	of preparer (other than officer) is base	1		r nas any knowledge
Plea Sigr		**** Signa	** ature of office	Pr		2010- Date	-05-17	
ler		[				Date		
			ck M Gibbs Pi or print nam					
		<b>     </b>	•		Date	Check If	Preparer's PTIN (	See Gen Inst \
ام: ۵		Preparer' signature		n Cassiere		self-	Treparers PIIIN (	ACC OCH THISE /
Paid Pran	arer's		<u> </u>	h Danklada a o o o o o o		empolyed 🕨 🦵	1	
	arer's Only	ıf self-em		Postlethwaite & Netterville			EIN Þ	
, <del>56</del> '	Jiiiy	address,	and ZIP + 4	2324 Severn Avenue			Dhene t /==	MAN 027 F000
				Metairie, LA 70001			Phone no 🕨 (50	94) 837-5990 
1av	the IRS	S discus	s this retu	rn with the preparer shown a	bove? (See instructions)			✓ Yes

## Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization' To support the University of New		aısıng, departme	ental support, and other ac	ctivities for the benefit of the Unive	rsity of New Orleans
2	Did the organization unde the prior Form 990 or 990 If "Yes," describe these n	D-EZ?		rvices during the yea	r which were not listed on	ΓYes Γ No
3	Did the organization ceas services?	e conducting or ma	ike significant	t changes in how it co	nducts any program	┌ Yes ┌ No
4	Describe the exempt purp	oose achievements ) organizations and	for each of th 4947 (a)(1) t	rusts are required to	e largest program services b report the amount of grants red	
4a	(Code financial assistance to academ	) (Expenses \$ nic departments & adm	3,418,723 Inistrative offices	including grants of \$ to supplement operating	) (Revenue \$ costs for faculty, guests, speakers,	1,107,664 ) travel & community development
4b	(Code transfer of funds to support th	) (Expenses \$ ne alumnı association ai	1,601,602 nd the university	ıncludıng grants of \$ of new orleans' departme	1,601,602 ) (Revenue \$	310,631 )
4c	(Code scholarships and faculty/staff	) (Expenses \$ awards	426,748	including grants of \$	426,748 ) (Revenue \$	254,153 )
	(Code	) (Expenses \$	62,593	ıncludıng grants of \$	) (Revenue \$	30,000 )
4d	Other program services			F #	\/Pays==== #	
4e	(Expenses \$  Total program service e:		ding grants of 5,509,66		) (Revenue \$ (, Line 25, column (B).	J
	, , ,		, -,	,	. , , , , , , , , , , , , , , , , , , ,	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		Yes	
		11	res	<u> </u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person	25a		No
26	from a prior year? If "Yes," complete Schedule L, Part I	250		110
_0	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,  Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ice				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmitta	<i>i</i>				
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	117			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable			
_	gaming (gambling) winnings to prize winners?	; ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return		17			
h	If at least one is reported in 2a, did the organization file all required federal employ		1			
_	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file to			2b	Yes	
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more dur return?	ing the	year covered by this	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So	chedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities account)?	_	-	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Financial Accounts.	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	ring the	etax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	helter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exen	npt Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	•		6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ontribut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty fo	r which it was required to	7c		N1 -
الد	file Form 8282?	   7d		/c		N o
u	If fes, indicate the number of Forms 6262 filed during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to p benefit contract?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	rsonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	18899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	n file a F	orm 1098-C as			
_	required?	• •		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds	; <u>,</u>				
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	on? .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	   11a				
b	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them )	<b>—</b>				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Yes

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management										

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumst	ances,				
1a	Enter the number of voting members of the governing body	1a		27				
ь	Enter the number of voting members that are independent	1b		27				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2	Yes		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				3		No	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the org		5		No			
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				7a	Yes		
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons?		7b		Νο	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertaken during	the				
а	the governing body?				8a	Yes		
ь	each committee with authority to act on behalf of the governing body?				8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?			-	9a		No	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		•		9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		•		10	Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc				11		Νο	

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply won website. I another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Keith Hemel

2021 Lakeshore Drive Suite 420

New Orleans, LA 70122

(504) 280-2800

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i		Posit	(C	) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

### Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Fornier	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
		1								
				$\vdash \vdash$						
				$\vdash$						
1b Total							<u> </u>	335,679	) (	7,151
2 Total number of individuals (including		- >	•	· ·						1 .,

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►2

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person			
	rendered to the organization? If Test, complete schedule From Such person	5		Νo

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
stallings construction co inc 424 south anthony street new orleans, LA 70119	construction	201,058
errol barronmichael toups architects 400 north peters ste 2025 new orleans, LA 70130	architecture	160,762
the ellis company llc 2201 richland street kenner, LA 70063	construction	143,939
capital one na 131 carondelet st room 301 new orleans, LA 70130	investment advisor	135,856
2 Total number of independent contractors (including those in 1) who received r	nore than \$100,000 in compensation	

				(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1				
at se	ь	Membership dues	615				
gra		1b	127,597				
3°, (a	С	Fundraising events 10	·				
∄g⊭	d	Related organizations1d					
ns, imi	e	Government grants (contributions) <b>1e</b>	25,200				
utio rer s	f	All other contributions, gifts, grants, and similar amounts not included above	3,211,840				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$209,220					
0 ,0	h	Total (Add lines 1a-1f)		3,365,252			
			Business Code				
une	2a	service fees	611,710	1,560,970	1,560,970		
еме	b	miscellaneous	611,710	83,572	83,572		
Program Serwce Revenue	с	student travel fees	611,710	22,900	22,900		
'n,	d	seminar registration f	611,710	21,322	21,322		
33	e	royalties	611,710	6,160	6,160		
Iranı	f	All other program service revenue		7,525	7,525		
₽₹oç	g	Total. Add lines 2a-2f					<del>                                     </del>
		<b>&gt;</b> \$ 1,702,449					
	3	Investment income (including div	· •				
		other similar amounts)	· · · · .				
	4	Income from investment of tax-exempt b	ond proceeds	131			131
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents 1,328,104	,				
	b	Less rental 301,079					
	с	expenses Rental income 1,027,025					
	d	or (loss)  Net rental income or (loss)		1,027,025	662,869		364,156
			<u>.                                    </u>	, ,	·		<u> </u>
	7a	(i) Securities Gross amount	(II) O ther				
	74	from sales of assets other					
		than inventory					
	ь	Less cost or 4,419,639 other basis and					
	c	sales expenses Gain or (loss) -4,419,639					
	d	Net gain or (loss)		-4,419,639	-4,419,639		
			. •				
en	8a	Gross income from fundraising events (not including \$\frac{50,628}{\text{of contributions reported on line}}					
Other Revenue	b	1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	127,337				
Ĭ₩	c	Less direct expensesb Net income or (loss) from fundrais		-46,399	-46,399		
,	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	L.	a l					
	b c	Less direct expensesb  Net income or (loss) from gaming					
	10a	Gross sales of inventory, less	<u> </u>				
	104	returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of	1				
		Miscellaneous Revenue	Business Code				
	11a	insurance proceeds	900,099	2,348,628			2,348,628
	ь						<u> </u>
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3	\$ 2,348,628	3,977,447	-2,100,720	0	2,712,915
		8c, 9c, 10c, and 11e		3,3,1,777	2,130,720		2,,12,513
							Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,028,350	2,028,350		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	_,==,==	_,		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	365,632	258,008	107,624	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	350,135	244,738		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	65,362	37,554	27,808	
10	Payroll taxes	65,539	43,716	21,823	
11	Fees for services (non-employees)				
а	Management	568,389	565,589		2,800
b	Legal	95,131	12,986	82,145	
c	Accounting	27,980		27,980	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	135,856	135,856		
g	Other	684,298	488,130	5,128	191,040
12	Advertising and promotion	121,809	84,654	170	36,985
13	Office expenses	296,336	248,946	24,159	23,231
14	Information technology				
15	Royalties				
16	Occupancy	385,017	373,597	11,420	
17	Travel	215,195	214,035	745	415
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	499,291	437,088	24,008	38,195
20	Interest	133,758	71,128	62,630	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	453,822		453,822	
23	Insurance	1,051	1,051		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	annuity payments	143,478	143,478		
b	bad debt expense	74,697	74,697		
c	dues & subscriptions	44,951	15,391	2,715	26,845
d	miscellaneous operating	18,500	18,500		
e	honorariums	8,724	8,724		_
f	All other expenses	3,450	3,450		
25	Total functional expenses. Add lines 1 through 24f	6,786,751	5,509,666	957,574	319,511
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				· ·

Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				2,834,516	1	3,527,969
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				1,255,819	3	1,892,537
	4		Accounts receivable, net					2,276,007
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				12,650	8	12,650
90	9	Prepaid expenses and deferred charges				41,658	9	39,905
ssets	10a	Land, buildings, and equipment cost basis	ـما	l	17 182 482			
⋖			10a		17,182,482	-		
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		3,564,167	13,374,317	10c	13,618,315
	11	Investments—publicly traded securities				53,223,318	11	44,434,085
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	rt VII	of			12	<u> </u>
	13	Investments—program-related See Part IV, line 11 Complete Pa			13			
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	133,154	15	115,661			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				74,167,471	16	65,917,129
	17	Accounts payable and accrued expenses .				3,097,073	17	2,121,561
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities				1,389,000	20	1,265,000
e)	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lia		persons Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated third parties				2,928,169	23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		16,634,573	25	15,221,216		
	26	Total liabilities. Add lines 17 through 25		24,048,815	26	18,607,777		
<u>س</u>		Organizations that follow SFAS 117, check here ▶ 🔽 and compl	ete li	nes 27				
ф. ў		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				5,595,267	27	7,206,715
8	28	Temporarily restricted net assets		11,083,236	28	11,471,997		
됻	29	Permanently restricted net assets				33,440,153	29	28,630,640
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	plet e				
s or	30	Capital stock or trust principal, or current funds					30	
φ	31	Paid-in or capital surplus, or land, building or equipment fund .					31	
Assets	32	Retained earnings, endowment, accumulated income, or other fur					32	
Net	33	Total net assets or fund balances				50,118,656	33	47,309,352
<u>z</u>	34	Total liabilities and net assets/fund balances				74,167,471		65,917,129
Da	~4 VT	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Inspection

		e organizat ion	Employer identification number							
niversit	yoff	New Orleans Foundation	72 1051226							
Part	7	Reason for Public Charity Status (to be completed by all organizations) (	72-1051326	1						
		ration is not a private foundation because it is (Please check only <b>one</b> organization)	see msu ucuons	)						
1		A church, convention of churches, or association of churches described in <b>Section 170(b)</b>	(1)(A)(i)							
2	_	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)	(-)(-)(-)							
3	_	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(a	A)(iii) (Attach Sc	hadula H	`					
4	_	A medical research organization operated in conjunction with a hospital described in Section 176(5)(1)(1)			•					
•		hospital's name, city, and state	IOII 170(D)(1)(H)(	my. Line	· the					
5	_	An organization operated for the benefit of a college or university owned or operated by a	overnmental unit	describe	d in					
_		Section 170(b)(1)(A)(iv). (Complete Part II)	go rommonicar ame	40501150	<b>u</b>					
6	_	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)</b>	(A)(v).							
7	_	An organization that normally receives a substantial part of its support from a governmen		neneral	nuhlic					
-		described in Section 170(b)(1)(A)(vi) (Complete Part II )		90	F					
8	_	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )								
9	_	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
_		receipts from activities related to its exempt functions—subject to certain exceptions, an	,		-					
		its support from gross investment income and unrelated business taxable income (less se	. ,							
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part	•							
LO	_	An organization organized and operated exclusively to test for public safety. See <b>Section</b> !	•	struction	s)					
	<u>~</u>	An organization organized and operated exclusively for the benefit of, to perform the funct			•	ses of				
		one or more publicly supported organizations described in section 509(a)(1) or section 50	, ,	•						
		the box that describes the type of supporting organization and complete lines 11e through								
	_	a  Type I  b  Type II  c  ▼ Type III - Functionally Integrated		Type III						
е	<b>&gt;</b>	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization.	•		-					
		section 509(a)(2)	ms desembed misc	2001011 30	J (U)(.	.,				
f		If the organization received a written determination from the IRS that it is a Type I, Type	II or Type III sup	porting o	rganız	ation,				
		check this box	5 ±1							
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?	rtne							
		(i) a person who directly or indirectly controls, either alone or together with persons desc	rıbed ın (ıı)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)		Νο				
		(ii) a family member of a person described in (i) above?		11g(ii)		Νο				

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?  (v) Did you notify the organization in col (i) of your support?		organization in col (i) listed in your governing the organization organization in col (i) of your col (i) organized in the U.S.?		organization in col (i) listed in your governing document?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
university of new orleans	720702000	2	Yes		Yes		Yes		1925350
university of new orleans international alumni association	237080203	7		No	Yes		Yes		103000
privateer athletic foundation	721022543	501(a)(3)		No	Yes		Yes		0
university of new orleans property & housing development foundation	721505848	5		No	Yes		Yes		0
Total									2,028,350

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

11g(iii)

Νo

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

#### **Additional Data**

Software ID: Software Version:

**EIN:** 72-1051326

Name: University of New Orleans Foundation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section)	Is organız (ı) lısteo gove	organization in ) listed in your governing document?  Did you the organ in (i) of		(v) Did you notify the organization in (i) of your support?		ou notify Is the anization in of your (i) organization in		the ation in nized in	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No			
university of new orleans	720702000	2	Yes		Yes		Yes		1925350		
university of new orleans international alumni association	237080203	7		No	Yes		Yes		103000		
privateer athletic foundation	721022543	501(a)(3)		Νo	Yes		Yes		0		
university of new orleans property & housing development foundation	721505848	5		No	Yes		Yes		0		

OMB No 1545-0047

2008

Open to Public Inspection

Schedule D (Form 990) 2008

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
University of New Orleans Foundation

72-1051326

			72-1051326	
Par	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		Funds or Accounts. Complete if	the
	organization anomered 105 to form 55	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2 /	Aggregate Contributions to (during year)			
3 /	Aggregate Grants from (during year)			
4 /	Aggregate value at end of year			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the			No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		er	No
Part	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of a	an historically importantly land area certified historic structure	
	on the last day of the tax year	med conservation contribution in the for	Held at the End of the	Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	s	2b	
С	Number of conservation easements on a certified hi		2¢	
d	Number of conservation easements included in (c) a	` ,	2d	
	Number of conservation easements modified, transfe	•		
	the taxable year 🟲	rreu, releaseu, extiliguistieu, or terifillia	ted by the organization during	
	Number of states where property subject to conserva			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?			No
	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during th	ne year 🕨	
	A mount of expenses incurred in monitoring, inspecti	-	•	
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se		No
	In Part XIV, describe how the organization reports considered balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financi nents	al statements that describes	
Part	Organizations Maintaining Collection Complete If the organization answered '		, or Other Similar Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	arch in furtherance of public service,	
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	public exhibition, education, or research	•	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		for financial gain, provide the	
а	Revenues included in Form 990, Part VIII, line 1		<b>F</b> \$	
b	Assets included in Form 990, Part X		<b>▶</b> \$	

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Treas	ures, or Othe	<u>er Similaı</u>	· Asse	ts (cc	ontinued)		
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	lowing that a	re a sıgnıfıcant ı	use of its co	llection	I			
а	Public exhibition		d	Γ	Loan or exc	:hange programs	5					
ь	Scholarly research e Other											
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further the	organization's e	xempt purp	ose in				
_	Part XIV				,		· · · · · · · · · · · · · · · · · · ·					
5	During the year, did the organization solicit of			,			nılar	_				
Do.	t IV Trust, Escrow and Custodial						ranad IIVaa		Yes	∏ No		
Pal	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					allization alism	vereu res	5 LU FU	ל וווו	90,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				-	or other assets	not	Γ.	Yes	┌ No		
b	If "Yes," explain why in Part XIV and comple	te the following tabl	le									
								A mou	nt			
c	Beginning balance					1c						
d	Additions during the year					1d						
e	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ,	Yes	┌ No		
b	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
		<b>(a)</b> Current Year 37,929,475		)Prior	Year (c)T	wo Years Back (d	)Three Years I	Back   <b>(e</b> )	Four Ye	ears Back		
1a	Beginning of year balance	493,478										
b	Contributions	-4,816,711										
с	Investment earnings or losses	167,787										
d	Grants or scholarships	341,181										
е	Other expenditures for facilities and programs	541,101										
f	Administrative expenses	94,499										
g	End of year balance	33,002,775										
2	Provide the estimated percentage of the yea	r end balance held a	is									
а	Board designated or quasi-endowment											
ь	Permanent endowment 100 000 %											
c	Term endowment -											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held and	admınıstered for	the					
	organization by								Yes	No		
	(i) unrelated organizations		•					3a(i)		No		
L	(ii) related organizations							3a(ii)	<u> </u>	N o		
ь 4	Describe in Part XIV the intended uses of th	•						3b		Ь		
	t VI Investments—Land, Buildings					Part X. line 10.						
		, ,,			Cost or other	(b)Cost or other						
	Description of investment				is (investment)	basis (other)	(c) Depreci	ation	( <b>d</b> ) Boo	ok value		
1a	Land				1,217,285	129,000	•			1,346,285		
Ь	Buildings				14,431,139	231,788	2,69	6,435	1	1,966,492		
c	Leasehold improvements											
d I	Equipment					1,152,513	84	16,975		305,538		
e	Other					20,757	2	20,757		0		
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B,	), lıne	10(c).)		▶		1	3,618,315		
							Sched	ule D (F	orm 9	90) 200		

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products		2031 01 enu-01-	, sar market varue
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip	otion		( <b>b)</b> Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
funds invested for others	13,327,147		
funds due to affiliates	1,126,441		
obligations under capital lease	644,739		
compensated absences payable	122,889		
Table (Caluma (h) should a suite a cooperation of the cooperation of t			
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	15,221,216		

	l otal revenue (Form 990, Part VIII, column (A), line 12)	+	3,977,44.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,786,75
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,809,304
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,809,304
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	4,375,55
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 398,106		
e	Add lines <b>2a</b> through <b>2d</b>	2e	398,106
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,977,447
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,977,447
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	7,184,85
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C d	Losses reported on Form 990, Part IX, line 25	-	
d	Add lines <b>2a</b> through <b>2d</b>	2e	209 104
3	Subtract line <b>2e</b> from line <b>1</b>	3	398,106 6,786,75
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,700,73
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4 <sub>C</sub>	(
5	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	5	6,786,75
	,		- , ,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4		To support the University of New Orleans Colleges' and Departments' goals and objectives
Part XII, Line 2d - Other Adjustments		rental expenses separately stated in audited financial statements 301079 fundraising expenses separately stated in audited financial statements 97027
Part XIII, Line 2d - Other Adjustments		rental expenses separately stated in audited financial statements 301079 fundraising expenses separately stated in audited financial statements 97027

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DLN: 93493137062550

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2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public Inspection

**Employer identification number** 

Univ	ersity of New Orleans Fol	ındation				72-105132	6
Pā	General Infor			de the United States	s. Complete		
1	assistance, the grante	ees' eligibility fo	or the grants or	ecords to substantiate to assistance, and the se	lection crite	rıa used to a	
2	<b>For grant makers.</b> Descr United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grai	nt funds outsic	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in
euro	ope	0	0	fundraising, recruiting for student exchange program - \$20,000 contribution received			0
Tota	als ▶						

Pa	Part IV,	line 15, for any edule F-1 if add	sistance to Orga recipient who rec litional space is ne	nizations or Entiti eived more than \$5, eded.	es Outside the Ur ,000. Check this box	nited States. Composite of the composition of the c	plete if the organiza received more thai	tion answered "Yes n \$5,000	" to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		_							
		-							
		-							
		-							
		-							
		-							
		- -							
		-							
		-							
		-							
		-							
		-							
		-							
		-							
2	Enter total nu has provided	mber of organi a section 501(c	zations that are re	cognized as charities	s by the foreign cou	ntry or for which th	e grantee or counse	el . <b>▶</b>	
3	Enter total nu	mber of other o	organizations or er	ntities				. ▶	

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

**Software Version:** 

**EIN:** 72-1051326

Name: University of New Orleans Foundation

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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As Filed Data -

DLN: 93493137062550

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

ame of the organization					Employer ide	ntification number
niversity of New Orleans Foun	dation				72 4054226	
					72-1051326	
Part I Fundraising Ac	<b>tivities.</b> Complete	e if the oi	ganızat	on answered "Yes" t	to Form 990, Part IV	', line 17.
1 Indicate whether the organ	nızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply	
a Mail solicitations				e Solicitation of r	on-government grants	
<b>b</b> Email solicitations				f Solicitation of	jovernment grants	
c Phone solicitations				g   Special fundrais	sing events	
d   In-person solicitations	5				-	
2a Did the organization have or key employees listed in	•		•	, ,		Γ <sub>Yes</sub> Γ ι
<b>b</b> If "Yes," list the ten higher to be compensated at leas						
		(iii)				
(i) Name of and and and		fundrais	erhave	(in) Constants	(v) A mount paid to	(vi) A mount paid to
(i) Name of individual	(ii) Activity	fundrais custo	erhave dy or	(iv) Gross receipts	(or retained by)	(or retained by)
(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais	er have dy or ol of	(iv) Gross receipts from activity	1	1
• •	(ii) Activity	fundrais custo contr	er have dy or ol of	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

		Fundraising Events. Com more than \$15,000 on Form		on answered "Yes" to events with gross rec			Героп	æa
			(a) Event #1  UNO's 50th  anniversary gala  (event type)	(b) Event #2	(c) O ther Events (total number)	(Add col	tal Eve (a) th	
Φ.	1		178,225				17	8,225
Revenue		Gross receipts	127,597					7,597
Rey Peg	2	contributions	127,397				12	7,397
	3	Gross revenue (line 1 minus line 2)	50,628				5	0,628
	4	Cash Prizes	1.540					1.646
Ses	5	Non-cash Prizes	1,640					1,640
Expenses	6	Rent/Facility costs	31,698				3	1,698
	7	Other direct expenses	63,689					3,689
Direct	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			9	7,027
	9	Net income summary Combine li	nes 3 and 8 in column (d)	)	•		-4	6,399
Par	t II	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted moi	e thar	1
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
_	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ы Б	4	Rent/facility costs						
₫	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌────────────────────────────────────	┌ Yes%			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🕨			
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	g the tax year?	10a		
	_							
11	Doe	es the organization operate gaming a	activities with nonmembe	rs?		11	1	<u> </u>

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493137062550 OMB No 1545-0047

### **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

University of New Orleans Foundation

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection** Employer identification number

72-1051326

Part I General Infor	<u>mation on Grar</u>	nts and Assistance					
Does the organization mathematical the selection criteria use	d to award the gran	its or assistance?					F Yes Γι
2 Describe in Part IV the o							
Form 990, Part Part IV and Sch	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	ived more than \$5,00	00. Check this box	tes. Complete if the of the office of the of	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance
university of new orleans 2000 lakeshore drive new orleans, LA 70148	72-0702000	501(c)(3)	426,748				scholarships
university of new orleans 2000 lakeshore drive new orleans, LA 70148	72-0702000	501(c)(3)	1,498,602				support of departments and colleges
university of new orleans international alumni association2021 lakeshore drive ste 420 new orleans, LA 70122	23-7080203	501(c)(3)	103,000				development of the organization's programs
2 Enter total number of seconganizations			•		•	•	2
3 Enter total number of oth							• 0
For Panerwork Peduction Act Not				Cat No. 50055			hedule I (Form 990) 2008

Part III	<b>Grants and Other Assista</b>	nce to Individuals in the United States	. Complete if the organization	answered "Yes'	" on Form 990,	Part IV, lır	ne 22.
	Use Schedule I-1 (Form 990	) if additional space is needed.					

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 each college department and/or the financial aid office of the university of new orleans selects students to receive scholarships the university of new orleans foundation provides funds to the university of new orleans so that the university can award the scholarships the university of new orleans foundation also transfers funds to the university of new orleans to support its departments and colleges

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DLN: 93493137062550

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

| 2

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Name of the organization** University of New Orleans Foundation **Employer identification number** 

72-1051326

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "		, , ,	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all f					
	✓ Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

Cat No 50053T

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI:	and/or 1099-MISC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
patrick gibbs (i)					815	200,815	
(ii							
(i)							
(iii							
(i)							
(iii							
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii							
(i)							
(ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

DLN: 93493137062550

OMB No 1545-0047

Open to Public

Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization University of New Orleans Foundation **Employer identification number** 

					72-1051326			
Pa	rt I Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line 1g	( <b>d</b> ) Method of de reven	etermi	nıng	
1	Art—Works of art	Х	1	96,700	comparable sales			
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications	Х		5,520	comparable sales			
5	Clothing and household goods							
6	Cars and other vehicles	Х	1	52,000	comparable sales			
7	Boats and planes	Х	1	35,000	comparable sales			
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution (historic structures)							
	Qualified conservation contribution (other)							
	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
hot	Other (describe ogammetry	V	,	20.000	comparable sales			
	other (december)	X	1	20,000	comparable sales			
	Other (describe)							
	Other (describe) Other (describe)							
		h., 4h., au-						
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ir for contributions for	29			0
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	hold for at					. '	'	ł
	least three years from the date of for the entire holding period? .			not required to be used for a	exempt purposes	30a		No
ь	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	•	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
	If "Yes", describe in Part II If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a)ıs	<u> </u>		

checked, describe in Part II

	mplete this part for any addition	
Identifier Method for Determining Number of	ReturnReference Part I, Column (b)	Explanation the organization is reporting the number of contributors
Contributors	Part 1, Column (b)	the organization is reporting the number of contributors

(Form 990)

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

**Supplemental Information to Form 990** 

responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 ▶ Attach to Form 990. To be completed by organizations to provide additional information for

Inspection

Name of the organization University of New Orleans Foundation **Employer identification number** 

72-1051326

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	uno chancellor's office support for donor cultivation, faculty & staff development, travel expenses, and official functions Expenses \$ 62593 including grants of \$ 0 Revenue \$ 30000

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		carla major, board member and tracie boutee, board member are sisters who are both voting members of the governing body ashton ryan, board member and timothy ryan, ex-officio board member are brothers, ashton ryan is a voting member of the governing body, while timothy ryan is a non-voting member of the governing body

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section A, line 6		voting board members		

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		voting board members

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		review ed by president/ceo, vice-president/cfo, assistant vice-president, and treasurer

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board members sign a policy statement annually, Foundation verifies ownership of entities prior to signing contracts

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		compare salary to statistics of similar organizations in geographical area

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Financial statements are on state legislative wiebsite. All information is available upon request

ldentifier	Return Reference	Explanation
Form 990, Part XI, line 2c	Committee that assumes the responsibility for oversight of the audit -	no changes fromthe prior year

#### DLN: 93493137062550

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE R** (Form 990)

Part I Identification of Disregarded Entities

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury See separate instructions. Internal Revenue Service Name of the organization **Employer identification number** 

University of New Orleans Foundation 72-1051326

<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	(E) End-of-year assets	<b>(F)</b> Direct controlling entity	
Don't IT I I don't fine tion of Doloted Tou. Furnish Ourse viset						

#### Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
university of new orleans					
2000 lakeshore drive new orleans, LA70148 72-0702000	higher education	LA	501(c)(3)	170(b)(1)(a)(II)	
privateer athletic foundation					
2021 lakeshore drive suite 420 new orleans, LA70122 72-1022543	support of athletics departments at UNO	LA	501(c)(3)	170(b)(1)(a)(vIII)	
uno property and housing development foundation					
2021 lakeshore drive suite 420 new orleans, LA70122 72-1505848	support of uno facilities	LA	501(c)(3)	170(b)(1)(a)(ıv)	
university of new orleans international alumni association					
2021 lakeshore drive suite 420 new orleans, LA70122 23-7080203	encourage alumnı support of uno	LA	501(c)(3)	170(b)(1)(a)(vı)	
Ear Demonstrate Deduction Act Nation and the Instructions for Form 000		Cot No FO13EV	,	•	Sahadula D (Farm 000) 2009

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No

- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- **h** Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Note: Complete fine 1 if any entity is fisted in Farts 11, 111 of 19			
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
ь	Gıft, grant, or capıtal contribution to other organization(s)	1b	Yes	
c	Gıft, grant, or capıtal contribution from other organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
	Γ			
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h	Yes	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
	Γ			
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	1р	Yes	
	Ţ			
q	O ther transfer of cash or property to other organization(s)	1q	Yes	
r	O ther transfer of cash or property from other organization(s)	1r	Yes	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
2	If the diswer to diff of the above is feet, see the histractions for information on who must complete this fine, including covered relationships and transaction thresholds			

(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Form 990	Schedule R,	Part V -	Transactio	ns with	<b>Related Organizations</b>	
				(A)		

university of new orleans international alumni association

university of new orleans

(11)

(12)

Name of other organization

		type(a-r)	(\$)
(1)	university of new orleans international alumni association	В	103,000
(2)	university of new orleans	В	1,925,350
(3)	university of new orleans	Н	294,731
(4)	university of new orleans	0	156,915
(5)	university of new orleans	Р	381,875
(6)	university of new orleans property and housing development foundation	Q	186,858
(7)	privateer athletic foundation	Q	472,509
(8)	university of new orleans international alumni association	Q	447,425
(9)	university of new orleans property and housing development foundation	R	158,749
(10)	privateer athletic foundation	R	509,373

**(B)** Transaction

R

R

(C) A mount Involved

212,543

210,000

Software ID: Software Version:

**EIN:** 72-1051326

Name: University of New Orleans Foundation

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada	Form 990, Part VII - Section Aaa										
		Posit t	(C tion ( hat a	chec	)				(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
tracie boutte , board member	0 0 0	Х						0	0	0	
allan colley , board member	0 00	Х						0	0	0	
darryl d'naquın , board member	0 00	Х						0	0	0	
malcolm ehrhardt , board member	0 00	Х						0	0	0	
mıchael flick , board member	0 00	Х						0	0	0	
timothy francis , board member	0 00	Х						0	0	0	
susan geoghegan , board member	0 00	Х						0	0	0	
alan heintzen , board member	0 00	Х						0	0	0	
susan hess , board member	0 00	Х						0	0	0	
william hines , board member	0 00	Х						0	0	0	
james hudson , board member	0 00	Х						0	0	0	
arnold kırschman , board member	0 00	Х						0	0	0	
mıchael laufer , board member	0 00	Х						0	0	0	
barry leblanc , board member	0 00	Х						0	0	0	
dıana lewıs , board member	0 00	Х						0	0	0	
carla major , board member	0 00	Х						0	0	0	
alvın merlın , board member	0 00	Х						0	0	0	
peter quirk , board member	0 00	Х						0	0	0	
gregory rigamer , board member	0 00	Х						0	0	0	
ashton ryan , board member	0 00	Х						0	0	0	
robert savoie , board member	0 00	Х						0	0	0	
gary solomon , board member	0 00	Х						0	0	0	
davıd voelker , board member	0 00	Х						0	0	0	
joseph exnicios , secretary	0 00	Х		Χ				0	0	0	
thomas kitchen , 1st vice chair	0 00	Х		Χ				0	0	0	
larry wink , chairman	0 00	Х		Х				0	0	0	
frederick young , treasurer	0 00	Х		Χ				0	0	0	
patrick gibbs , president/ceo	40 00			Х		Х		200,000	0	815	
eileen byrne , vice-president/cfo	40 00			Х		Х		135,679	0	6,336	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<u> </u>					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a service fees	611,710	1,560,970	1,560,970		
<b>b</b> miscellaneous	611,710	83,572	83,572		
<b>c</b> student travel fees	611,710	22,900	22,900		
<b>d</b> seminar registration f	611,710	21,322	21,322		
<b>e</b> royalties	611,710	6,160	6,160		