

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

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

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.

A For the 2002 calendar year, or tax year beginning June 1, 2002, **and ending** May 31, 2003

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Franciscan University of Steubenville

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1235 University Blvd.

City or town, state or country, and ZIP + 4
Steubenville OH 43952

D Employer identification number
34 : 0714818

E Telephone number
(740) 283-6200

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: ▶ www.franciscan.edu

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ \$45,286,563

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	2,929,874	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	2,602,002	
	d Total (add lines 1a through 1c) (cash \$ 5,461,049 noncash \$ 70,827)	1d		5,531,876
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		38,584,282
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		191,395
	5 Dividends and interest from securities	5		376,171
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a		
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c	(1,177,846)	763,127
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		(414,720)	
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		999,559	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		45,268,563	
Expenses	13 Program services (from line 44, column (B))	13		37,207,894
	14 Management and general (from line 44, column (C))	14		5,569,714
	15 Fundraising (from line 44, column (D))	15		1,664,751
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		44,442,359
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		826,204
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		66,695,359
	20 Other changes in net assets or fund balances (attach explanation)	20		730,651
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		68,252,214

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244

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of 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 \$ 8,458,559 noncash \$ _____)	8,458,559	8,458,559		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	344,335	-0-	294,335	50,000
26	Other salaries and wages	14,313,998	11,715,663	1,808,768	789,567
27	Pension plan contributions	820,063	654,475	118,016	47,572
28	Other employee benefits	1,948,991	1,555,449	280,482	113,060
29	Payroll taxes	1,007,298	803,904	144,961	58,433
30	Professional fundraising fees	37,500	-0-	-0-	37,500
31	Accounting fees	123,897	9,343	114,554	-0-
32	Legal fees	124,749	1,342	123,407	-0-
33	Supplies	1,673,997	1,436,443	121,931	115,623
34	Telephone	343,547	386,853	(66,752)	23,446
35	Postage and shipping	340,041	240,883	9,225	89,933
36	Occupancy	1,896,136	1,266,687	629,449	-0-
37	Equipment rental and maintenance	1,065,765	706,692	353,770	5,303
38	Printing and publications	323,152	213,438	668	109,046
39	Travel	1,217,880	1,058,498	120,314	39,068
40	Conferences, conventions, and meetings	87,937	61,713	18,851	7,373
41	Interest	191,041	191,041	-0-	-0-
42	Depreciation, depletion, etc. (attach schedule)	2,991,766	1,871,274	1,040,492	-0-
43	Other expenses not covered above (itemize): a	7,131,707	6,495,637	457,243	178,827
	b Schedule Attached				
	c				
	d				
	e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44,442,359	37,207,894	5,569,714	1,664,751

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)

What is the organization's primary exempt purpose? Provision of Education & Christian Outreach	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Instruction 2281 undergraduate and graduate students enrolled in 42 major academic programs, 403 undergraduate and 122 graduate degrees conferred in 2002-03 academic year. (Grants and allocations \$ 8,458,559)	34,650,096
b Christian Outreach 10,100 students and other participants in Christian Outreach Conferences, seminars, other Catholic programs and youth outreach programs (Grants and allocations \$ _____)	2,557,798
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	37,207,894

Part IV Balance Sheets (See page 24 of the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45	Cash—non-interest-bearing		625,337	45	64,543
	46	Savings and temporary cash investments		10,136,281	46	11,738,230
	47a	Accounts receivable	47a 1,353,434	960,959	47c	1,201,434
	47b	b Less: allowance for doubtful accounts	47b 152,000			
	48a	Pledges receivable	48a 1,947,839	2,063,475	48c	1,558,271
	48b	b Less: allowance for doubtful accounts	48b 389,568			
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a 3,815,116	2,669,297	51c	2,923,636
	51b	b Less: allowance for doubtful accounts	51b 891,480			
	52	Inventories for sale or use		767,180	52	713,442
	53	Prepaid expenses and deferred charges		1,324,689	53	1,383,981
	54	Investments—securities (attach schedule)		20,416,306	54	20,254,885
	55a	Investments—land, buildings, and equipment: basis	55a 95,000	95,000	55c	95,000
	55b	b Less: accumulated depreciation (attach schedule)	55b			
56	Investments—other (attach schedule)		1,000	56	1,000	
57a	Land, buildings, and equipment: basis	57a 74,531,366	42,251,981	57c	43,403,653	
57b	b Less: accumulated depreciation (attach schedule)	57b 31,127,713				
58	Other assets (describe ► _____)			58		
59	Total assets (add lines 45 through 58) (must equal line 74)		81,311,605	59	83,338,075	
Liabilities	60	Accounts payable and accrued expenses		3,933,908	60	5,018,753
	61	Grants payable		729,675	61	728,184
	62	Deferred revenue		2,627,733	62	2,534,569
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)		5,150,000	64a	4,884,000
	64b	b Mortgages and other notes payable (attach schedule)		1,718,781	64b	1,442,529
	65	Other liabilities (describe ► <u>Student Deposits</u>)		456,049	65	477,826
66	Total liabilities (add lines 60 through 65)		14,616,146	66	15,085,861	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		55,402,483	67	57,725,566
	68	Temporarily restricted		6,057,541	68	5,070,956
	69	Permanently restricted		5,235,335	69	5,455,692
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		66,695,359	73	68,252,214	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		81,311,505	74	83,338,075	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	37,163,412
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . \$ 709,491		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
 \$		
	Add amounts on lines (1) through (4) ▶	b	709,491
c	Line a minus line b ▶	c	36,453,921
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	Student Activities 356,083		
	Student Aid netted with tuition \$ 8,458,559		
	Add amounts on lines (1) and (2) ▶	d	8,814,642
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	45,268,563

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

a	Total expenses and losses per audited financial statements . . . ▶	a	35,606,557
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
 \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	35,606,557
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	Student Activities 377,243		
	Student Aid netted with tuition \$ 8,458,559		
	Add amounts on lines (1) and (2) ▶	d	8,835,802
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	44,442,359

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Schedule Attached				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If "Yes," attach schedule—see page 26 of the instructions.

Part VI Other Information (See page 27 of the instructions.)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and reporting.

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue: a <u>Schedule Attached</u>					38,584,282
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	191,395	
96 Dividends and interest from securities			14	376,171	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	(414,720)	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>Schedule Attached</u>	611,310	598,271	03	401,288	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		598,271		554,134	38,584,282
105 Total (add line 104, columns (B), (D), and (E)).					39,736,687

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	Schedule Attached

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Good Venture Enterprises, LLC 1235 University Boulevard Steubenville Oh 43952	100 %	Provide Dormitory & Social Space for Students & Guests	219,210	(1,389,706)

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: John A. Steitz Date: 1/3/04
 John A. Steitz, Controller
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: Rosemarie C. Steitz Date: 12/26/03 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): P00102794

Firm's name (or yours if self-employed), address, and ZIP + 4: Ernst & Young, LLP EIN: 34-6565596
1400 Key Tower 50 Foundation Plaza Phone no.: _____
Buffalo NY 14202

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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

Franciscan University of Steubenville

Employer identification number

34 : 0714818

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Dr. Stephen Miletic 131 Crawford Avenue Wintersville OH 43953	Dean of Faculty 50 Hours	90,740	27,428	NONE
Mr. Joel Recznik 6181 Mt. Tabor Rd. Toronto OH 43964	Dean of Enrollment Management 50 Hours	77,540	28,228	NONE
Mr. Thomas Kneier 1247 Laws n Circle Pittsburgh PA 15241	Dean of Students 50 Hours	68,540	23,881	NONE
Dr. Alirio Valbuena 200 Fernwood Road Wintersville OH 43953	Director of Information Technology 50 hours	75,230	24,574	NONE
Mr. Richard Fougerousse Kartause Maria Enthroned 1 A3292 Gaming, Austria	Director of Austria Program 50 Hours	65,300	12,279	NONE
Total number of other employees paid over \$50,000 ▶	32			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Machlachlan Cornelius & Filoni 200 The Bank Tower Pittsburgh PA 15222	Architect	\$ 432,738
Jeffersin Investigators & Security, Inc. 2615 Sunset Boulevard Steubenville OH 43952	Campus Security Services	275,827
Ernst & Young LLP 2100 PPG Place Pittsburgh PA 15222	Auditing/Consultant	106,349
Reed Smith LLP 435 Sixth Avenue Pittsburgh PA 15219	Legal Services	79,797
Consulting Group Inc 4449 Easton Way Suite 300 Columbus OH 43219	Investment Consultant	60,606
Total number of others receiving over \$50,000 for professional services ▶	2	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	X	
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 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 **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
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					
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22.					
24 Line 23 minus line 17.					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	Not Applicable				
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total). ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
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?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) All undergraduate and graduate applications reflect our non-discriminatory policy. The policy statement is contained in newspaper and radio advertising and published in University catalogs and documents distributed to high schools and at college information fairs.	X	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		X
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	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39).	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is— The lobbying nontaxable amount is—			
Not over \$500,000 20% of the amount on line 40.	} 41		
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			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount.					
46 Lobbying ceiling amount (150% of line 45(e)).					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
(i)	Cash		X
(ii)	Other assets		X
b	Other transactions:		
(i)	Sales or exchanges of assets with a noncharitable exempt organization		X
(ii)	Purchases of assets from a noncharitable exempt organization		X
(iii)	Rental of facilities, equipment, or other assets		X
(iv)	Reimbursement arrangements		X
(v)	Loans or loan guarantees		X
(vi)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

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 any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Franciscan University of Steubenville
 EIN: 34-0714818
 Form 990 Attachments
 May 31, 2003

Part I Line 1c - Government Contributions (grants)

Part I Line 8c - Gain/Loss sale of assets

Column A

This amount represents gain/loss on investments and mutual funds managed by third party managers and individual equities

	Loss	Gain	
Managers			
Advest Financial	(370,384)		
Smith Barney	(493,930)		
US Bank Trust Dept	(35,372)		
PNC Pooled Income Fund	(8,287)		
Catholic Values Investment	(267,480)		
Net Misc Small Stock Gifts	(2,393)		
<u>Column B - Other</u>			
Foreign Exchange Rate		763,127	
Total 8C	(1,177,846)	763,127	(414,720)

Part I Line 20 - Other Increases in Fund Balances

Unrealized Gain on Investments	\$709,491
Reclassification of Income and Expenses from Student Activities	\$21,160
Total	<u>\$730,651</u>

Franciscan University of Steubenville
 EIN: 34-0714818
 Form 990 Attachments
 May 31, 2003

PART II - Line 22 - Grants and Allocation:

<u>DESCRIPTION</u>	<u>PROGRAM SERVICES</u>
FEDERAL AID	1,664,117
STATE AID	739,848
INSTITUTIONAL AID	5,082,095
RESTRICTED SCHOLARSHIPS	<u>972,499</u>
TOTALS	<u>8,458,559</u>

Additional detail including name and address of the specific grantees is available upon request. No relationship exists between any of the donees and the University.

PART II Line 42 - Functional Expenses - Depreciation

Depreciation is computed on the straight-line method over the estimated useful lives of the assets.

Part II Line 43 - Functional Expenses Other

<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANGMNT & GENRL</u>	<u>FUNDRAISING</u>
DUES, MEMBERSHIPS, ENTERTAINMENT AND SUBSCRIPTIONS	541,004	394,978	75,998	70,028
ADVERTISING, HONORARIUMS, ROYALTIES, AND RECRUITING	1,139,552	786,179	271,443	81,930
CONSULTING	166,039	135,268	30,772	0
BAD DEBT EXPENSES	212,136	256,130	(43,994)	0
AMORTIZATION FROM RECEIVABLE FROM FOUNDATION MARIA THRON	250,600	250,600	0	0
DISTANCE LEARNING, BOOKSTORE & UNIVERSITY PRESS	1,552,636	1,552,636	0	0
FOOD SERVICE	2,689,398	2,689,398	0	0
EQUIPMENT ACQUISITION AND EQUIPMENT REPLACEMENT	340,540	215,647	98,024	26,870
OTHER, SUMMER CONFERENCES RESIDENT ASSISTANT WAIVERS	<u>239,802</u>	<u>214,802</u>	<u>25,000</u>	<u>0</u>
TOTALS	<u>7,131,707</u>	<u>6,495,637</u>	<u>457,243</u>	<u>178,827</u>

Franciscan University of Steubenville
EIN: 34-0714818
Form 990 Attachments
May 31, 2003

PART IV Balance Sheets Line 51c

Other Notes and Loans Receivable	
Loans to Students	918,833
Loan to Austrian Foundation for Study Abroad Program	2,004,803
	<hr/>
Total	<u>2,923,636</u>

PART IV Investments - Securities Line 54

Bonds	7,515,549
Equities	10,870,343
US Treasury & Money Market Securities	1,868,993
	<hr/>
Totals	<u>20,254,885</u>

PART IV Investments Other Line 5f

Capital Contribution to Good Venture Enterprises, LLC	<u>1,000</u>
---	---------------------

PART IV Balance Sheet Line 57a, 57b

Description	
Land and Land Improvements	6,123,517
Buildings	49,714,530
Equipment	17,744,573
Construction in Progress	948,746
	<hr/>
Total	74,531,366
Accumulated Depreciation	(31,127,713)
	<hr/>
Land, Buildings, and Equipment Net	<u>43,403,653</u>

Franciscan University of Steubenville
 EIN: 34-0714818
 Form 990 Attachments
 May 31, 2003

Part IV Line 64a/64b Long Term Debt

Fed ID # 34-0714818

Long-term, interest-bearing debt consists of the following:

	Interest Rate	Outstanding Balance		Principal Payments
		May 31 2003	May 31 2002	
1970 Dormitory and Auxiliary Facilities Construction and Refunding Bonds *				
Series A (matures April 1, 2010)	3- 1/8%	\$224,000	\$252,000	Ranging from \$28,000 in the year ending May 31, 2003 to \$35,000 at maturity
Series B (matures April 1, 2012)	3-3/8%	\$206,000	\$225,000	Ranging from \$19,000 in the year ending May 31, 2003 to \$27,000 at maturity
Series C (matures April 1, 2017)	3%	\$265,000	\$280,000	Ranging from \$15,000 in the year ending May 31, 2003 to \$23,000 at maturity
Series D (matures April 1, 2020)	3%	\$529,000	\$553,000	Ranging from \$24,000 in the year ending May 31, 2003 to \$40,000 at maturity
*Form 8038 filed				
1996 Ohio Higher Educational Facility Revenue Bonds*				
(mature December 1, 2016)	Variable	\$3,660,000	\$3,840,000	Ranging from \$180,000 in the year ending May 31, 2003 to \$350,000 at maturity
*Form 8038 filed 12/5/96				
Total Exempt Bond Liabilities		\$4,884,000	\$5,150,000	
Term Loan (matures November 30, 2006) National City Bank \$1,000,000 Original	6 3/8%	\$732,847	\$913,626	Monthly payments, including principal and interest of \$19,500
Term Loan (matures December 12, 2006) SkyBank Financial \$500,000 Original	3 8%	\$361,682	\$457,155	Monthly payments, including principal and interest of \$9,200
Provincial Investment		\$348,000	\$348,000	Non-interest bearing Province start-up investment 1956
MORTGAGES AND NOTE PAYABLE		\$6,326,529	\$6,868,781	

Franciscan University of Steubenville
 EIN: 34-0714818
 Form 990 Attachments
 May 31, 2003

PART V List of Officers, Directors, Trustees, Key Employee:

<u>Name and Address</u>	<u>Title and Avg Hours</u>	<u>Compensation</u>	<u>Fringe Benefits</u>	<u>Expense Acct And Other Allowances</u>
Rev Terence Henry, T O R 1235 University Boulevard Steubenville, OH 43952	President, Secretary of Board of Trustees - 50 Hours	\$106,400 *	\$24,000 *	NONE
Rev Michael Scanlan, T O R 1235 University Boulevard Steubenville, OH 43952	Chancellor - 50 hours	\$50,000 *	\$13,613 *	NONE
Mr Randall Cimer 1235 University Boulevard Steubenville, OH 43952	Executive Vice President - 50 Hours	\$96,190	\$28,431	NONE
Mr David Skivlat 1235 University Boulevard Steubenville, OH 43952	Vice President for Finance - 50 Hours	\$91,745	\$28,151	NONE
Very Rev Edmund Carroll, T O R 1235 University Boulevard Steubenville, OH 43952	Chairman < 1 hour per week	NONE	NONE	NONE
Mr Paul Michael Pohl 1235 University Boulevard Steubenville, OH 43952	Vice Chairman < 1 hour per week	NONE	NONE	NONE
Mr Robert Mylod 1235 University of Steubenville Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Mr Michael Doherty 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Rev Benedict Groeschel, C F R 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Mrs Barbara Henkels 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Dr Alan Keyes 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Mr James Manhardt 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Br Mark P McBnde, T O R 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Fr Joseph Lehman, T O R 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE

Franciscan University of Steubenville
 EIN: 34-0714818
 Form 990 Attachments
 May 31, 2003

PART V List of Officers, Directors, Trustee, Key Employees Continued

<u>Name and Address</u>	<u>Title and Avg Hours</u>	<u>Compensation</u>	<u>Fringe Benefits</u>	<u>Expense Acct And Other Allowances</u>
Dr Charles Rice 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Mrs Barbara Sanders 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Mrs Robert Smith 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Mr Richard Riederer 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Mr William D Callaghan, Jr 1235 University Boulevard Steubenville, OH 43952	Ementus < 1 hour per week	NONE	NONE	NONE
Dr John H Irvin 1235 University Boulevard Steubenville, OH 43952	Ementus < 1 hour per week	NONE	NONE	NONE
Rev Brian Miller, T O R 1235 University Boulevard Steubenville, OH 43952	Ementus < 1 hour per week	NONE	NONE	NONE
Mr Nicholas Cafardi 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Mrs Paulette Kardos 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Fr Daniel Sinsi, T O R 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Rev Richard Davis, T O R 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Sr M Regina Pacis, F S G M 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Deacon Ragael de los Reyes 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
Fr Nicholas Polichnowski, T O R 1235 University Boulevard Steubenville, OH 43952	Trustee < 1 hour per week	NONE	NONE	NONE
* Paid to Franciscan Frnars (T O R)	Total	<u>344,335</u>	<u>94,195</u>	<u>NONE</u>

Franciscan University of Steubenville
 EIN: 34-0714818
 Form 990 Attachments
 May 31, 2003

PART VII Program Service Revenue Line 93a (E)

<u>Description</u>	<u>Related or Exempt Function Income</u>
Tuition and Fees	26,461,317
Educational Activities	777,187
Auxiliary Activities	8,867,429
Christian Outreach	2,091,279
Student Forfeitures/Assistance	151,676
Student Activities	227,072
Interest on Student Loans	8,322
Total	<u>38,584,282</u>

PART VII Other Revenue Line 103a

<u>Description</u>	<u>Business Code</u>	<u>Amount</u>	<u>Business Code</u>	<u>Amount</u>
Fee Income			03	102,509
Occupancy Charges			03	51,742
Misc Student Services	611310	9,912	03	170,300
Chapel Income			03	29,658
Christian Outreach	611310	583,214	03	
Miscellaneous	611310	<u>5,145</u>	03	<u>47,078</u>
Total		<u>598,271</u>		<u>401,288</u>

PART VIII Relationship of Activities Exempt Purpose

Explanation of How each activity for which income is reported in Column (E) of Part VII contributed importantly to the accomplishment of exempt purposes.

- Fees from students - part of our exempt purpose as a private religious educational institution
- Fees from graduate and community oriented sales of educational programming
- Lodging and food service for students, sales of educational and religious material and other goods to students, visitors and Christian supporters which is a furtherance of our exempt religious educational purpose
- Fees for Christian conferences, seminars and pilgrimages providing religious educational programming, sales of religious books, literature, music and tapes containing Catholic educational programming
- Interest on Loans to students which is a furtherance of our exempt educational purpose

Schedule A Part III Line 3

Scholarships are issued to students based upon their financial need and academic standards. The selection committees are comprised of individuals from Admissions, Enrollment Services, and Vice President for Finance.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)
 Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ▶
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization FRANCISCAN UNIVERSITY OF STEUBENVILLE	Employer identification number 34 : 0714818
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1235 University Boulevard	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Steubenville, OH 43952	

- Check type of return to be filed (file a separate application for each return):
- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until January 15, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ... or
 ▶ tax year beginning _____, 20..., and ending _____, 20....

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature John A. Steitz John A. Steitz Title ▶ Controller Date ▶ 9/15/03

Copy Mailed 9/16/03
 Ogden Utah 84201-0012