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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning July 1 **, 2008, and ending** June 30 **, 2009**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See specific instructions.

C Name of organization: The Foundation of UNC Charlotte

Number and street (or P O box if mail is not delivered to street addr): 9201 University City Blvd — Room/suite: Reese 316

City, town or country: Charlotte — State: NC — ZIP code + 4: 28223-0001

D Employer Identification Number: 56-6059417

E Telephone number: (704) 687-5806

G Gross receipts $ 54,687,587.

F Name and address of principal officer: Elizabeth Hardin 9201 Univ City Blvd Charlotte NC 28223-0001

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

H(b) Are all affiliates included? [X] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status: [X] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ►

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1963

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities. The Foundation of UNC Charlotte receives contributions and grants to promote development and carry on academic and educational work in connection with the operations, programs and scholarships of the University of North Carolina at Charlotte.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,165,551.	11,986,728.
9	Program service revenue (Part VIII, line 2g)	0.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,408,136.	-9,577,798.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	289,449.	291,873.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,863,136.	2,700,803.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,545,857.	6,841,694.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
b	Total fundraising expenses (Part IX, column (D), line 25) ► 154,185.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,088,433.	986,897.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,634,290.	7,828,591.
19	Revenue less expenses Subtract line 18 from line 12	7,228,846.	-5,127,788.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	96,282,552.	81,136,151.
21	Total liabilities (Part X, line 26)	4,503,754.	4,242,631.
22	Net assets or fund balances Subtract line 21 from line 20	91,778,798.	76,893,520.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date: 05/13/10

► Elizabeth Hardin — Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► — Date — Check if self-employed ► [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self employed), address, and ZIP + 4 ► — EIN ► — Phone no ►

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

18

5-15

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

The Foundation of UNC Charlotte provides support to the University of NC at Charlotte, one of the sixteen NC institutions of public higher

See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

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

4a (Code. _____) (Expenses $ 1,804,938. including grants of $ 0.) (Revenue $ 0.)

Disbursements to UNC Charlotte are to promote student financial aid and to support student services.

4b (Code. _____) (Expenses $ 3,716,017. including grants of $ 0.) (Revenue $ 0.)

Disbursements are to UNC Charlotte for scientific and educational research programs, general academic support to faculty, University operations, and continuing education.

4c (Code. _____) (Expenses $ 1,987,427. including grants of $ 0.) (Revenue $ 0.)

Disbursements are made to support the University institutional facilities, grounds and physical plant operations, as well as provide classroom space off-campus.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0. including grants of $ 0.) (Revenue $ 0.)

4e Total program service expenses ► $ 7,508,382. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If 'Yes,' complete Schedule L, Part IV*	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b		X
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1a 14		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from other members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

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

Section A. Governing Body and Management

		Yes	No
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions.		
1a	Enter the number of voting members of the governing body 1a 33		
b	Enter the number of voting members that are independent 1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets? 5		X
6	Does the organization have members or stockholders? 6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? 8a	X	
b	Each committee with authority to act on behalf of the governing body? 8b	X	
9a	Does the organization have local chapters, branches, or affiliates? 9a	X	
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b		X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* 11		X

Section B. Policies

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

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► Sheila Hamm 9201 University City Blvd Charlotte NC 28223-0001 (704) 687-5806

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Philip Dubois, Chancellor 9201 University City Blvd., Charlotte, NC	0.00				X	X		0.	311,821.	103,206.
Elizabeth Hardin, Treasurer 9201 University City Blvd., Charlotte, NC	0.00			X	X			0.	201,496.	29,924.
Niles Sorensen, President 9201 University City Blvd., Charlotte, NC	0.00			X	X			0.	203,137.	37,157.
Steve Selby, Asst. Treasurer 9201 University City Blvd., Charlotte, NC	0.00			X	X			0.	94,329.	22,295.
Karen Alexander, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Ted Alexander, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
W. Henry Atkins, Governance 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Carl G. Belk, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Kevin Brown, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Dennis Bunker III, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
John Derham Cato, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
S. Mark Doughton, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
James Lee Elder, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Malcolm E. Everett III, Chairman 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Michael Feldman, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Suzanne Hill Freeman, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Steve Hall, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Alice Harney, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
James Hill, Jr., Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Mark Kevin Horgan, Strategic Planning 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Dhiaa Jamil, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
R. Edward Kizer, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Fred Klein, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Demond Thomas Martin, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
John McArthur, Jr., Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Eric Newman, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
T. Edmund Rast, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
John Robison, IV, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Patricia Rogers, Director 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
Mary Ann Rouse, Finance 9201 University City Blvd., Charlotte, NC	0.00	X						0.	0.	0.
1b Total ►								0.	2,020,485.	360,774.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of Services	(C) Compensation
Mint Museum of Art Charlotte NC 28207	Rent for Classrooms	221,283.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 0.				
	b Membership dues	1b 0.				
	c Fundraising events	1c 0.				
	d Related organizations	1d 533,352.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,453,376.				
	g Noncash contribns included in lns 1a-1f:	$ 8,176,514.				
	h **Total.** Add lines 1a-1f	►	11,986,728.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	►				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	►	2,416,382.	0.	0.	2,416,382.
	4 Income from investment of tax-exempt bond proceeds	►	0.	0.	0.	0.
	5 Royalties	►	116,371.	116,371.	0.	0.
		(i) Real / (ii) Personal				
	6a Gross Rents	346,283.				
	b Less: rental expenses	259,922.				
	c Rental income or (loss)	86,361.				
	d Net rental income or (loss)	►	86,361.	86,361.	0.	0.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	39,732,682.				
	b Less cost or other basis and sales expenses	51,726,862.				
	c Gain or (loss)	-11,994,180.				
	d Net gain or (loss)	►	-11,994,180.	0.	0.	-11,994,180.
	8a Gross income from fundraising events (not including $ 0. of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	►	0.	0.	0.	0.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	►	0.	0.	0.	0.
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	►	0.	0.	0.	0.
	Miscellaneous Revenue	Business Code				
	11a CSV Life Insurance	524113	89,141.	0.	0.	89,141.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	►	89,141.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	►	2,700,803.	202,732.	0.	-9,488,657.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21	6,841,694.	6,841,694.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	31,871.	19,147.	3,805.	8,919.
c Accounting	30,000.	0.	30,000.	0.
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees	218,208.	218,208.	0.	0.
g Other	49,211.	0.	38,321.	10,890.
12 Advertising and promotion				
13 Office expenses	10,346.	895.	1,573.	7,878.
14 Information technology				
15 Royalties				
16 Occupancy	16,605.	681.	15,924.	0.
17 Travel	52,280.	0.	0.	52,280.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	91,461.	0.	17,243.	74,218.
20 Interest	224,434.	224,434.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,418.	34,166.	39,252.	0.
23 Insurance	67,198.	54,165.	13,033.	0.
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Other Current Services	6,873.	0.	6,873.	0.
b Contract Annuity Payments	114,992.	114,992.	0.	0.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,828,591.	7,508,382.	166,024.	154,185.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0.	0.	0.	0.

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing	11,550.	1	0.
	2	Savings and temporary cash investments	4,535,583.	2	5,026,285.
	3	Pledges and grants receivable, net	4,298,445.	3	9,946,174.
	4	Accounts receivable, net	3,251.	4	4,764.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,393,776.	7	2,364,146.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,485.	9	12,660.
	10a	Land, buildings, and equipment: cost basis 10a 10,022,585.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 713,924.	9,382,079.	10c	9,308,661.
	11	Investments – publicly-traded securities	0.	11	41,209,602.
	12	Investments – other securities See Part IV, line 11	75,583,732.	12	13,196,843.
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	71,651.	15	67,016.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	96,282,552.	16	81,136,151.
LIABILITIES	17	Accounts payable and accrued expenses	106,614.	17	26,255.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable	4,302,817.	24	4,111,689.
	25	Other liabilities Complete Part X of Schedule D	94,323.	25	104,687.
	26	**Total liabilities.** Add lines 17 through 25	4,503,754.	26	4,242,631.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	10,157,977.	27	1,555,181.
	28	Temporarily restricted net assets	47,769,587.	28	39,528,412.
	29	Permanently restricted net assets	33,851,234.	29	35,809,927.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	**Total net assets or fund balances.**	91,778,798.	33	76,893,520.
	34	Total liabilities and net assets/fund balances	96,282,552.	34	81,136,151.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
The Foundation of UNC Charlotte	56-6059417

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g (i)**		
(ii) a family member of a person described in (i) above? **11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g (iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of Support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	11,854,029.	5,511,091.	3,911,448.	7,165,551.	7,956,916.	36,399,035.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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.	0.	0.	0.	0.	0.
4 **Total.** Add lines 1-3	11,854,029.	5,511,091.	3,911,448.	7,165,551.	7,956,916.	36,399,035.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,062,796.
6 **Public support.** Subtract line 5 from line 4						29,336,239.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	11,854,029.	5,511,091.	3,911,448.	7,165,551.	7,956,916.	36,399,035.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,884,336.	2,433,002.	3,661,275.	5,309,615.	2,532,753.	15,820,981.
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						52,220,016.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	56.18 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	61.24 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include unusual grants.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

The Foundation of UNC Charlotte

Employer identification number

56-6059417

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

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

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

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

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ►$_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	82,363,094.				
b Contributions	3,123,757.				
c Investment earnings or losses	-19,165,524.				
d Grants or scholarships	2,676,288.				
e Other expenditures for facilities and programs	3,851,244.				
f Administrative expenses	199,154.				
g End of year balance	59,594,641.				

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

- a Board designated or quasi-endowment ► 12.00 %
- b Permanent endowment ► 87.00 %
- c Term endowment ► 1.00 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land	8,911,164.			8,911,164.
b Buildings	400,000.		65,146.	334,854.
c Leasehold improvements				
d Equipment	711,421.		648,778.	62,643.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))*			►	9,308,661.

Part VII Investments–Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Diversifying Pooled Assets	13,196,843.	FMV
Total. *(Column (b) should equal Form 990 Part X, col (B) line 12.)* ►	13,196,843.	

Part VIII Investments–Program Related (See Form 990, Part X, line 13)

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

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Interest Receivable	67,016.
Total. *Column (b) Total (should equal Form 990, Part X, col (B), line 15)* ►	67,016.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Funds Held for Others	104,687.
Total. *Column (b) Total (should equal Form 990, Part X, col. (B) line 25)* ►	104,687.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII,column (A), line 12)	2,700,803.
2	Total expenses (Form 990, Part IX, column (A), line 25)	7,828,591.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-5,127,788.
4	Net unrealized gains (losses) on investments	97,574.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	97,574.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-5,030,214.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	-7,056,687.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-9,757,490.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-9,757,490.
3	Subtract line **2e** from line **1**			3	2,700,803.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	2,700,803.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,828,591.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	7,828,591.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c** (This should equal Form 990, Part I, line 18.)			5	7,828,591.

Part XIV Supplemental Information

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

The Foundation of UNC Charlotte

Employer identification number

56-6059417

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNC Charlotte 9201 Univ City Blvd Charlotte NC 28223	56-0791228	115	5,896,922.	924,893.	FMV	In Kind Gifts	Supp Univ Prog
Athletic Fdn of UNCC 9201 Univ City Blvd Charlotte NC 28223	23-7050570	501(C)3	19,879.				Supp AF Prog

2 Enter total number of section 501(c)(3) and government organizations . ►

3 Enter total number of other organizations . . . . . ►

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

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

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

Pt I Line 2 Foundation gifts to the University of NC at Charlotte are restricted to a specific purpose

Pt I Line 2 and are identified by a unigue "fund number" in the financial reporting system. The

Pt I Line 2 University is given a corresponding unique number. These two unigue numbers are reported as "related to the

Pt I Line 2 same purpose". Staff review and monitor comparative reports on a frequent basis to ensure

Pt I Line 2 compliance. Exceptions are reported and forwarded to staff for review and approval before processing.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

The Foundation of UNC Charlotte

Employer identification number

56-6059417

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel			
☐ Travel for companions			
☐ Tax indemnification and gross-up payments			
☐ Discretionary spending account			
☐ Housing allowance or residence for personal use			
☐ Payments for business use of personal residence			
☐ Health or social club dues or initiation fees			
☐ Personal services (e.g., maid, chauffeur, chef)			
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply			
☐ Compensation committee			
☐ Independent compensation consultant			
☐ Form 990 of other organizations			
☐ Written employment contract			
☐ Compensation survey or study			
☐ Approval by the board or compensation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a Receive a severance payment or change of control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5b		X
If 'Yes' to line 5a or 5b, describe in Part III			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?	6a		X
b Any related organization?	6b		X
If 'Yes' to line 6a or 6b, describe in Part III.			
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		X

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
Philip Dubois, Chancellor	(ii)	299,750.	0.	12,071.	0.	103,206.	415,027.	301,504.
	(i)	0.	0.	0.	0.	0.	0.	0.
Elizabeth Hardin, Treasurer	(ii)	200,000.	0.	1,496.	0.	29,924.	231,420.	200,000.
	(i)	0.	0.	0.	0.	0.	0.	0.
Niles Sorensen, President	(ii)	203,137.	0.	0.	0.	37,157.	240,294.	204,000.
	(i)	0.	0.	0.	0.	0.	0.	0.
Joan Lorden, Provost	(ii)	242,100.	0.	2,137.	0.	42,196.	286,433.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Bobby Lutz, Basketball Coach	(ii)	237,000.	0.	211,952.	0.	35,984.	484,936.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Steven Ott, Faculty	(ii)	203,410.	0.	75,283.	0.	48,030.	326,723.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
Martin R. Ribarsky	(ii)	124,640.	0.	113,180.	0.	41,982.	279,802.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

The Foundation of UNC Charlotte

Employer identification number

56-6059417

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X	5	87,700.	FMV Appraisal Value
2	Art—Historical treasures	X	1	10,732.	FMV
3	Art—Fractional interests				
4	Books and publications	X		3,904.	
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	10	33,828.	
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	3	155.	
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Instructional Equipment)	X		822,402.	
26	Other ► (New Pledges)	X	104	7,217,793.	
27	Other ► ( )				
28	Other ► ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	5.	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If 'Yes,' describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

The Foundation of UNC Charlotte

Employer identification number

56-6059417

Pt VI-A, Line 9b The Foundation of UNC Charlotte has two subsidiaries, The University Metro Town Center Endowment and the UNC Charlotte Institute for Social Capital, Inc. The University Metro Town Center Endowment is blended within the financial statements of the Foundation and follows the same guidance as provided by the Uniform Prudent Management of Institutional Trust Fund Act (UPMIFA) as other endowments held by the Foundation with the same policies and procedures as the Foundation pooled investments. Second, the UNCC Institute for Social Capital, Inc. is a blended organization within the financial statements of the Foundation and is also managed by the same policies and procedures regarding internal controls of the Foundation.

Pt VI-A, Line 10 The internal review process is coordinated and reviewed by both the Foundation Department and the University Tax Department. After it is released from the internal review process, the Tax Form 990 is forwarded to the designated officer to distribute to each board member of the Governing Body of the organization. The board is allowed sufficient time to respond with questions. Once these questions, if any, are answered, the tax return is released to be signed and mailed. This process uses electronic file transfers for the return, with questions and answers exchanged between the full board via email and/or teleconferencing.

Pt VI-B, Line 12c Effective with fiscal year 6/30/2009, the organization mailed questionnaires to board members as prescribed by the instructional literature for filing the new revised tax form 990. The returned documents were documents were reviewed to monitor any instances of a conflict of interest

Name of the organization: The Foundation of UNC Charlotte

Employer identification number: 56-6059417

Pt VI-C, Line 19 The organization makes its governing documents and financial statements available to the public by various methods. The Foundation is a component unit of the University of North Carolina at Charlotte. The University is one of 16 public Universities in the State of North Caolina. The University is subject to the Public Records Act. The Financial Statements for the Foundation are separately presented in the Financial Statements for UNC Charlotte. Information is provided upon request.

Pt XI, Lines 2a & 2b The Foundation Audit Committee has the responsibility of retaining independent accountants to audit the annual financial statements and to oversee that the audit is in accordance with recognized professional standards. The audit firm selection process follows the guidance of the NC General Statute 147-64.7(a)(b)(2) that establishes guidelines for auditing services for the University of NC at Charlotte. Consideration is given to a firm's experience, tenure of business, staff support, peer reviews, recommendations from clients, if available, as well as cost. The financial statements are prepared by the Foundation staff, audited by an independent accounting firm and are reviewed by the audit committee. The financial statements are provided to the Board of Directors, Foundation and University Management, the University Internal Audit Department, as well as to the General Administration of the State of North Carolina.

Sched I, Part I, Line 2 Foundation gifts to the University of NC at Charlotte are restricted to a specific purpose and are identified by a unique "fund number" in the financial reporting system. The

Name of the organization: The Foundation of UNC Charlotte

Employer identification number: 56-6059417

University is given a corresponding unique "fund number" that is related to the same purpose designated by the donor. Gifts are received and recorded in the Foundation number and transferred to the University spending fund as appropriate. The revenues and expenses can be monitored readily by their unique "related numbers" for compliance.

Sched O, Part V, Line 3b Although the organization is subject to report unrelated business income, the organization did not have income receipts from an unrelated trade or business during this period.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
The Foundation of UNC Charlotte

Employer identification number
56-6059417

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
UNC Charlotte Investment Fund, Inc. 56-2276950 9201 University City Blvd, Charlotte, NC 28223-0001	Provide pooled inv mgmt & oversight for members	NC	501(c)3	119	N/A
UNCC Institute for Social Capital 33-1127376 9201 University City Blvd, Charlotte, NC 28223-0001	Improve accountability for child serv agencies	NC	501(c)3	119	N/A
University Metro Town Center Endowments 52-1221963 9201 University City Blvd, Charlotte, NC 28223-0001	Acquire property for Foundation	NC	501(c)3	119	N/A
University of North Carolina at Charlotte 56-0791228 9201 University City Blvd, Charlotte, NC 28223-0001	NC public university of higher ed	NC	115	2	N/A
University Research Park 58-1408505 301 S. Tryon Street, Charlotte NC 28202	Attract/retain business to stimulate economy	NC	501(c)(6)	N/A	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

		Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)	X	
c	Gift, grant, or capital contribution from other organization(s)	X	
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses	X	
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)	X	
r	Other transfer of cash or property from other organization(s)	X	

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)	UNC Charlotte	b	6,821,815.
(2)	University Metro Town Center, Inc.	c	533,352.
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:
education. Disbursements to UNC Charlotte are to promote financial aid and student services, assist faculty and support infrastructure and scientific research.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____ Description: N/A

Expenses	0.
Grants Of	0.
Revenue	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

The Foundation of UNC Charlotte

Employer Identification number

56-6059417

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Kirk Shields, Director 9201 University City Blvd., Charlotte	0.00	X						0.	0.	0.
Johnny Taylor, Director 9201 University City Blvd., Charlotte	0.00	X						0.	0.	0.
Rebecca Whitener, Director 9201 University City Blvd., Charlotte	0.00	X						0.	0.	0.
Cliff Cameron, Director 9201 University City Blvd., Charlotte	0.00	X						0.	0.	0.
Robyn Massey, Director 9201 University City Blvd., Charlotte	0.00	X						0.	0.	0.
Ruth Shaw, Director 9201 University City Blvd., Charlotte	0.00			X				0.	0.	0.
Olen Smith, Jr., Director 9201 University City Blvd., Charlotte	0.00	X						0.	0.	0.
Joan Lorden, Provost 9201 University City Blvd., Charlotte	0.00					X		0.	244,237.	42,196.
Bobby Lutz, Basketball Coach 9201 University City Blvd., Charlotte	0.00					X		0.	448,952.	35,984.
Steven Ott, Faculty 9201 University City Blvd., Charlotte	0.00					X		0.	278,693.	48,030.
Martin R. Ribarsky 9201 University City Blvd., Charlotte	0.00					X		0.	237,820.	41,982.