### Form 990

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	he 2005 c	alendar	year, or tax year beginning		, 2005, ar	id ending		, 20		
В	Check if	k ii abblicable: 1 1 leads				D Emplo	yer identification number				
_		s change	use IRS label or	University of Nort	h Texas Found	lation,	Inc.	23-7	232618		
_	Name o	-	print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E				E Teleph	one number			
	Initial re	1 700					(940	(940) 565-3690			
	Final rel		Specific Instruc-	City or town, state or country, a	nd ZIP + 4			F Accounti	ng method: Cash X Accrual		
		ed return	tions.	Denton, TX 76203-1	L250			☐ Ot	her (specify) ▶		
$\equiv$		ion pending	• Sec	ction 501(c)(3) organizations an	d 4947(a)(1) nonexemp	t charitable	H and I are no	ot applicable	e to section 527 organizations.		
			tru	sts must attach a completed Sch	edule A (Form 990 or 9	90-EZ).	1 ''	• .	n for affiliates? Yes X No		
G	Website	e: ►					1 ''		er of affiliates >		
,	Organi	zation tune	a (chock c	anhy ana) 🕨 🐷 501/a)/ 2 ) 4 /	incort no \ \ \ 1047(a\(4)	or	H(c) Are all a				
			3	only one) ► 🗓 501(c) ( 3 ) 🔻 (			H(d) Is this a s		. See instructions.)		
K				rganization's gross receipts are no return with the IRS; but if the org					y a group ruling? Yes X No		
	_			. Some states require a complete		a return, be		xemption N			
			- ·····	-			M Check	▶ ☐ if	the organization is not required		
EFFORME				s 6b, 8b, 9b, and 10b to line		983 <b>,</b> 312			orm 990, 990-EZ, or 990-PF).		
E	art I	Rever	nue, Ex	cpenses, and Changes in	n Net Assets or F	und Bala	nces (See ti	he instru	ctions.)		
	1	Contrib	utions,	gifts, grants, and similar an	nounts received:						
	а			ipport		1a	3,560,7	35			
	b	Indirect	public :	support		1b					
	С	Governi	ment co	ontributions (grants)		1c					
	d	Total (a	dd lines	1a through 1c) (cash \$ _3,	,486,721 noncasi	h \$	74,014).	1d	3,560,735		
	2	Program	n service	e revenue including governme	ent fees and contract	s (from Pa	rt VII, line 93)	2	0		
	3	Member	rship du	ies and assessments							
	4	Interest	on savi	ings and temporary cash in	vestments			. 4			
	5	Dividend	ds and	interest from securities				5	486,697		
	6a	Gross re	ents			6a					
	b			oenses		6b					
	С			me or (loss) (subtract line 6	b from line 6a)			6c	0		
ė	7	Other in	ivestme	nt income (describe >				) 7			
Revenue	8a	Gross a	amount	from sales of assets other	(A) Securities		(B) Other				
Re			-		7,834,106	8a					
	T .			er basis and sales expenses.	7,835,461	8b	<del></del>				
	1			attach schedule)	(1,355)			١. ا	/1 255		
	d	-	•	s) (combine line 8c, columns					(1,355)		
	9	•		nd activities (attach schedule).	If any amount is from g	gaming, ch	eck here ► 📙				
	а			(not including \$		9a					
				eported on line 1a)		9b					
				penses other than fundrais	-			9c	0		
	1			(loss) from special events (	1	1 line 9a) 10a		30			
	1			inventory, less returns and		10b					
				oods sold			from line 10a)	10c	0		
	11			(from Part VII, line 103)					103,129		
	12			add lines 1d, 2, 3, 4, 5, 6c, 7					4,149,206		
	13			es (from line 44, column (B				4.0	4,886,260		
es	14	-		nd general (from line 44, co					462,240		
Expenses	15	_		om line 44, column (D))							
Exp	16			filiates (attach schedule) .							
_	17			s (add lines 16 and 44, colu				-	5,348,500		
ţ	18			cit) for the year (subtract lir					(1,199,294)		
sse	19			und balances at beginning					49,028,544		
Net Assets	20			in net assets or fund balar					2,297,090		
S	21			nd balances at end of year (					50,126,340		

Par	Statement of All organizations mi Functional Expenses organizations and s	ust con section	nplete column (A). Col 4947(a)(1) nonexemp	umns (B), (C), and (D t charitable trusts but	) are required for secti optional for others. (S	ion 501(c)(3) and (4) See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash $$4,869,379$$ noncash $$0$$ )  If this amount includes foreign grants, check here	22	4,869,379	4,869,379		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	111,540		111,540	
26	Other salaries and wages	26	153,361		153,361	
27	Pension plan contributions	27	22,257		22,257	
28	Other employee benefits	28	60,193		60,193	
29	Payroll taxes	29	18,417		18,417	
30	Professional fundraising fees	30				
31	Accounting fees	31	12,720		12,720	
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	6,113		6,113	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
a	See attached schedule	43a	94,520	16,881	77,639	
b		43b				
C		43c				
ď		43d				
e		43e 43f				
f						
g		43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	5,348,500	4,886,260	462,240	
	t Costs. Check ▶ ☐ if you are following SOP ny joint costs from a combined educational campaign a					☐ Yes 🖫 No

\_\_\_; (ii) the amount allocated to Program services \$\_\_

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; and (iv) the amount allocated to Fundraising \$

STF FED1923F.2

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_ (iii) the amount allocated to Management and general \$

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

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

All of o	nat is the organization's primary exempt purpose?  Support the University of North Texas organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
а	Contributions and resources were used to support the University of North Texas and its students by promoting the growth and expansion of academic and other programs and student scholarships.	
b	(Grants and allocations \$ 4,886,260) If this amount includes foreign grants, check here ▶ □	4,886,260
С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
	Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	4,886,260

P	art IV	Balance Sheets (See the instructions	s.)	·			
	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	s within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			5,273,135	45	2,711,227
	46	Savings and temporary cash investments .				46	
			147-1				
		Accounts receivable	47a 47b			47c	
	6	Less: allowance for doubtful accounts	47.0			470	
	48a	Pledges receivable	48a	3,385,212			
	1	Less: allowance for doubtful accounts	48b		3,609,845	48c	3,385,212
	49	Grants receivable		49			
	50	Receivables from officers, directors, truste					
		(attach schedule)				50	
'n		Other notes and loans receivable (attach	lea-l				
Assets		schedule)	51a 51b			51c	
As	52	Less: allowance for doubtful accounts  Inventories for sale or use			12,350	52	8,400
	53	Prepaid expenses and deferred charges			1,352	53	23,996
	54	Investments—securities (attach schedule) .			38,896,801	54	43,083,525
		Investments—land, buildings, and					
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
		schedule)	55b			55c	000 600
	56	Investments—other (attach schedule)		111,735	303,840	56	309,609
	1	Land, buildings, and equipment: basis	57a	111,735			
	b	Less: accumulated depreciation (attach schedule)	57b		272,498	57c	111,735
	58	Other assets (describe ► Assets held und		st agreements )	4,299,139	58	4,115,310
		The door (door of the door of	CI CIL	SE agreements /	-		
	59	Total assets (must equal line 74). Add lines	52,668,960	59	53,749,014		
	60	Accounts payable and accrued expenses		47,684	60	75,946	
	61	Grants payable			1.6.060	61	44.000
w	62	Deferred revenue			16,868	62	44,299
abilities	63	Loans from officers, directors, trustees, and	•			63	
ig	642	schedule)				64a	
Ë		Mortgages and other notes payable (attach				64b	· · · · · · · · · · · · · · · · · · ·
	65	Other liabilities (describe > Trust & annui			3,575,864	65	3,502,429
	66	Total liabilities. Add lines 60 through 65			3,640,416	66	3,622,674
	Orga	nizations that follow SFAS 117, check here	•   Х. а	nd complete lines		.	
es	07	67 through 69 and lines 73 and 74.			563,310	67	712,881
anc	67	Unrestricted Temporarily restricted			13,763,293	68	13,505,674
3al	68 69	Permanently restricted			34,701,941	69	35,907,785
þ		nizations that do not follow SFAS 117, check					
Fur	O.gu	complete lines 70 through 74.		unu			
ŏ	70	Capital stock, trust principal, or current fund	s			70	
ets	71	Paid-in or capital surplus, or land, building,				71	
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated				72	
et 4	73	Total net assets or fund balances (add line 70 through 72:	es 67 th	rough 69 or lines			
Ž		70 through 72; column (A) must equal line 19; column (B) n	ual line 21)	49,028,544	73	50,126,340	
	74	Total liabilities and net assets/fund balance			52,668,960	74	53,749,014

Ŀε	ri IV-A	Reconciliation of Revenue per Audinstructions.)	dited Financial Statem	nents V	Vith Rev	enue pe	r Retu	urn (	(See the
a		enue, gains, and other support per audi					а		7,009,861
b		included on line a but not on Part I, lin- alized gains on investments		b1	2.2	97,090			
1		services and use of facilities		b2		3,,000	1 1		
2				b3			1		
3 4		es of prior year grants ecify): Internal management for		55			1		
*	Other (sp			b4	5	63,565			
	Λ al al 1:						ь		2,860,655
		<b>b1</b> through <b>b4</b>					C		4,149,206
С		ine <b>b</b> from line <b>a</b> included on Part I, line 12, but not on I							1,115,000
d⊿		• •		d1					
1		nt expenses not included on Part I, line		<u>u,</u>	····				
2	Other (sp	ecify):		d2					
	Add lines	d1 and d2					d		0
е		enue (Part I, line 12). Add lines c and c					e		4,149,206
	rt IV-B	Reconciliation of Expenses per AL	dited Financial Stater	nents \	With Ex	penses r		turr	
in great diggle.	Service Control of the Control of th						а		5,912,065
a	•	enses and losses per audited financial					-		0,222,000
b		included on line a but not on Part I, line		b1					
1		services and use of facilities					1		
2		adjustments reported on Part I, line 20		b3					
3 4		eported on Part I, line 20ecify): Internal management for		D3					
4	Other (sp			b4	5	63,565			
							ь		563,565
		<b>b1</b> through <b>b4</b>					C		5,348,500
C		ine b from line a							3/310/300
d	Amounts	included on Part I, line 17, but not on I	ine a:	41					
1 2		nt expenses not included on Part I, line		<u>u                                    </u>					
2	Other (sh	ecify):		d2					
	A 1 1 1'	H			·		d		0
е		d1 and d2					e		5,348,500
	CONTRACTOR OF THE PROPERTY.	Current Officers, Directors, Trustees					·	ficor	<del></del>
		or key employee at any time during the ye	ar even if they were not c	compens	ated.) (S	ee the ins	s an or structio	ns.)	, unector, trustee,
		(A) Name and address	(B) Title and average hours per	(C) Com	pensation	(D) Contributi	ons to em	ployee	(E) Expense account and other allowances
		• •	week devoted to position	-(	))	compens	ation plan	s	and only anonanose
	ıg Chadw		Exec. Dir						
		Run Rd, Aubrey, TX	40+	11	1,540		9,4	81	0
Воа	ard of D	irectors	_						
See	attach	ed list			0			0	0
			_						
				-					

-orm	990 (2005)					۲	age C
Ra	t V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and truetings		_				
b	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b		X
С	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.						Х
	If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.						
	Does the organization have a written conflict of in						
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	ceived compensation or	other benefits (de	escribed below) during	the ye	ar, lisi	
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension Expens	other
				5			
			, , , , , , , , , , , , , , , , , , , ,				
FA:	Other Information (See the instruction	c 1				Yes	No
	Did the organization engage in any activity not prodescription of each activity	reviously reported to t			76		Х
77	Were any changes made in the organizing or gove If "Yes," attach a conformed copy of the changes	erning documents but			77		X
78a	Did the organization have unrelated business growthis return?	ss income of \$1,000	=	-	78a		х
b	If "Yes," has it filed a tax return on Form 990-T for				78b		
79	Was there a liquidation, dissolution, termination, o a statement				79		X
80a	Is the organization related (other than by associat common membership, governing bodies, truster	es, officers, etc., to	any other exen	npt or nonexempt	80a		Х
h	organization?				oud	$\dashv$	Λ
b	Tres, enter the name of the organization P	and check whether it	is a exempt o	r nonexempt			
81a b	Enter direct and indirect political expenditures. (So Did the organization file Form 1120-POL for this year.)	ee line 81 instructions.	.) <u> 81a  </u>	NONE	81b		Х
						990 (	

Pa	Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	х	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	х	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
C	Dues, assessments, and similar amounts from members			
d				
e	Aggregate herideduction amount of decition books, T//// dates heridece			
7 ~	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g		
g		3		
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		14.	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$ 0; section 4912 $\blacktriangleright$ 0; section 4955 $\blacktriangleright$ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		<u> </u>
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)			
91a	The books are in care of ▶ Doug Chadwick  Located at ▶ North Texas Blvd. at Eagle Dr. Denton, TX  ZIP + 4 ▶ 76201	5-36	90	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	91b		No X
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			,
	and Financial Accounts.	01-		v
с 92	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here	91c		<u>x</u>
	and enter the amount of tax-exempt interest received or accrued during the tax year   92		000	

Part	VII Analysis of Income-Producing	Activities (See th	ne instructions	s.)		
Note:	Enter gross amounts unless otherwise	Unrelated bu	siness income	Excluded by sec	tion 512, 513, or 514	(E)
indicat	<u>u</u>	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or exempt function income
а	- Trogram Service revenue.					
b						
С						
d						
е						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencie	es				
94	Membership dues and assessments					
95	Interest on savings and temporary cash investmen	nts				
96	Dividends and interest from securities $\ldots$ .			14	486,697	
	Net rental income or (loss) from real estate:					
	debt-financed property					
	not debt-financed property					
	Net rental income or (loss) from personal propert	y				
	Other investment income			1.0	(1 055)	
	Gain or (loss) from sales of assets other than invento	гу		18	(1,355)	
	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
	Other revenue: a			01	103,129	
C				01	103,129	
d				-		
e						
104	Subtotal (add columns (B), (D), and (E))		0		588,471	0
	<b>Total</b> (add line 104, columns (B), (D), and (E)					588,471
	Line 105 plus line 1d, Part I, should equal th					000/1/2
Part \	Relationship of Activities to the A	ccomplishment of	Exempt Purp	oses (See th	e instructions.)	
Line I					mportantly to the	accomplishment
	of the organization's exempt purposes (o	ther than by providin	g funds for such	purposes).		
Part	Information Regarding Taxable Sub	eidiaries and Disc	ogarded Entit	ios /Soo tho i	netructions \	
						(E)
	Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of a	ctivities	(D) Total income	End-of-year
	partitership, or disregarded entity	%				assets
		%				
		%				
		%	***************************************			
Part.	Information Regarding Transfers Ass		nal Benefit Cor	ntracts (See th	e instructions.)	
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pro	directly or indirectly, to permiums, directly or	pay premiums on a indirectly, on a	personal benefit	contract?	Yes 🗓 No
Note	: If "Yes" to (b), file Form 8870 and Form 47					
	Under penalties of perjury, I declare that I have exame and belief, it is true, correct, and complete. Declarat	nined this return, including ion of preparer (other the	g accompanying sc an officer) is based	hedules and state on all information	ments, and to the be	est of my knowledge has any knowledge.
Please	1	FF (	<b>,</b>	1	, <del>,</del> ,	,
Sign						
Here	Signature of officer			Da	te	
	Type or print name and title.		Data	Chock if	Decreed con 5	TIN (Con Co. 1 1112
Paid	Preparer's signature		Date	Check if self-		TIN (See Gen. Inst. W)
Preparer	S -	n Dooter m	onn f Carr	employed > L	P00002755	
Use Only	Firm's name (or yours if self-employed),		onn & Seay 6202	EIN	► 75-1333 ► (940)38	

### SCHEDULE A

(Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization			Employer identifica	tion number
University of North Texas Foundat.			23-7232618	
Compensation of the Five High (See page 1 of the instructions. I				ınd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Patrick E. Kline	Controller, 40			
4222 Kingsbury, Wichita Falls, TX 7	6309-4110	59,169	5,029	0
			-	
		-		
Total number of other employees paid over \$50,000 ▶				
Part II-A Compensation of the Five High	est Paid Independent C	ontractors for I	Professional Se	rvices
(See page 2 of the instructions. List				
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
			·	
			.,,	
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "Nor	ned services other than p	rofessional servi		ividuals or
(a) Name and address of each independent contractor	paid more than \$50,000	<b>(b)</b> Type o	of service	(c) Compensation
Mono				
None				
Total number of other contractors receiving over \$50,000 for other services ▶		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Pa		Statements About Activities (See page 2 of the instructions.)	Yes	No
1	atte or	empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities   \$\Bigsim \mathbb{\sigma}		Х
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of be lobbying activities.		
2	sub with ow	tring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)		
а	Sal	le, exchange, or leasing of property?		Χ
b		nding of money or other extension of credit?		Х
С		rnishing of goods, services, or facilities?		Χ
d		yment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See. form 990-Part V2d	Х	
е		ansfer of any part of its income or assets?		Χ
3a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)		<u>X</u>
b	-	you have a section 403(b) annuity plan for your employees?	Χ	
С		ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a		d you maintain any separate account for participating donors where donors have the right to provide advice on		
	the	use or distribution of funds? 4a		X
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b		X
Pai	tΝ	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
Γhe	orga	anization is not a private foundation because it is: (Please check only ONE applicable box.)		
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)		
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's na and state		
0	X	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(Idlso complete the <b>Support Schedule</b> in Part IV-A.)		
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	О.	
1b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
12		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/4% of it from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)	s sup	port
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization in the support of support of support organization:    Type 1		
		Provide the following information about the supported organizations. (See page 6 of the instructions.)		
		(a) Name(c) of supported organization(c)  (b) Line number	r	
		from above		
I.A		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)		

	t IV-A Support Schedule (Complete only : You may use the worksheet in the instructions					accounting.
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do	(4) 200 :	(2) 2000	(0) 2002	(4)2001	(0) 10121
	not include unusual grants. See line 28.)	3.919.083	6,953,107	5.928.942	3.013.899	19.815.031
16	Membership fees received	0/222/000	0,000,200	0,,,,,,,,,	0,000,000	0
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the organization's charitable, etc., purpose					0
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	422,562	400,907	479,645	599,596	1,902,710
19	Net income from unrelated business					
	activities not included in line 18					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					0
21	The value of services or facilities furnished to the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the					_
	public without charge					0
22	Other income. Attach a schedule. Do not	115 010	215 070	446 0071	20 476	400 040
	include gain or (loss) from sale of capital assets	115,213				<u> </u>
23	Total of lines 15 through 22		7,669,292			22,140,681
24	Line 23 minus line 17	4,456,858		63,626	36,520	22,140,681
25	Enter 1% of line 23	44,569	76,693			442,814
26	Organizations described on lines 10 or 11:					442,014
b	Prepare a list for your records to show the nan					
	governmental unit or publicly supported organiz					5,390,330
_	amount shown in line 26a. Do not file this list wi	-			ournes -	
C	Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18				2.00	22/110/001
d	Add. Amounts from column (e) for lines.	122 940	26b 5,390,3	30	▶ 26d	7,715,980
	Public support (line 26c minus line 26d total) .	422, 340	200 3,390,3	150	▶ 26e	
f	Public support percentage (line 26e (numera	tor) divided by I	ine 26c (denomi	nator))	▶ 26f	65.15%
27	Organizations described on line 12: a Fo					
21	person," prepare a list for your records to show	the name of and	total amounts rec	eived in each yea	r from, each "dis	qualified person."
	Do not file this list with your return. Enter the	sum of such an	nounts for each y	ear:		
	(2004)(2003)		(2002)		(2001)	
b	For any amount included in line 17 that was received	ed from each pers	son (other than "di	squalified persons	"), prepare a list t	for your records to
	show the name of, and amount received for each	ear, that was mor	e than the <b>larger</b> o	of (1) the amount of	n line 25 for the y	rear or (2) \$5,000.
	(Include in the list organizations described in lines 5 the difference between the amount received and	through 11b, as w	ell as individuals.) described in <b>(1)</b> d	or (2), enter the si	st with your retur im of these differ	n. After computing ences (the excess
	amounts) for each year:	ū	• •			·
	(2004) (2003)		_ (2002)		(2001)	
С	Add: Amounts from column (e) for lines: 15		16		. 1	I
	17 20		21		▶   27c	
d	Add, Line 27a total	and line 210 lotal				
е	Public support (line 27c total minus line 27d to	tal)			▶ <u>27e</u>	
f	Total support for section 509(a)(2) test: Enter an					-
g	Public support percentage (line 27e (numera	tor) divided by li	ine 27f (denomin	ator))	> 27g	
h	Investment income percentage (line 18, colu					
28	Unusual Grants: For an organization described prepare a list for your records to show, for each	d in line 10, 11, ch year, the name	or 12 that received of the contributed of the contr	ed any unusual g or, the date and	rants during 200 amount of the g	01 through 2004, grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pa	Private School Questionnaire (See page 7 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N	/A	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32 a b	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
С	basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	32b 32c 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		<del></del>
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
			. *	
84a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pā	rt VI-A Lobbying Expenditures by El (To be completed ONLY by an					instructions.)	N/A	
Che	eck $\square \mathbf{a}$ $\square$ if the organization belongs to an affilia	ated group. Che	eck 🗆 <b>b</b> 🔲 if	fyou checked	"a" ar	nd "limited control"	provisions apply.	
Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred				• • • • • • • • • • • • • • • • • • •		(a) Affiliated group totals	(b) To be completed for ALL electing organizations	
		20		organizationa				
36	Total lobbying expenditures to influence public				36			
37		Total lobbying expenditures to influence a legislative body (direct lobbying)						
38	Total lobbying expenditures (add lines 36 and 37)							
39		lines 38 and 39) 40						
40		mpt purpose experiences (and mes so and so)						
41	Lobbying nontaxable amount. Enter the amount from the following table—  If the amount on line 40 is—  The lobbying nontaxable amount is—							
	,,,							
	Not over \$500,000							
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000				41			
		0,000		1				
42	Grassroots nontaxable amount (enter 25% of I				42			
43	Subtract line 42 from line 36. Enter -0- if line 4	•			43			
44	Subtract line 41 from line 38. Enter -0- if line 4				44			
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.							
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the instructions for lines 45 through 50 on page 11 of the instructions.)  Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in) □	(a) 2005	<b>(b)</b> 2004	(c) 2003		<b>(d)</b> 2002	(e) Total	
45	Lobbying nontaxable amount					· · · · · · · · · · · · · · · · · · ·		
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots nontaxable amount					<del></del>		
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures	ting Public Ch	narities			·		
	(For reporting only by organiza	tions that did r	not complete F		·		instructions.)	
atte	ng the year, did the organization attempt to influmpt to influence public opinion on a legislative m	atter or referendu	um, through the		ding ar	100 110	Amount	
	a Volunteers					$\cdots$ $\frac{X}{X}$		
b	Paid staff or management (Include compensation	•	•	-		• •		
C	Media advertisements					•••		
d	Mailings to members, legislators, or the public							
e	Publications, or published or broadcast stateme							
f	Grants to other organizations for lobbying purpo					• • • • • • • • • • • • • • • • • • • •		
g L						••		
h	Total lobbying expenditures (Add lines c through	•	-			.	None	
•	If "Yes" to any of the above, also attach a state					·· L	110110	

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51					owing with any other organization describ		ction	501(c)	
_	of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations.  Transfers from the reporting organization to a noncharitable exempt organization of:  (i) Cash							No	
а								Х	
	٠,					51a(i) a(ii)		X	
<b>i</b>						۵(۱۱)			
b		er transactions:			*!	b(i)		X	
		-			tion	b(ii)		X	
				· =		b(iii)		X	
		(iii) Rental of facilities, equipment, or other assets       (iv) Reimbursement arrangements       (v) Loans or loan guarantees						X	
								X	
	٠,								
	(vi) Performance of services or membership or fundraising solicitations							X	
С		•		•	yees	С	L		
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in a transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:								
(;	а)	(b)		(c)	(d)				
Line	no.	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and sharing arrangements				
	des	cribed in section 50	ectly or indirectly a 1(c) of the Code (of following schedule	ther than section 501(c)(3)) or in	e or more tax-exempt organizations section 527? ▶ │	☐ Yes	X	No	
(a)			otion	(b) Type of organization	(c)  Description of relationship	•			
Name of organization		Type of organization	Description of relationship						
<del></del>									
			:						
<del></del>									

#### UNIVERSITY OF NORTH TEXAS FOUNDATION, INC 23-7232618 Attachment to Form 990 and Schedule A 12/31/2005

### Page 1, Part 1 Line 20: Other Changers in Net Assets

Unrealized gain on Investment S		2,297,090 2,297,090						
Page 2, Part II, Line 22:								
Scholarships Expense Reimbursements Services for programs Distribution to UNT Distribution to other institutions					736,899 16,581 226,538 3,881,811 7,550 4,869,379			
Page 2, Part II, Line 43 :		Total Program		Management & General				
Other Expenses:  a. Consulting Fees b. Administrative c. Bank and credit card charge d. Office & Computer Equipment e. Insurance f. Professional development g. Maintenance and repair	\$	39,945 7,729 4,019 6,398 20,345 7,089 8,995 94,520	7,886 8,995 \$ 16,881	\$	39,945 7,729 4,019 6,398 12,459 7,089 77,639			

### Page 4, Part IV, Line 54:

Investments

	Beginning of year	End of year		
Fixed income mutual fund	\$ 4,338,896	\$ 7,033,584		
Marketable stocks	21,223,136	23,221,067		
Equity mutual funds	13,334,769	12,828,874		
	\$ 38,896,801	\$ 43,083,525		

### Page 4, Part IV, Line 56:

Investments-other

Beginning of year End of year

Cash value-life insurance police \$\\ 303,840 \\ \\$ \\ 309,609