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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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 province, country, and ZIP or foreign postal code
GREAT FALLS, MT 59405

D Employer identification number
81-0231777

E Telephone number
(406) 791-5245

G Gross receipts $ 24,904,806

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW UGF EDU/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1932

M State of legal domicile MT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
POST SECONDARY EDUCATION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	470
6	Total number of volunteers (estimate if necessary)	**6**	95
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,511,419	3,640,018
9	Program service revenue (Part VIII, line 2g)	19,818,929	20,316,983
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102,882	139,982
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	682,152	722,401
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,115,382	24,819,384
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,821,237	8,791,941
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)	7,918,658	8,226,653
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶113,104		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,975,412	6,742,477
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,715,307	23,761,071
19	Revenue less expenses Subtract line 18 from line 12	1,400,075	1,058,313

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	21,134,208	22,860,030
21	Total liabilities (Part X, line 26)	7,642,077	7,239,801
22	Net assets or fund balances Subtract line 21 from line 20	13,492,131	15,620,229

Net Assets or Fund Balances

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

****** | 2014-11-11
Signature of officer | Date

EUGENE MCALLISTER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GERARD K SCHMITZ				P00039906

Firm's name ▶ DOUGLAS WILSON & COMPANY PC | Firm's EIN ▶ 81-0446334

Firm's address ▶ 1000 FIRST AVENUE SOUTH
GREAT FALLS, MT 59401 | 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 or note to any line 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 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 $ 17,081,212 including grants of $ 8,791,941) (Revenue $ 20,316,983)

A LIBERAL ARTS UNIVERSITY PROVIDING HIGHER EDUCATIONSERVICES RESULTING IN BACHELOR AND MASTERS DEGREES ENROLLMENT OF APPROXIMATELY 1,217 UNDERGRADUATE STUDENTS AND 106 GRADUATE/PROFESSIONAL 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** ▶ 17,081,212

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I (see instructions)*	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? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	84		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	470		
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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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, securities account, or other financial account)?	4a			No
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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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 as charitable contributions? . . .	6a			No
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?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
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 or note to any line 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**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	20		
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**		Yes	
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 this 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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

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 or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) TOM HIER DIRECTOR	1 00	X						0	0	0
(3) ROBERT NOMMENSENII CHAIR	1 00	X		X				0	0	0
(4) TYLER L WILL MD DIRECTOR	1 00	X						0	0	0
(5) SCOTT WILSON DIRECTOR	1 00	X						0	0	0
(6) BETH MCFADDEN DIRECTOR	1 00	X						0	0	0
(7) BISHOP MICHAEL WARFEL DIRECTOR	1 00	X						0	0	0
(8) VINCENT PURPURA DIRECTOR	1 00	X						0	0	0
(9) DANIEL K SULLIVAN DIRECTOR	1 00	X						0	0	0
(10) BARBARA BYRNE DIRECTOR	1 00	X						0	0	0
(11) BENNETT CARTER DIRECTOR	1 00	X						0	0	0
(12) TIM LIGHTBOURNE DIRECTOR	1 00	X						0	0	0
(13) JACK MUDD JD DIRECTOR	1 00	X						0	0	0
(14) ROGER WITT DIRECTOR	1 00	X						0	0	0
(15) KATHY RICE DIRECTOR	1 00	X						0	0	0
(16) ARTHUR GEIGER DIRECTOR	1 00	X						0	0	0
(17) KRIS HOUTONEN DIRECTOR	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(18) LESLIE MARSH DIRECTOR	1 00	X						0	0	0
(19) DEBORAH KOTTEL FACULTY REPRESENTATIVE	40 00	X						0	0	0
(20) MARGARET EISEN STUDENT REPRESENTATIVE	40 00	X						0	0	0
(21) EUGENE MCALLISTER PHD UNIVERSITY PRESIDENT	40 00					X		165,000	0	4,950
(22) STACEY EVE VP FINANCE & HR	40 00					X		110,000	0	3,300
(23) TIMOTHY LAURENT VP ACADEMIC AFFAIRS/PROVOS	40 00					X		125,000	0	3,750
(24) JULIE EDSTROM VP ENROLLMENT MGMT	40 00					X		110,000	0	825
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								510,000	0	12,825

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SYSCO FOOD SERVICES OF MONTANA PO BOX 31198 BILLINGS MT 59107	FOOD	256,867
ELITE SECURITY SERVICES LLC 3905 4TH ST NE GREAT FALLS MT 59404	SECURITY	207,155
IT1 SOURCE 4110 N SCOTTSDALE RD 300 SCOTTSDALE AZ 85251	SOFTWARE/HARDWARE	169,462
BIG SKY BUS LINES INC 2920 15TH ST BLACK EAGLE MT 59414	TRANSPORTATION	146,543
ROYALL & COMPANY 1920 E PARHAM RD RICHMOND VA 23228	RECRUITMENT	132,393

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	41,791			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	309,747			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,288,480			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		3,640,018			
Program Service Revenue			Business Code				
	2a	TUITION	611600	17,655,108	17,655,108		
	b	AUXILIARIES	611710	2,661,875	2,661,875		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		20,316,983			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		139,982			139,982
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ 41,791 of contributions reported on line 1c) See Part IV, line 18 . .	a 113,158				
	b	Less direct expenses . . .	b 85,422				
	c	Net income or (loss) from fundraising events . . ▶		27,736			27,736
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	REALIZED GAIN AND OTHER INVESTMEN	611710	420,140	420,140		
	b	OTHER	611710	274,525	274,525		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		694,665			
	12	**Total revenue.** See Instructions . . . . . ▶		24,819,384	21,011,648	0	167,718

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)

Check if Schedule O contains a response or note to any line 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	8,791,941	8,791,941		
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				
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	6,713,865	4,794,355	1,850,329	69,181
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,512,788	795,732	703,597	13,459
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	613,185	254,986	358,199	
b Legal	2,950		2,950	
c Accounting	23,550		23,550	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	243,955	122,867	120,853	235
12 Advertising and promotion	87,909	22,594	63,144	2,171
13 Office expenses	150,565	63,723	81,097	5,745
14 Information technology				
15 Royalties . .				
16 Occupancy	1,614,267	113,710	1,499,681	876
17 Travel	806,144	733,474	70,400	2,270
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	303,622	223,532	72,940	7,150
20 Interest	190,878		190,878	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	793,874	511,981	281,893	
23 Insurance	310,018	73,809	236,209	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COGS	651,090	37	651,053	
b OTHER SUPPLIES	232,698	205,368	26,953	377
c MEMBERSHIPS	162,299	133,567	28,482	250
d LIBRARY	117,228	117,228		
e All other expenses	438,245	122,308	304,547	11,390
25 **Total functional expenses.** Add lines 1 through 24e	23,761,071	17,081,212	6,566,755	113,104
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		93,740	1	94,203
	2	Savings and temporary cash investments		962,812	2	674,709
	3	Pledges and grants receivable, net		300,308	3	476,258
	4	Accounts receivable, net		528,691	4	1,408,031
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		703,792	7	686,382
	8	Inventories for sale or use		123,400	8	128,498
	9	Prepaid expenses and deferred charges		164,511	9	175,109
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,177,334			
	b	Less accumulated depreciation	10b 17,091,335	7,379,417	10c	7,085,999
	11	Investments—publicly traded securities		9,186,330	11	10,549,864
	12	Investments—other securities See Part IV, line 11		1,309,969	12	1,184,844
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		381,238	15	396,133
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		21,134,208	16	22,860,030
Liabilities	17	Accounts payable and accrued expenses		546,881	17	394,693
	18	Grants payable			18	
	19	Deferred revenue		12,650	19	15,950
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		2,462,028	23	2,339,964
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		4,620,518	25	4,489,194
	26	**Total liabilities.** Add lines 17 through 25		7,642,077	26	7,239,801
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,746,177	27	4,947,897
	28	Temporarily restricted net assets		2,573,239	28	3,373,403
	29	Permanently restricted net assets		7,172,715	29	7,298,929
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		13,492,131	33	15,620,229
	34	Total liabilities and net assets/fund balances		21,134,208	34	22,860,030

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,819,384
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,761,071
3	Revenue less expenses Subtract line 2 from line 1	3	1,058,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,492,131
5	Net unrealized gains (losses) on investments	5	1,069,784
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,620,229

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes	

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **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 See **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 - Non-functionally integrated

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?

	Yes	No
(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 supported organization? — **11g(i)**		
(ii) A family member of a person described in (i) above? — **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? — **11g(iii)**		

h Provide the following information about the supported organization(s)

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see 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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a 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—2013.** 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—2012.** 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 III **Support Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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)		60,480
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		860,696

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? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☑ No

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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☑ Public exhibition
- b ☐ Scholarly research
- c ☑ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	9,636,277	9,164,790	9,175,545	8,339,038	8,130,022
b	Contributions	77,623	146,117	55,310	482,947	183,908
c	Net investment earnings, gains, and losses	824,289	448,939	52,967	103,560	184,525
d	Grants or scholarships	137,596	123,569	119,032	250,000	159,417
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	10,400,593	9,636,277	9,164,790	9,175,545	8,339,038

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 17 000 %
- b Permanent endowment ▶ 70 000 %
- c Temporarily restricted endowment ▶ 13 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		217,459		217,459
b Buildings		11,373,048	6,931,806	4,441,242
c Leasehold improvements		924,540	493,069	431,471
d Equipment		7,437,654	6,752,636	685,018
e Other		4,224,633	2,913,824	1,310,809
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				7,085,999

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH AND CASH EQUIVALENTS	273,213	C
(B) BENEFICIAL INTEREST IN PERPETUAL TRUST	911,631	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,184,844	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
STUDENT DEPOSITS	120,135
US GOVERNMENT LOAN FUNDS REFUNDABLE	773,102
DEPOSITS HELD IN CUSTODY FOR OTHERS	24,641
RELATED PARTY NOTES PAYABLE	3,571,316
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,489,194

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	17,097,227
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,069,784		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-8,791,941		
e	Add lines **2a** through **2d**			2e	-7,722,157
3	Subtract line **2e** from line **1**			3	24,819,384
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 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	24,819,384

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	14,969,129
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-8,791,941		
e	Add lines **2a** through **2d**			2e	-8,791,941
3	Subtract line **2e** from line **1**			3	23,761,070
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 7b	4a			
b	Other (Describe in Part XIII)	4b	1		
c	Add lines **4a** and **4b**			4c	1
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	23,761,071

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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
PART V, LINE 4	SCHOLARSHIPS
PART XI, LINE 2D - OTHER ADJUSTMENTS	SCHOLARSHIPS SHOWN AS REDUCTION TO REVENUE IN AUDIT -8,791,941
PART XII, LINE 2D - OTHER ADJUSTMENTS	SCHOLARSHIPS SHOWN AS REDUCTION TO REVENUE IN AUDIT -8,791,941
PART XII, LINE 4B - OTHER ADJUSTMENTS	ROUNDING 1

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

Part I

			YES	NO
1	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	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	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 II Supplemental Information. 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)

Return Reference	Explanation
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

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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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email 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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SPORT EVENTS (event type)	(b) Event #2 BANQUETS/MEAL EVENTS (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	75,307	79,642		154,949
	2 Less Contributions	18,260	23,531		41,791
	3 Gross income (line 1 minus line 2)	57,047	56,111		113,158
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,705	576		11,281
	7 Food and beverages	3,054	13,739		16,793
	8 Entertainment				
	9 Other direct expenses	42,572	14,776		57,348
	10 Direct expense summary Add lines 4 through 9 in column (d)				(85,422)
	11 Net income summary Subtract line 10 from line 3, column (d)				27,736

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	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, 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 Enter 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

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. Part II can be duplicated 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 III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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-TUITION, FEES, BOOKS, ETC	886	8,618,366		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	27	173,575		FMV	DIRECT HOUSING ALLOWANCES ARE GRANTED TO CERTAIN STUDENTS WHO MEET SPECIFIC CRITERIA

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations 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**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)EUGENE MCALLISTER PHD	(i)	165,000	0	0	0	4,950	169,950	0
UNIVERSITY PRESIDENT	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493318021434

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF GREAT FALLS

Employer identification number
81-0231777

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BANKING RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11	AFTER COMPLETION, 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 QUESTIONN AIRE 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 FIR MS AND OTHER HIGHER EDUCATION CONSULTANTS OFFICERS AND KEY EMPLOYEE COMPENSATION IS DETER MINED BY THE PRESIDENT AND DISCUSSED WITH THE BOARD OF TRUSTEES COMPARABLE POSITIONS AT O THER 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
FORM 990, PART VI, LINE 11A	THE 990 IS DISTRIBUTED TO THE BOARD MEMBERS DURING A BOARD MEETING THIS YEAR IT WILL BE D ISTRIBUTED ON OCTOBER 24, 2014 THE PRESIDENT AND VP OF FINANCE AND HUMAN RESOURCES REVIEW S THE 990 PRIOR TO THE DISTRIBUTION TO ENSURE ACCURACY
FORM 990, PART XI, LINE 9	ROUNDING 1
FORM 990, PART XI, LINE 2C	UNIVERSITY OF GREAT FALLS 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity? Yes	(g) 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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PROVIDENCE VENTURES 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0122216	INVESTMENT	CA		C					No
(2) CARON HEALTH CORPORATION 510 W FRONT ST MISSOULA, MT 59802 81-0486082	MEDICAL PHYSICIAN SERVICE	MT		C					No
(3) PROVIDENCE HEALTH CARE VENTURES 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714	CLINICAL/MEDICAL LAB	WA		C					No
(4) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963	RENTAL REAL ESTATE	WA		C					No
(5) PROVIDENCE PHYSICIANS SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 91-1216033	CLINICAL/MEDICAL LAB	WA							No
(6) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431	CLINICAL/MEDICAL LAB	WA		C					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROVIDENCE HEALTH & SERVICES - WASHINGTON	C	1,071,105	
(2) PROVIDENCE HEALTH & SERVICES - WASHINGTON	E	3,571,316	
(3) PROVIDENCE HEALTH & SERVICES - WASHINGTON	O	9,602	
(4) PROVIDENCE HEALTH & SERVICES - WASHINGTON	Q	1,650	

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 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
(1) 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
(2) 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
(3) PROVIDENCE EVERETT MEDICAL CENTER 1321 COLBY AVENUE EVERETT, WA 98201 91-0568303	HEALTHCARE	WA	501(C)(3)	LINE 3	N/A		No
(4) EVERETT TRANSITIONAL CARE SERVICES PO BOX 1067 EVERETT, WA 982061067 94-3264605	TRANSITIONAL CARE	WA	501(C)(3)	LINE 9	N/A		No
(5) 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
(6) 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
(7) 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
(8) PROVIDENCE PLAN PARTNERS 3601 SW MURRAY BLVD 10 BEAVERTON, OR 97005 91-1861964	HEALTHCARE SERVICES	OR	501(C)(3)	N/A	N/A		No
(9) 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
(10) 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
(11) PROVIDENCE MEDICAL INSTITUTE 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0283773	HEALTHCARE	CA	501(C)(3)	LINE 11/TYPE I	N/A		No
(12) 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
(13) PROVIDENCE TRINITY CARE HOSPICE 2601 AIRPORT DIRVE 230 TORRANCE, CA 90505 95-3264139	HOSPICE	CA	501(C)(3)	LINE 9	N/A		No
(14) 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
(15) LUNDBERG ASSOCIATION 5921 E BURNSIDE PORTLAND, OR 97215 91-1562797	HOUSING	OR	501(C)(3)	LINE 7	N/A		No
(16) ST LUKE ASSOCIATION 350 WASHINGTON AVE SE CHEHALIS, WA 98352 94-3176618	HOUSING	WA	501(C)(3)	LINE 7	N/A		No
(17) PROVIDENCE BLANCHET ASSOCIATION 1700 PROVIDENCE PL CENTRALIA, WA 98531 91-1789266	HOUSING	WA	501(C)(3)	LINE 7	N/A		No
(18) PROVIDENCE ROSSI ASSOCIATION 1700 PROVIDENCE PL CENTRALIA, WA 98531 31-1584166	HOUSING	WA	501(C)(3)	LINE 9	N/A		No
(19) 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

(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 entity?	
						Yes	No
(21) PROVIDENCE PETER CLAVER ASSOCIATION 7101 38TH AVENUE SOUTH SEATTLE, WA 98118 31-1629656	HOUSING	WA	501(C)(3)	LINE 7	N/A		No
(1) PROVIDENCE ST ELIZABETH HOUSE ASSOCIATION 3201 SW GRAHAM ST SEATTLE, WA 98126 91-2171539	HOUSING	WA	501(C)(3)	LINE 7	N/A		No
(2) 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
(3) THE GAMELIN ASSOCIATION 312 NORTH FOURTH ST YAKIMA, WA 98901 91-1180824	HOUSING	WA	501(C)(3)	LINE 1	N/A		No
(4) THE GAMELIN OREGON ASSOCIATION 5520 NE GLISAN PORTLAND, OR 97213 91-1214491	HOUSING	OR	501(C)(3)	LINE 9	N/A		No
(5) THE GAMELIN CALIFORNIA ASSOCIATION 540 23RD ST OAKLAND, CA 94612 91-1293869	HOUSING	CA	501(C)(3)	LINE 9	N/A		No
(6) GAMELIN WASHINGTON ASSOCIATION 1423 FIRST AVENUE SEATTLE, WA 98101 20-1910170	HOUSING	WA	501(C)(3)	LINE 7	N/A		No
(7) 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
(8) 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
(9) 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
(10) 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
(11) 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
(12) 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
(13) 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
(14) 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
(15) 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
(16) 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
(17) 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
(18) 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
(19) 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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) 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
(1) 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
(2) 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
(3) 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
(4) 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
(5) 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
(6) 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
(7) 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
(8) 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
(9) 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
(10) 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
(11) ST MARY MEDICAL CENTER PO BOX 1477 WALLA WALLA, WA 99362 91-0564994	HEALTHCARE	WA	501(C)(3)	LINE 3	N/A		No
(12) ST JOSEPH HOSPITAL CORPORATION PO BOX 1010 POLSON, MT 598601010 81-0463482	HEALTHCARE	MT	501(C)(3)	LINE 3	N/A		No
(13) 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
(14) 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
(15) 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
(16) 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
(17) 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