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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)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 81-0231777	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		E Telephone number (406) 791-5245	
C Name of organization UNIVERSITY OF GREAT FALLS Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1301 20TH STREET SOUTH City or town, state or country, and ZIP + 4 GREAT FALLS, MT 59405		G Gross receipts \$ 20,619,916	
F Name and address of principal officer EUGENE MCALLISTER 1301 20TH STREET SOUTH GREAT FALLS, MT 59405		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ HTTP //WWW.UGF.EDU/			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1932	M State of legal domicile MT

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities POST SECONDARY EDUCATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	520
6 Total number of volunteers (estimate if necessary)	6	98	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,851,823	1,198,608
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,370,160	18,822,404
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	371,258	105,220
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,388,441	441,134
		20,981,682	20,567,366
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,458,442	6,672,575
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,349,216	7,569,942
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 288,418		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,855,439	7,238,406
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,663,097	21,480,923
	19 Revenue less expenses Subtract line 18 from line 12	1,318,585	-913,557
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	20,124,420	19,958,793
	21 Total liabilities (Part X, line 26)	7,447,509	8,296,245
	22 Net assets or fund balances Subtract line 21 from line 20	12,676,911	11,662,548

Part II Signature Block
 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.

Sign Here	***** Signature of officer			2013-05-13 Date	
	EUGENE MCALLISTER PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	GERARD K SCHMITZ	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00039906
	Firm's name (or yours if self-employed), address, and ZIP + 4	DOUGLAS WILSON & COMPANY PC 1000 FIRST AVENUE SOUTH GREAT FALLS, MT 59401			EIN 81-0446334
					Phone no (406) 761-4645

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

AS AN EXPRESSION OF THE TEACHING MISSION OF JESUS CHRIST, THE MISSION OF THE UNIVERSITY OF GREAT FALLS IS TO PROVIDE STUDENTS WITH THE OPPORTUNITY TO OBTAIN A LIBERAL EDUCATION FOR LIVING AND FOR MAKING A LIVING

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 17,717,511 including grants of \$ 6,672,575) (Revenue \$ 19,351,046)

A LIBERAL ARTS UNIVERSITY PROVIDING HIGHER EDUCATIONSERVICES RESULTING IN BACHELOR AND MASTERS DEGREES ENROLLMENT OF APPROXIMATELY 1,020 STUDENTS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 17,717,511

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	Yes
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a98
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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. .	2a520
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b
4a	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 or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8No
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9aNo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9bNo
10	Section 501(c)(7) organizations. Enter	
a	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	
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	No
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ _____
18	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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 ▶ UNIVERSITY OF GREAT FALLS STACEY EVE 1301 20TH STREET SOUTH GREAT FALLS, MT 59405 (406) 761-8210

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN P CLARK DIRECTOR	1 00	X						0	0	0
(2) GLENN BLISS DIRECTOR	1 00	X						0	0	0
(3) MICHAEL GEORGE DIRECTOR	1 00	X						0	0	0
(4) DR DIANE LUND FACULTY REPRESENTATIVE	40 00	X						0	0	0
(5) TOM HIER DIRECTOR	1 00	X						0	0	0
(6) TU-HI HONG MD DIRECTOR	1 00	X						0	0	0
(7) ROBERT NOMMMENSENII CHAIR	1 00	X		X				0	0	0
(8) TYLER L WILL MD DIRECTOR	1 00	X						0	0	0
(9) SCOTT W WILSON DIRECTOR	1 00	X						0	0	0
(10) ED MATTEUCCI DIRECTOR	1 00	X						0	0	0
(11) BETH MCFADDEN DIRECTOR	1 00	X						0	0	0
(12) BRIAN MALLOY MD DIRECTOR	1 00	X						0	0	0
(13) BISHOP MICHAEL WARFEL DIRECTOR	1 00	X						0	0	0
(14) VINCENT PURPURA DIRECTOR	1 00	X						0	0	0
(15) RAY WAHLERT DIRECTOR	1 00	X						0	0	0
(16) DANIEL K SULLIVAN DIRECTOR	1 00	X						0	0	0
(17) GREG TIERNEY MD DIRECTOR	1 00	X						0	0	0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c	53,001					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	467,189					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	678,418					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f		1,198,608					
Program Service Revenue			Business Code						
	2a	TUITION	611600	16,446,582	16,446,582				
	b	AUXILLIARIES	611710	2,375,822	2,375,822				
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		18,822,404					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		105,220	105,220				
	4	Income from investment of tax-exempt bond proceeds . .							
	5	Royalties							
	6a	Gross rents	(i) Real	(ii) Personal					
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b	Less cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ 53,001 of contributions reported on line 1c) See Part IV, line 18	a	70,262					
			b	Less direct expenses	52,550				
			c	Net income or (loss) from fundraising events . .	17,712			17,712	
	9a	Gross income from gaming activities See Part IV, line 19	a						
			b	Less direct expenses					
c			Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances	a							
		b	Less cost of goods sold						
		c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code							
11a	OTHER	611710	292,689	292,689					
b	REALIZED GAIN AND OTHE	611710	130,733	130,733					
c									
d	All other revenue								
e	Total. Add lines 11a-11d		423,422						
12	Total revenue. See Instructions		20,567,366	19,351,046	0	17,712			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	6,672,575	6,672,575		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	274,357		274,357	
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	5,915,350	4,840,035	856,268	219,047
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,380,235	736,102	605,123	39,010
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	578,872	403,185	173,923	1,764
b	Legal	24,341		24,341	
c	Accounting	28,210		28,210	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	194,284	101,171	92,968	145
12	Advertising and promotion	85,996	42,318	42,079	1,599
13	Office expenses	217,544	108,515	104,173	4,856
14	Information technology				
15	Royalties				
16	Occupancy	2,179,421	1,803,243	376,178	
17	Travel	874,424	809,649	61,034	3,741
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	184,596	131,190	44,985	8,421
20	Interest	207,470		207,470	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	795,727	711,866	83,861	
23	Insurance	289,983	97,757	192,226	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	COGS	661,716	661,651	65	
b	OTHER SUPPLIES	203,447	187,152	16,295	
c	BAD DEBT	190,427		190,427	
d	MEMBERSHIPS	184,352	158,015	24,772	1,565
e					
f	All other expenses	337,596	253,087	76,239	8,270
25	Total functional expenses. Add lines 1 through 24f	21,480,923	17,717,511	3,474,994	288,418
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			159,754	1	97,169
	2	Savings and temporary cash investments			619,881	2	1,595,732
	3	Pledges and grants receivable, net			399,484	3	405,596
	4	Accounts receivable, net			1,559,736	4	386,250
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				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			702,900	7	702,469
	8	Inventories for sale or use			114,566	8	196,735
	9	Prepaid expenses and deferred charges			207,086	9	207,092
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	23,135,686			
	b	Less: accumulated depreciation	10b	15,478,808	7,997,190	10c	7,656,878
	11	Investments—publicly traded securities			6,698,947	11	7,146,827
	12	Investments—other securities. See Part IV, line 11			1,311,060	12	1,199,070
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			353,816	15	364,975
	16	Total assets. Add lines 1 through 15 (must equal line 34)			20,124,420	16	19,958,793
Liabilities	17	Accounts payable and accrued expenses			533,070	17	449,628
	18	Grants payable				18	
	19	Deferred revenue			4,435	19	14,870
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,505,556	23	2,584,092
	24	Unsecured notes and loans payable to unrelated third parties			3,441,903	24	4,321,247
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			962,545	25	926,408
	26	Total liabilities. Add lines 17 through 25			7,447,509	26	8,296,245
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,602,530	27	3,738,858
	28	Temporarily restricted net assets			1,049,350	28	900,531
	29	Permanently restricted net assets			7,025,031	29	7,023,159
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			12,676,911	33	11,662,548
	34	Total liabilities and net assets/fund balances			20,124,420	34	19,958,793

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,567,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,480,923
3	Revenue less expenses Subtract line 2 from line 1	3	-913,557
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,676,911
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-100,806
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,662,548

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization UNIVERSITY OF GREAT FALLS	Employer identification number 81-0231777
---	--

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(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)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

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 exempt 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).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

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

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 	
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 	

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, 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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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			
b 33 1/3% support tests—2010. 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			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	4
2	Aggregate contributions to (during year)	50,689
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	780,818
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ 81,670

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- ☒ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☒ Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	9,175,545	8,339,038	8,130,022	8,050,899	
b Contributions	55,310	482,947	183,908	211,762	
c Investment earnings or losses	52,967	103,560	184,525	-16,891	
d Grants or scholarships	119,032	250,000	159,417	131,450	
e Other expenditures for facilities and programs					
f Administrative expenses				18,080	
g End of year balance	9,164,790	9,175,545	8,339,038	8,130,022	

2 Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment ▶

20 000 %
- Permanent endowment ▶

76 000 %
- Term endowment ▶

4 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii) Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	150,000	67,459		217,459
b Buildings		10,933,489	6,154,430	4,779,059
c Leasehold improvements		900,579	401,477	499,102
d Equipment		6,929,785	6,377,432	552,353
e Other		4,154,374	2,545,469	1,608,905
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				7,656,878

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	120,567,366
2	Total expenses (Form 990, Part IX, column (A), line 25)	21,480,923
3	Excess or (deficit) for the year Subtract line 2 from line 1	-913,557
4	Net unrealized gains (losses) on investments	-87,638
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-13,168
9	Total adjustments (net) Add lines 4 - 8	-100,806
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-1,014,363

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	113,807,153
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-87,638	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d-6,672,575	
e	Add lines 2a through 2d2e-6,760,213	
3	Subtract line 2e from line 1320,567,366	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)520,567,366	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	114,808,348
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d-6,672,575	
e	Add lines 2a through 2d2e-6,672,575	
3	Subtract line 2e from line 1321,480,923	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)521,480,923	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE ARTWORK DONATED TO THE UNIVERSITY IN FISCAL YEAR 2010 IS A FIVE PANEL DEPICTION OF THE LEWIS AND CLARK EXPEDITION. EACH PANEL PRESENTS A DIFFERENT LANDSCAPE AND SCENE COMPLETE WITH THE HISTORIC FIGURES INVOLVED IN THE EXPEDITION. THIS ARTWORK REPRESENTS THE COURAGE OF THE EXPLORERS ON THEIR MISSION, AND RELATES TO THE UNIVERSITY'S OWN CORPS OF DISCOVERY PROGRAM. THE UNIVERSITY'S CORPS OF DISCOVERY PROGRAM PUSHES THE LIMITS OF STUDENTS AND PROVIDES THEM WITH NEW PERSPECTIVES - ON LIFE AND SELF. PHYSICAL CHALLENGES, LIKE RAFTING ON THE MISSOURI RIVER, HONE THEIR TEAM-BUILDING SKILLS, WHILE CLASSROOM ACTIVITIES, THAT GUIDE THEM THROUGH THEIR INNER TERRAIN IN SEARCH OF KEY PRINCIPLES, CORE VALUES, STUDENTS' LIFE'S PURPOSES, AND TALENTS.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	SCHOLARSHIPS
PART XI, LINE 8 - OTHER ADJUSTMENTS		PRIOR YEAR RESTATEMENT -13,168
PART XII, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIPS SHOWN AS REVENUE IN AUDIT - 6,672,575
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIPS SHOWN AS REVENUE IN AUDIT - 6,672,575

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

Part I		YES	NO
<div>1</div> 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?	1	Yes	
	2	Yes	
	3	Yes	
<div>4</div> Does the organization maintain the following? <div>a</div> Records indicating the racial composition of the student body, faculty, and administrative staff? <div>b</div> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <div>c</div> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <div>d</div> 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, use Part II	4a	Yes	
	4b	Yes	
	4c	Yes	
	4d	Yes	
<div>5</div> Does the organization discriminate by race in any way with respect to <div>a</div> Students' rights or privileges? <div>b</div> Admissions policies? <div>c</div> Employment of faculty or administrative staff? <div>d</div> Scholarships or other financial assistance? <div>e</div> Educational policies? <div>f</div> Use of facilities? <div>g</div> Athletic programs? <div>h</div> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
<div>6a</div> Does the organization receive any financial aid or assistance from a governmental agency? <div>b</div> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6a	Yes	
	6b		No
<div>7</div> 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," explain on Part II	7	Yes	

Part III **Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES GRANTS FROM GOVERNMENTAL AGENCIES WHICH ARE USED TO PROVIDE BOTH DIRECT AND INDIRECT ASSISTANCE TO STUDENTS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SPORT EVENTS (event type)	BANQUETS/MEAL EVENTS (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	32,996	90,267	123,263
	2	Less Charitable contributions	19,043	33,958	53,001
	3	Gross income (line 1 minus line 2)	13,953	56,309	70,262
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes . . .			
	6	Rent/facility costs . .	9,295	211	9,506
	7	Food and beverages . .	75	7,960	8,035
	8	Entertainment			
	9	Other direct expenses .	6,566	28,443	35,009
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(52,550)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			17,712

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes . . .			
	4	Rent/facility costs . .			
	5	Other direct expenses . .			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d). ▶					

9 Enter the state(s) in which the organization operates gaming activities MT

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," Explain NO LICENSE IS REQUIRED

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," Explain

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☒

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☒

No

13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	
b	An outside facility	13b	100 000 %

- 14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

STACEY EVE

Address

1301 20TH STREET SOUTH
GREAT FALLS,MT 59405

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☒

No

- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

- 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

- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☒

No

- 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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF GREAT FALLS

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
81-0231777

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS-TUTION, FEES, BOOKS, ETC	919	6,540,047		FMV	SCHOLARSHIPS ARE POSTED TO THE STUDENTS ACCOUNTS FOR USE TOWARDS THE COST OF TUITION, FEES, TEXTBOOKS, ON CAMPUS HOUSING AND OTHER EDUCATION PROGRAM COSTS
(2) SCHOLARSHIPS-HOUSING ALLOWANCE	21	132,528		FMV	DIRECT HOUSING ALLOWANCES ARE GRANTED TO CERTAIN STUDENTS WHO MEET SPECIFIC CRITERIA

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

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

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.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	REPORTABLE BASE COMPENSATION OF THE PRESIDENT INCLUDES \$18,000 FOR HOUSING ALLOWANCE AND \$5,000 FOR CAR ALLOWANCE

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	1		REPORTED BY UNIVERSITY
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				Yes No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	AFTER COMPLETETION, THE VP OF FINANCE & ADMINISTRATION/CFO REVIEWS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS IS ANNUALLY REQUIRED TO COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE AND SUBMIT TO PROVIDENCE HEALTH AND SERVICES
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE BOARD OF TRUSTEES. COMPENSATION IS BASED UPON MARKET DATA GATHERED BY INDEPENDENT ORGANIZATIONS SUCH AS PROFESSIONAL PLACEMENT FIRMS AND OTHER HIGHER EDUCATION CONSULTANTS. OFFICERS AND KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE PRESIDENT AND DISCUSSED WITH THE BOARD OF TRUSTEES. COMPARABLE POSITIONS AT OTHER UNIVERSITIES ARE CONSIDERED AS WELL AS DATA COLLECTED FROM HIGHER EDUCATION REFERENCE ORGANIZATIONS SUCH AS THE CHRONICLE OF HIGHER EDUCATION AND CONSULTING FIRMS.
	FORM 990, PART VI, SECTION C, LINE 18	FORM 990 IS PROVIDED UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	FORM 990 IS PROVIDED UPON REQUEST
PROVIDED A COPY TO THE BOARD BEFORE FILING	FORM 990, PART VI, LINE 11A	THE 990 IS DISTRIBUTED TO THE BOARD MEMBERS DURING THE BOARD MEETING. THIS YEAR IT WILL BE DISTRIBUTED ON MAY 10, 2013. THE PRESIDENT AND VP OF FINANCE AND HUMAN RESOURCES REVIEWS THE 990 PRIOR TO THE DISTRIBUTION TO ENSURE ACCURACY.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -87,638. PRIOR YEAR RESTATEMENT -13,168. TOTAL TO FORM 990, PART XI, LINE 5 -100,806
OVERSIGHT FOR AUDIT	FORM 990 PART XI LINE 2C	UGF MAINTAINS A FINANCE COMMITTEE COMPRISED OF SELECT BOARD MEMBERS AND KEY STAFF. THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR MAKING A RECOMMENDATION TO THE FULL BOARD FOR SELECTION OF THE INDEPENDENT AUDITOR AND REVIEW OF THE AUDIT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PROVIDENCE VENTURES 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0122216	INVESTMENT	CA		C			
(2) CARON HEALTH CORPORATION 510 W FRONT ST MISSOULA, MT 59802 81-0486082	MEDICAL PHYSICIAN SERVICE	MT		C			
(3) PROVIDENCE HEALTH CARE VENTURES 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714	CLINICAL/MEDICAL LAB	WA		C			
(4) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963	RENTAL REAL ESTATE	WA		C			
(5) PROVIDENCE PHYSICIANS SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 91-1216033	CLINICAL/MEDICAL LAB	WA					
(6) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431	CLINICAL/MEDICAL LAB	WA		C			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization 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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

Yes

2 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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PROVIDENCE HEALTH & SERVICES - WASHINGTON	C	100,000	
(2) PROVIDENCE HEALTH & SERVICES - WASHINGTON	E	4,321,247	
(3) PROVIDENCE HEALTH & SERVICES - WASHINGTON	N	119,919	
(4) PROVIDENCE HEALTH & SERVICES - WASHINGTON	P	1,104,363	
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 81-0231777

Name: UNIVERSITY OF GREAT FALLS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
PROVIDENCE HEALTH & SERVICES - WASHINGTON 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586	HEALTHCARE SYSTEM	WA	501(C)(3)	LINE 3	N/A		No
PROVIDENCE HEALTH & SERVICES - OREGON 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587	HEALTHCARE SYSTEM	OR	501(C)(3)	LINE 3	N/A		No
PROVIDENCE HEALTH & SERVICES - SO CALIFORNIA 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216589	HEALTHCARE SYSTEM	CA	501(C)(3)	LINE 3	N/A		No
PROVIDENCE EVERETT MEDICAL CENTER 1321 COLBY AVENUE EVERETT, WA 98201 91-0568303	HEALTHCARE	WA	501(C)(3)	LINE 3	N/A		No
EVERETT TRANSITIONAL CARE SERVICES PO BOX 1067 EVERETT, WA 982061067 94-3264605	TRANSITIONAL CARE	WA	501(C)(3)	LINE 9	N/A		No
PROVIDENCE HOSPICE & HOME CARE OF SNOHOMISH COUNTY 2731 WETMORE 500 EVERETT, WA 98201 91-1054828	HOSPICE & HOME CARE	WA	501(C)(3)	LINE 7	N/A		No
HOSPICE OF SEATTLE 425 PONTIUS AVENUE NORTH SUITE 300 SEATTLE, WA 98109 91-0968177	HOSPICE & PALLIATIVE CARE	WA	501(C)(3)	LINE 7	N/A		No
PROVIDENCE OREGON MANAGEMENT CORPORATION 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 93-0813977	SHELL CORPORATION	OR	501(C)(3)	LINE 1	N/A		No
PROVIDENCE PLAN PARTNERS 3601 SW MURRAY BLVD 10 BEAVERTON, OR 97005 91-1861964	HEALTHCARE SERVICES	OR	501(C)(3)	N/A	N/A		No
PROVIDENCE HEALTH PLAN 3601 SW MURRAY BLVD 10 BEAVERTON, OR 97005 93-0863097	HEALTH SERVICE CONTRACTOR	OR	501(C)(3)	N/A	N/A		No
PROVIDENCE HEALTH ASSURANCE 3601 SW MURRAY BLVD 10 BEAVERTON, OR 97005 55-0828701	MEDICAL HEALTHCARE PROVIDER	OR	501(C)(3)	N/A	N/A		No
PROVIDENCE MEDICAL INSTITUTE 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0283773	HEALTHCARE	CA	501(C)(3)	LINE 11/TYPE I	N/A		No
LITTLE COMPANY OF MARY ANCILLARY SERVICES CORPORATION 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0844408	IMAGING SERVICES	CA	501(C)(3)	LINE 9	N/A		No
PROVIDENCE TRINITY CARE HOSPICE 2601 AIRPORT DIRVE 230 TORRANCE, CA 90505 95-3264139	HOSPICE	CA	501(C)(3)	LINE 9	N/A		No
PROVIDENCE HEALTH SYSTEM HOUSING 1801 LINE AVENUE SW 9016 RENTON, WA 980579016 94-3230587	ASSISTED LIVING	AK	501(C)(3)	LINE 9	N/A		No
LUNDBERG ASSOCIATION 5921 E BURNSIDE PORTLAND, OR 97215 91-1562797	HOUSING	OR	501(C)(3)	LINE 7	N/A		No
ST LUKE ASSOCIATION 350 WASHINGTON AVE SE CHEHALIS, WA 98352 94-3176618	HOUSING	WA	501(C)(3)	LINE 7	N/A		No
PROVIDENCE BLANCHET ASSOCIATION 1700 PROVIDENCE PL CENTRALIA, WA 98531 91-1789266	HOUSING	WA	501(C)(3)	LINE 7	N/A		No
PROVIDENCE ROSSI ASSOCIATION 1700 PROVIDENCE PL CENTRALIA, WA 98531 31-1584166	HOUSING	WA	501(C)(3)	LINE 9	N/A		No
PROVIDENCE ST FRANCIS ASSOCIATION 3415 12TH AVENUE NE OLYMPIA, WA 98506 94-3244854	HOUSING	WA	501(C)(3)	LINE 7	N/A		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

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PROVIDENCE PETER CLAVER ASSOCIATION 7101 38TH AVENUE SOUTH SEATTLE, WA 98118 31-1629656	HOUSING	WA	501(C) (3)	LINE 7	N/A		No
PROVIDENCE ST ELIZABETH HOUSE ASSOCIATION 3201 SW GRAHAM ST SEATTLE, WA 98126 91-2171539	HOUSING	WA	501(C) (3)	LINE 7	N/A		No
PROVIDENCE GAMELIN HOUSE ASSOCIATION 4515 MLK JR WAY S SUITE 200 SEATTLE, WA 98108 31-1744654	HOUSING	WA	501(C) (3)	LINE 7	N/A		No
THE GAMELIN ASSOCIATION 312 NORTH FOURTH ST YAKIMA, WA 98901 91-1180824	HOUSING	WA	501(C) (3)	LINE 1	N/A		No
THE GAMELIN OREGON ASSOCIATION 5520 NE GLISAN PORTLAND, OR 97213 91-1214491	HOUSING	OR	501(C) (3)	LINE 9	N/A		No
THE GAMELIN CALIFORNIA ASSOCIATION 540 23RD ST OAKLAND, CA 94612 91-1293869	HOUSING	CA	501(C) (3)	LINE 9	N/A		No
GAMELIN WASHINGTON ASSOCIATION 1423 FIRST AVENUE SEATTLE, WA 98101 20-1910170	HOUSING	WA	501(C) (3)	LINE 7	N/A		No
PROVIDENCE FOUNDATION 1801 LINE AVENUE SW RENTON, WA 980579016 94-3078543	SUPPORT PH&S INSTITUTIONS	WA	501(C) (3)	LINE 11/TYPE I	N/A		No
PROVIDENCE ALASKA FOUNDATION 3300 PROVIDENCE DRIVE - B TOWER 2 ANCHORAGE, AK 99508 92-0093565	SUPPORT PHS- ALASKA	AK	501(C) (3)	LINE 11/TYPE I	N/A		No
PROVIDENCE ST PETER FOUNDATION 413 LILLY ROAD NE OLYMPIA, WA 985065166 91-1097056	SUPPORT AFFILIATED TAX- EXEMPT ORGANIZATION	WA	501(C) (3)	LINE 7	N/A		No
PROVIDENCE HEALTH CARE FOUNDATION (CENTRALIA) 914 S SCHEUBER ROAD CENTRALIA, WA 98531 91-1433382	SUPPORT PROVIDENCE CENTRALIA HOSPITAL	WA	501(C) (3)	LINE 7	N/A		No
PROVIDENCE MOUNT ST VINCENT FOUNDATION 4831-35TH AVENUE SW SEATTLE, WA 981262799 91-1188119	SUPPORT PROVIDENCE MOUNT ST VINCENT	WA	501(C) (3)	LINE 7	N/A		No
PROVIDENCE MARIANWOOD FOUNDATION 3725 PROVIDENCE POINT DR SE ISSAQUAH, WA 980297219 93-1554288	SUPPORT PROVIDENCE MARIANWOOD	WA	501(C) (3)	LINE 11/TYPE I	N/A		No
PROVIDENCE NEWBERG HEALTH FOUNDATION 1001 PROVIDENCE DRIVE NEWBERG, OR 97132 93-0889144	SUPPORT PROVIDENCE NEWBERG MEDICAL CENTER	OR	501(C) (3)	LINE 7	N/A		No
PROVIDENCE SEASIDE HOSPITAL FOUNDATION 725 S WAHANNA ROAD SEASIDE, OR 97138 93-0927320	SUPPORT PROVIDENCE SEASIDE HOSPITAL	OR	501(C) (3)	LINE 7	N/A		No
PROVIDENCE COMMUNITY HEALTH FOUNDATION 1111 CRATER LAKE AVENUE MEDFORD, OR 97504 93-0692907	SUPPORT PROVIDENCE MEDFORD MEDICAL CENTER	OR	501(C) (3)	LINE 7	N/A		No
PROVIDENCE BENEDICTINE NURSING CENTER 540 SOUTH MAIN ST MT ANGEL, OR 973629532 91-1940286	SUPPORT PROVIDENCE BENEDICTINE NURSING CENTER	OR	501(C) (3)	LINE 7	N/A		No
PROVIDENCE PORTLAND MEDICAL FOUNDATION 4805 NE GLISAN ST PORTLAND, OR 972132967 93-1231494	SUPPORT PROVIDENCE PORTLAND MEDICAL CENTER	OR	501(C) (3)	LINE 7	N/A		No
PROVICENCE ST VINCENT MEDICAL FOUNDATION 9205 SW BARNES ROAD PORTLAND, OR 97225 93-0575982	SUPPORT PROVIDENCE ST VINCENT MEDICAL CENTER	OR	501(C) (3)	LINE 7	N/A		No
PROVIDENCE MILWAUKIE FOUNDATION 10150 SE 32ND MILWAUKIE, OR 97222 94-3079515	SUPPORT PROVIDENCE MILWAUKIE HOSPITAL	OR	501(C) (3)	LINE 7	N/A		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
PROVIDENCE CHILD CENTER FOUNDATION 830 NE 47TH PORTLAND, OR 97213 93-0800140	SUPPORT PROVIDENCE CHILD CENTER	OR	501(C)(3)	LINE 7	N/A		No
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION INC 811 13TH ST HOOD RIVER, OR 97031 93-0921990	SUPPORT PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL	OR	501(C)(3)	LINE 7	N/A		No
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION 2601 AIRPORT DRIVE 230 TORRANCE, CA 90505 33-0261016	SUPPORT TRINITYCARE HOSPICE	CA	501(C)(3)	LINE 7	N/A		No
LITTLE COMPANY OF MARY COMMUNITY HEALTH FOUNDATION 4101 TORRANCE BLVD TORRANCE, CA 90503 51-0224944	SUPPORT LITTLE COMPANY OF MARY SERVICE AREA	CA	501(C)(3)	LINE 7	N/A		No
PH&S FOUNDATIONSFVSA & SCVSA 501 S BUENA VISTA STREET BURBANK, CA 91505 95-3544877	SUPPORT PROGRAM & ACTIVITIES OF SFVSA & SCVSA	CA	501(C)(3)	LINE 7	N/A		No
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION 425 PONTIUS AVE N SUITE 300 SEATTLE, WA 981095452 91-2077378	SUPPORT HOSPICE OF SEATTLE	WA	501(C)(3)	LINE 11/TYPE I	N/A		No
PROVIDENCE HOLY CROSS FOUNDATION (FINAL EFF 103108) 501 S BUENA VISTA STREET BURBANK, CA 915054809 95-4838458	SUPPORT PROVIDENCE HOLY CROSS MEDICAL CENTER	CA	501(C)(3)	LINE 7	N/A		No
THE JOHN GABRIEL RYAN ASSOCIATIOIN 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	HEALTHCARE	WA	501(C)(3)	LINE 3	N/A		No
PROVIDENCE HEALTH CARE 101 W 8TH AVENUE TAF C-9 SPOKANE, WA 99220 91-1211963	HEALTHCARE SYSTEM	WA	501(C)(3)	LINE 3	N/A		No
PROVIDENCE HEALTH & SERVICES 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796	SHELL CORPORATION	WA	501(C)(3)	LINE 11/TYPE I	N/A		No
ST PATRICK HOSPITAL AND HEALTH SCIENCES CENTER 500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793	HEALTHCARE	MT	501(C)(3)	LINE 3	N/A		No
ST MARY MEDICAL CENTER PO BOX 1477 WALLA WALLA, WA 99362 91-0564994	HEALTHCARE	WA	501(C)(3)	LINE 3	N/A		No
ST JOSEPH HOSPITAL CORPORATION PO BOX 1010 POLSON, MT 598601010 81-0463482	HEALTHCARE	MT	501(C)(3)	LINE 3	N/A		No
ST THOMAS CHILD AND FAMILY CENTER 1710 BENEFIS COURT GREAT FALLS, MT 59405 81-0233495	EARLY CHILDHOOD EDUCATION	MT	501(C)(3)	LINE 1	N/A		No
SISTERS OF PROVIDENCE OF MONTANA CORPORATION 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 26-2612415	SHELL CORPORATION	MT	501(C)(3)	LINE 1	N/A		No
SACRED HEART CHILDREN'S FOUNDATION PO BOX 2555 SPOKANE, WA 99220 32-0014330	SUPPORT SACRED HEART CHILDREN'S HOSPITAL	WA	501(C)(3)	LINE 7	N/A		No
ST PATRICK HOSPITAL AND HEALTH FOUNDATION 500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 23-7056976	SUPPORT HEALTHCARE IN WESTERN MONTANA	MT	501(C)(3)	LINE 7	N/A		No
EASTERN WA & MT UNEMPLOYMENT COMPENSATION INSURANCE TRUST 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1082119	UNEMPLOYMENT BENEFITS	WA	501(C)(3)	LINE 11/TYPE I	N/A		No