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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)

2009

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

Open to Public Inspection

A I	or the	2009 cal	lendar year, or tax year beginning $$ JUL 1 , 2009 and ending	<u> JUN 30, 2010</u>					
В	Check If	01	C Name of organization	D Employer identific	cation number				
á	applicable	Please use IRS							
	Address change		FOUNDATION						
H	Name	type		56-0	771850				
<u> </u>	_lchange Tinitial		Doing Business As		56-0771850				
느	retum	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/s	, — ·					
ᆫ	Term:n- ated	Instruc	CAMPUS BOX 3490, MCCOLL BUILDING	919-	962-7158				
	Amende return	ed tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	32,423,416.				
	Applica tion	1	CHAPEL HILL, NC 27599-3490	H(a) Is this a group re					
	pending	F Nar	me and address of principal officer JAMES W. DEAN, JR.	for affiliates?	for affiliates? Yes X No				
			ME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No				
	Tay aya		us X 501(c) (3		list (see instructions)				
		e: N/		H(c) Group exemption	•				
				Year of formation: 1946 N					
				real of formation. 1340 N	State of legal dominicile. INC				
Pi		Summ							
ø,			scribe the organization's mission or most significant activities: PROVIDED						
SE SE	1 5	<u>SALAR</u>	RIES, RESEARCH PLANNING & ADMINISTRATION	I, PLACEMENT O	F TEACHERS,				
Activities & Governance	2 (Check thi	is box 🕨 📖 if the organization discontinued its operations or disposed of i	nore than 25% of its net as					
Š	3 1	Number o	of voting members of the governing body (Part VI, line 1a)	3	9				
Ğ	4 1	Number o	of independent voting members of the governing body (Part VI, line 1b)	4	9				
ح د			nber of employees (Part V, line 2a)	5	0				
Ëë	_		nber of volunteers (estimate if necessary)	6	0				
- ₹	-		•	7a	0.				
Ş	l.	_	ss unrelated business revenue from Part VIII, column (C), line 12	- 1	0.				
	<u>b </u>	Net unrela	ated business taxable income from Form 990 T, line 34	. 7b					
				Prior Year	Current Year				
•	8 (Contribut	ions and grants (Part VIII, line 1h)	8,834,437.	9,789,631.				
Ĕ	9 F	Program :	service revenue (Part VIII, line 2g)	16,664,780.	18,568,832.				
Revenue	10 1	nvestmei	nt income (Part VIII, column (A), lines 3, 4, and 7d)	3,431,534.	3,402,262.				
<u> </u>	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,417.	<u>57,185.</u>				
	12 7	Total reve	enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,002,168.	31,817,910.				
:			nd similar amounts paid (Part IX, column (A), lines 1-3)	25,462,172.	25,899,081.				
,	1		paid to or for members (Part IX, column (A), line 4)						
"	ہ ۔ ا	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	160	6a Professional fundraising fees (Part IX, column (A), line 11e)							
ē	loar		draising expenses (Part IX, column (D), line 25)						
ᄶ	6		- ·	9,607.	6,322.				
_	11/		penses (Part IX, column (A), lines 11a-11d, 11f-24f)		25,905,403.				
	18	Fotal exp	enses. Add lines 13-17 must equal Part X, Volumn (A), line 25)	25,471,779.					
		Revenue	less expenses. Subtract line 18 from line 12	3,530,389.	5,912,507.				
Net Assets or Eurof Balances			SER 0 7 2011 10	Beginning of Current Year	End of Year				
sets	20 1	Total asse	ets (Part X, line 16) FEB 0 7 ZUII	86,011,705.	88,887,166.				
æ	21 7	Total liabi	ılıtıes (Part X, line 26)	3,201,116.	35,373.				
풀	22 1	Net asset	ts or fund balances. Subtract line 2017	82,810,589.	88,851,793.				
_	art II	Signa	ture Block	<u> </u>					
		Under pena	alties of persury. I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my knowled	ge and belief, it is true, correct,				
		and comple	ete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	edge	_				
٥.		. 61	((10 M. D. W. S. Gracutia 1) with	- (لم ا	1 - 11				
Sig	1	Sini	nature of officer R. Jane McLelland Executive Director	Date	' '				
He	re	l Oigi	RT Walella of Grantin Director						
		Turn							
_		Тур	e or print name and title	Chook of Basser	arla udantut na a susab as				
Pai	a	Preparer'		self- (see ins	er's identifying number structions)				
_	parer's	signature	1	employed					
	· I	Firm's nam yours if	BERNARD ROBINSON & COMPANT, DDF	EIN ▶					
USE	Only	self-employ							
		address, ar ZIP + 4	GREENSBORO, NC 27419-9608	Phone no. ► 3	<u>36-294-4494</u>				
Ma	y the IF	RS discus	ss this return with the preparer shown above? (see instructions)		X Yes No				

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. FI SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Form **990** (2009)

THE KENAN-FLAGLER BUSINESS SCHOOL 56-0771850 Page 2 Form 990 (2009) FOUNDATION Part III | Statement of Program Service Accomplishments Briefly describe the organization's mission: PROVIDED FUNDS FOR TEACHING SALARIES, RESEARCH PLANNING & ADMINISTRATION, PLACEMENT OF TEACHERS, AND STUDENT FINANCIAL ASSISTANCE TO SUPPLEMENT THE OPERATIONS OF THE UNC SCHOOL OF BUSINESS. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. 25899081.)(Revenue \$ 18568832.)) (Expenses \$ 25899081. including grants of \$ (Code: PROVIDED FUNDS FOR TEACHING SALARIES, RESEARCH PLANNING & ADMINISTRATION, PLACEMENT OF TEACHERS, AND STUDENT FINANCIAL ASSISTANCE TO SUPPLEMENT THE OPERATIONS OF THE UNC SCHOOL OF BUSINESS.) (Expenses \$ including grants of \$) (Revenue \$ (Code) (Revenue \$ including grants of \$ (Code:) (Expenses \$

	 			
	 	<u></u>		
_				

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ►\$ 25,899,081.

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)?	İ		
	If "Yes," complete Schedule A	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	<u> </u>
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 similar funds or 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,	l _		. ,
	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_	<u> </u>	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			v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		x
	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable	11	x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	''		
Ĭ	Part VI.	١.	,	a
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ģ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1	, ,	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	v	,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			, ,
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	ŕ	-	,
	Part X, line 16? If "Yes," complete Schedule D, Part IX.	12		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		_	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			'.
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? If "Yes," complete Schedule F, Part I	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	١		37
	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			v
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
18	1c and 8a? If "Yes," complete Schedule G, Part II	10		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
13	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			990 (

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	ĺ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? 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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<u> </u>
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		_ <u>X</u> _
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		••	
	Note, All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990 (2009)

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FOUNDATION Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V 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 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a 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 Х to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g X h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 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 Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against

11b

amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a				
b	Enter the number of voting members that are independent . 1b	<u>)</u>		*
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			11 11
	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	<u> </u>	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		<u>X</u>
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		l <u>.</u> . l	~ `~
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		T	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	-	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X	. ~ ~ '
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	406	х	
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	x	
12	In Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			3
•	The organization's CEO, Executive Director, or top management official	15a	:	X
	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,
u	taxable entity during the year?	16a	X	1
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	X	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
	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	tion:	-	
	CHRISTY DODSON - 919-962-7158			
	CAMPUS BOX 3490, MCCOLL BUILDING, CHAPEL HILL, NC 27599			

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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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 c	ompensate an	ıy cu	ırren	it off	icer	, dire	ecto	r, or trustee			
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average		Position			Reportable	Reportable	Estimated			
	hours	(cl	(check all that apply)			арр	ly)	compensation	compensation	amount of	
	per	Ē	<u>ā</u>					from	from related	other	
	week	ndlvidual trustee or director				5		the	organizations	compensation	
	1	tee or	stee			is a		organization	(W-2/1099-MISC)	from the	
		trust	al tru		o de	ошо		(W-2/1099-MISC)		organization and related	
		vidua	institutional trustee	55	E E	Highest compensated employee	퍌			organizations	
		喜	重	Officer	ş	물등	喜			organization o	
JAMES W. DEAN			_								
CHAIRPERSON	5.00	X		X				0.	380,551.	22,545.	
JOHN C. O'HARA JR.											
PRESIDENT	2.00	X		X				0.	0.	0.	
WILLIAM HUGH MCLEAN											
VICE PRESIDENT	2.00	X		X				0.	0.	0.	
DAVID W. STEVENS											
TREASURER	10.00	X		X				0.	185,604.	17,294.	
JAY SWAMINATHAN											
DIRECTOR	1.00	X						0.	472,513.	21,316.	
PATRICK G. HARTLEY											
DIRECTOR	1.00	X						0.	7,500.	0.	
J. ALSTON GARDNER											
DIRECTOR	1.00	X						0.	0.	0.	
DAVID A. HOFMANN											
DIRECTOR	1.00	X				L		0.	309,759.	21,259.	
GREGORY W. BROWN											
DIRECTOR	1.00	X				ļ. <u>.</u> .		0.	286,213.	21,270.	
R. JANE MCLELLAND											
EXEC DIRECTOR/SECRETARY	20.00			X				0.	38,441.	0.	
					<u> </u>						
		_				ļ					
		İ									
		├ ─	_	_	_	<u> </u>					
	1										
	-	-	-	-	-		_				
		├	\vdash	\vdash		\vdash		-			
			\vdash	 	-	\vdash	\vdash				
	L			1		L					

Form 990 (2009) FOUNDATIO	ON								<u> 56-0'</u>	<u>771850</u>	Page
Part VII Section A. Officers, Directors, Tru	stees, Key Eı	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)	.,	
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	İ		Pos	rtion	1		Reportable	Reportable	Es	stimated
	hours	(ct	neck	all 1	that	арр	ly)	compensation	compensation	n ar	nount of
	per	È				Ϊ́	Ť	from	from related	j	other
	week	recto						the	organization	s com	pensatio
		or d	8			ate		organization	(W·2/1099-MIS	3C) fr	rom the
		ustee	<u>ta</u>		 g	ig.		(W-2/1099-MISC)		org	janization
		ual tr	lona		ge	25 5				an	d related
	·	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anızatıons
		=	트	ō	2	∓ 5	ا چ				
							-				
		\vdash									
		L_			_	<u> </u>					
						-		-			
		ll						i			
				<u> </u>		-	-				
			_								
1b_Total .						<u> </u>		0.	1,680,58	<u> 31. 10</u>	<u>3,684</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wt	no re	eceived more than \$100	,000 in reportabl	е	
compensation from the organization											
	-										Yes N
3 Did the organization list any former officer,	director or tru	stee	. ke	v em	olar	vee.	or h	nighest compensated er	nplovee on		
line 1a? If "Yes." complete Schedule J for si			, -,	, -		, ,		3		3	K
4 For any individual listed on line 1a, is the su		le co	mna	anea	tion	anc	d otl	her compensation from	the organization		1
									the organization	******	$ \widetilde{\mathbf{x}} ^{-}$
and related organizations greater than \$150										4	A
5 Did any person listed on line 1a receive or a	•			rom	any	unr	elat	ed organization for serv	ices renaerea to		
the organization? If "Yes," complete Schede	ule J for such j	oers	<u>on</u>							5	X
Section B. Independent Contractors											
 Complete this table for your five highest con 	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	pensation f	rom
the organization.											
(A)								(B)		(C	>)
Name and business	address							Description of s	ervices	Compe	nsation
MESA RESEARCH GROUP, 9588	3 S. PO	ראו	ľΕ					FACULTY AND			
LASALLE DR, BLOOMINGTON,			_					ADMINISTRATI	ON OF EX	1.07	9,274
EXPERIENCE POINT, 800 WES			TNIC	\) Tr 7	ΔT.		PROVIDE COMP			<u>, , , , , , , , , , , , , , , , , , , </u>
				, ,	\Lir	, עב				10	7 505
SUITE 180, MOUNTAIN VIEW								BASED SIMULA			7,505
CEDEP, BOULEVARD DE CONST	PANCE 7	130	, C	,				PROVIDE SERV			
FONTAINEBIEAU, FRANCE								PROGRAMS IN		<u> </u>	<u>6,828</u>
CHATEAUFORM								PROVIDE SERV			
ETATS UNIS D'AMERIQUE, ,	FRANCE						b	PROGRAMS IN	EUROPE	18	7,200
CAPELLA HOTEL								PROVIDE SERV	ICES FOR		
1 THE KNOLLS, , SENTOSA	SLAND,	SI	ING	SAE	O	RE		PROGRAMS IN		14	7,596

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Form 990 (2009) 56-0771850 FOUNDATION Page 9 Part VIII **Statement of Revenue** (D)
Revenue
excluded from
tax under (A) (B) (C) Related or Unrelated Total revenue exempt function business sections 512. revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 9789631 similar amounts not included above 1166552 g Noncash contributions included in lines 1a-1f \$ 9789631 h Total. Add lines 1a-1f Business Code 611430 2 a EXECUTIVE EDUCATION PR 18,132,265 Program Service Revenue 18,132,265 **b GLOBAL IMMERSION ELLEC** 611430 411,067. 411,067. 25,500 c ANALYTIC SKILLS WORKSH 611430 25,500 All other program service revenue g Total. Add lines 2a-2f 18,568,832 Investment income (including dividends, interest, and 3316777 other similar amounts) 3,316,777 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 690991 assets other than inventory b Less: cost or other basis 605506 and sales expenses 85,485. c Gain or (loss) 85,485 85,485. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 58,764. 11 a MISCELLANEOUS REVENUE 900099 58,764 ь PASS-THROUGH INCOME 611430 -1,579-1,579. d All other revenue 57,185. e Total, Add lines 11a-11d Total revenue. See instructions. 31,817,910 18,568,832 3.459.447.

Form **990** (2009)

932009 02-04-10

Part IX | Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D). (D) Fundraising expenses
1	Grants and other assistance to governments and			,	-
	organizations in the U.S. See Part IV, line 21	25,899,081.	25,899,081.		· uf
2	Grants and other assistance to individuals in	•			, -
	the U.S. See Part IV, line 22				54
3	Grants and other assistance to governments,		·		
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				÷
5	Compensation of current officers, directors,				
	trustees, and key employees				. <u></u>
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 salanes 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	<u> </u>				
b	_				
C					· <u> </u>
d	D - (1 (d				40-
e f	Investment management fees				
	•				
g 12	Advertising and promotion	·			
13	Office expenses				
14	Information technology	- . ·			
15	Royalties				-
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	FISCAL AGENTS COMMISSIO	6,322.		6,322.	
b					
С					<u></u>
d		<u> </u>			 .
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	25,905,403.	25,899,081.	6,322.	0.
26	Joint costs. Check here				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	i l		i I	

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,426,163.	1	1,940,244.
	2	Savings and temporary cash investments	11,393,958.	2	11,226,861.
	3	Pledges and grants receivable, net	5,512,856.	3	4,092,930.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			, i
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	,		n e 2 ,
	-	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			3 4
		Part II of Schedule L		6	· produces and summarished matter with another w
ဟ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	1	Land, buildings, and equipment cost or other			
	'04	basis. Complete Part VI of Schedule D 10a	,		
	١,	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	55,730,045.	11	59,599,025.
	12	Investments - other securities See Part IV, line 11	33,730,043.	12	33,333,023.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,948,683.	15	12,028,106.
	1	Total assets. Add lines 1 through 15 (must equal line 34)	86,011,705.	16	88,887,166.
	16 17		200,407.	17	35,373.
	1	Accounts payable and accrued expenses	200, 407.	18	
	18	Grants payable		19	
	19	-		20	
	20	Tax-exempt bond liabilities		21	<u> </u>
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ē	22	Payables to current and former officers, directors, trustees, key employed			
Lia		highest compensated employees, and disqualified persons. Complete F of Schedule L	art II	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	3,000,709.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,201,116.	26	35,373.
		Organizations that follow SFAS 117, check here			
S		lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	3,309,031.	27	3,868,044.
Fund Balances	28	Temporanly restricted net assets	13,060,640.	28	13,359,994.
В В	29	Permanently restricted net assets	66,440,918.	29	71,623,755.
Ë		·	nd		
P	ļ	complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	82,810,589.	33	88,851,793.
	34	Total liabilities and net assets/fund balances	86,011,705.	34	88,887,166.
			,,,,	<u>,</u>	

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

56-0771850 Page **12** FOUNDATION Form 990 (2009) Part XI | Financial Statements and Reporting No Yes X Accrual 1 Accounting method used to prepare the Form 990 Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a X **b** Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2¢ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. Separate basis X Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Form **990** (2009)

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

THE KENAN-FLAGLER BUSINESS SCHOOL

Inspection Employer identification number

		FOUNDAT	ION						<u>56</u>	6-0771850	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions	_		
The organ	ization is not a	private foundation	because it is. (For lines	1 through 1	1, check	only one b	ox.)				
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗔	A hospital or	a cooperative hospr	tal service organization (described	n section	170(b)(1)	(A)(iii).				
4	A medical res	earch organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name	e,
	city, and state	e:									
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity ov	vned or op	erated by	a governi	mental uni	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🖳	A federal, sta	te, or local governm	ent or governmental unr	t described	ın sectio	n 170(b)(1	I)(A)(v).				
7 X	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). (Comple	te Part II.)								
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershij	p fees, ar	nd gross receipts f	rom
	activities rela	ted to its exempt fui	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross investr	nent
	income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon a	after June 30, 197	5.
	See section	509(a)(2). (Complete	e Part III.)								
10	•	•	perated exclusively to te	-	-			-			
11 📖			perated exclusively for the								or
		• • •	ations described in secti		•		?) See se	ction 509(a	a)(3). Che	eck the box that	
		· · · · ·	organization and compl	_					_	1	
	a Type i		_ ,.	с 🔲 Тур		•	•		d∟	Type III - Other	
e 📖			at the organization is not								ו
			han one or more publicl						3(a)(1) or s	section 509(a)(2).	
f	_		ten determination from	the IRS tha	it it is a Ty	pe I, Type	II, or Type	e III			$\overline{}$
		rganization, check th		_				•			ш
g			organization accepted ar							v	
			lirectly controls, either al	one or tog	etner with	persons c	iescribea	ın (II) and (I	iii) below,		No
	_	• •	upported organization?		•	•			••-	11g(i)	
		•	n described in (i) above?						•	11g(ii)	
	• •	•	person described in (i)							[11g(iii)]	
h	Provide the to	ollowing information	about the supported or	ganization	S).						
49 No	-f	223 FIN	(iii) Type of	(iv) Is the c	rganization	(v) Did voi	i notify the	(vi) Is	the	(wii) Amount of	
	of supported anization	(ii) EIN	organization		sted in your			organizátic (i) organiz	on in col. I	(vii) Amount of support	
orgo	1112411011		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	U.S.	.2	варроге	
			(see instructions))	Yes	No	Yes	No	Yes	No		
	- .					_	-				
				<u> </u>							
_											
-									-		
					<u> </u>						
Takal											

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

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION

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(Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (e) 2009 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 13,997,716, 12.586.930 8,834,437 9,789,631 55,927,450. 10,718,736 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 9,789 631 55.927.450. 4 Total. Add lines 1 through 3 10,718,736 13,997,716 12,586,930 8,834,437 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) 21,675,658. 6 Public support. Subtract line 5 from line 4 34,251,792, Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 9,789,631 55,927,450. 7 Amounts from line 4 10,718,736 13,997,716 12,586,930 8,834,437 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 2,965,481 3,339,836 3,606,975 3,316,777 15,781,963. 2,552,894 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 58.764. 244,666. 51,488. 23,378. 39.619. 71.417. assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 71,954,079. 12 47,421,621. 12 Gross receipts from related activities, etc. (see instructions) 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 47.60 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 51.41 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright \mathbf{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 - 2009. 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 - 2008. 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 Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990 EZ) 2009 Irt III Support Schedule for (Organizations	Described in	Section 509(a)(2) (Complete only	of you checked the ho	Page 3
	ction A. Public Support	<u> </u>			7 (Complete only	i you checked the be	on line 5 of tarti.)
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	14/ 2000	(5) 2000	19/233	(4) 200	19/2000	17.0
-	membership fees received (Do not						
	include any "unusual grants.")				!		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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					_	
	Total. Add lines 1 through 5					-	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	,	8 1 1 8 2	ones are and		,	
Sec	ction B. Total Support			<u>,</u>			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6					1	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					_	
	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>			<u> </u>
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organız	ation,
	check this box and stop here	:- 0					<u> </u>
	ction C. Computation of Publ					T.= T	
	Public support percentage for 2009 (, ,,	•	column (T))		15	<u>%</u>
16 Sec	Public support percentage from 2008 ction D. Computation of Investigation					16	<u>%</u>
				20 13 column (f)		147	
	Investment income percentage for 20			ie io, column (i))		18	<u>%</u> %
	Investment income percentage from : 33 1/3% support tests - 2009. If the			on line 14, and line	a 15 is more than		
198	more than 33 1/3%, check this box a	-					▶ []
h	33 1/3% support tests - 2008. If the	=	-				and
U	line 18 is not more than 33 1/3%, che	-					▶□
20	Private foundation. If the organization		-			=	· •
			12 1200 2 2 34 10			hedule A (Form 99	0 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

THE KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION

Employer identification number 56-0771850

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, lin									
		(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 (dunng 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 advi	sed 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 a	advisors in writing that grant funds can be	e used only							
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring							
	Impermissible private benefit?		Yes No							
Pai		ganization answered "Yes" to Form 990,								
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).								
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hi	storically important land area							
	Protection of natural habitat		tified historic structure							
	Preservation of open space									
2										
	day of the tax year.									
	•		Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
С	Number of conservation easements on a certified historic str	2c								
d	0.1									
3										
	year >									
4	Number of states where property subject to conservation ea	sement is located >								
5	Does the organization have a written policy regarding the pe									
	violations, and enforcement of the conservation easements	t holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,		dunng the year ►							
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$							
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170	0(h)(4)(B)(i)							
	and section 170(h)(4)(B)(ii)?		Yes No							
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and							
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for							
	conservation easements									
Pa	rt III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	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, no	ot to report in its revenue statement and t	palance sheet works of art, historical							
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of							
	the footnote to its financial statements that describes these	rtems.								
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,							
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, 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 tre	easures, or other similar assets for financi	al gain, provide							
	the following amounts required to be reported under SFAS 1	116 relating to these items:								
а	Revenues included in Form 990, Part VIII, line 1		> \$							
b	Assets included in Form 990, Part X		> \$							

	dule D (Form 990) 2009 FOUNDAT							<u> 56-07</u>			
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Ti	reasures,	or Oth	er Si	milar Asse	ts (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following th	at are a s	signific	ant use of its	collectio	n item	ıs
	(check all that apply)										
а	Public exhibition	· ·	ı 🔲	Loan or exc	change progi	rams					
b	Scholarly research	•	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how t	hev further t	the organizat	ion's exe	empt p	urpose in Par	t XIV		
5	During the year, did the organization solicit of			-	_						
_	to be sold to raise funds rather than to be m								Yes		No
Pai	rt IV Escrow and Custodial Arran					es" to Fo	m 990	. Part IV. line			
	reported an amount on Form 990, Pa			3				,,,,	-,		
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other a	ssets no	tinclu	ded			
14	on Form 990, Part X?	ian or other intermet	didiy ioi	CONTINUE	ilo di dilici a	33013110	· ii ioiac		Yes	Γ	No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowana	table:			••	<u> </u>	J 163		_ 140
b	ii res, explain the arrangement iii i ait XIV	and complete the it	Jaowang	table.					Amoun	+	
_	Beginning balance						_ <u> </u> -	<u> </u>	Anoun	<u>. </u>	
ب 2								lc			
a	Additions during the year							ld			
e	Distributions during the year							le l			
f	Ending balance	000 D-+ V I	. 040					1f	7	$\overline{}$	٦
	Did the organization include an amount on F		21?						」Yes	<u> </u>	J No
Pai	rt V Endowment Funds. Complete r			"Van" to Fa		N/ lma:	10				
rai	Lindowine it i dids. Complete i	_						una conna hante	() Fau		hoel:
_	Day and of the belows	(a) Current year	(b) F	Prior year	(c) Two yea	ITS DACK	(d) III	ree years back	(e) Fou	years	раск
1a	Beginning of year balance				,						
b	Contributions				+						
C	Net investment earnings, gains, and losses				-						
d	Grants or scholarships				1.						
е	Other expenditures for facilities				1						1
	and programs										!
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as								
а	Board designated or quasi-endowment		%								
Ь	Permanent endowment	%									
С		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	and administ	ered for t	the org	anızatıon	1	·	
	by:								_	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	if "Yes" to 3a(ii), are the related organizations	-							3b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Investments - Land, Building					T		1			
	Description of investment	(a) Cost or o			t or other	1	ccumi	1	(d) Boo	k valu	е
		basis (investi	ment)	basis	(other)	de	precia	tion			
	Land	.									
b	Buildings					ļ					
С	Leasehold improvements										
d	Equipment			<u></u>							
	Other .			<u></u>		<u></u>					
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	nn (B), line	10(c))			<u> </u>	_		0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 FOUNDATION 56-0771850 Page 3 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (c) Method of valuation (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Other Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (b) Book value (a) Description 10,902,147. CONSTRUCTION IN PROGRESS 1,078,079. OTHER ASSETS INVESTMENT IN STUDENT INVESTMENT FUNDS 47,880. 12,028,106. Total, (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes

2. FIN 48 Footnote 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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Sche	dule D (Form 990) 2009 FOUNDATION					5	6 - I	0//1	.850	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Fi	nanci	al S	tatem	ent	s		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			T	1					_
2	Total expenses (Form 990, Part IX, column (A), line 25)			F	2					
3	Excess or (deficit) for the year. Subtract line 2 from line 1	•			3					
4	Net unrealized gains (losses) on investments				4					
5	Donated services and use of facilities				5					
6	Investment expenses				6					
7	Prior period adjustments			· [7				-	
8	Other (Describe in Part XIV.)				8					_
9	Total adjustments (net). Add lines 4 through 8				9					
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9			10					
Pai	t XII Reconciliation of Revenue per Audited Financial Statemer	its W	ith R	evenu	e p	er Ret	um	ŧ		
1	Total revenue, gains, and other support per audited financial statements						1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				·					
а	Net unrealized gains on investments	2a								
b	Donated services and use of facilities	2b					1			
С	Recoveries of prior year grants	2c		•		,	ĺ			
d	Other (Describe in Part XIV.)	2d								
е	Add lines 2a through 2d					2	2e			
3	Subtract line 2e from line 1					[;	3			_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						7			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					-			
b	Other (Describe in Part XIV)	4b								
С	Add lines 4a and 4b			•		. 4	kc			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)						5			
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith E	xpen	ses	per R	etu	m		
1	Total expenses and losses per audited financial statements						1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25									
а	Donated services and use of facilities	2a					~			
b	Pnor year adjustments	2b								
С	Other losses	2c								
d	Other (Describe in Part XIV.)	2d					-			
е	Add lines 2a through 2d					2	e l			
3	Subtract line 2e from line 1					<u> </u>	3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					ľ			
b	Other (Describe in Part XIV.)	4b					.			
C	Add lines 4a and 4b					4	ic			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						5			
Pai	t XIV Supplemental Information									
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1	la and	4, Part	IV, lır	nes 1b a	nd 2	?b, Part	V, line	4, Part
X, lın	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple	ete this	s part to	o provid	le an	y additio	onal	ınforma	ation	
_										
_										

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

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

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

2009 No. 1545-0047	Open to Public Inspection
--------------------	------------------------------

► Attach to Form 990.

Name of the organization THE KENAN-FLAGLER FOUNDATION	-FLAGLER N	BUSINESS SC	SCHOOL				Employer identification number 56-0771850
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate the	-	or assistance, the	grantees' eligibility	for the grants or ass	he grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	tance?	,	;				X Yes
 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	cedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any required that received more than \$5,000. Check this box if no one required more than \$5,000. Check this box if no one required more than \$5,000. Check this box if no one required more than \$5,000.	Governments and	d Organizations in the	• United States. C	omplete if the orga	Inization answered "Y	(es" to Form 990, Part	IV, line 21, for any
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
THE UNIVERSITY OF NORTH CAROLINA							
AT CHAPEL HILL - CAMPUS BOX 3490,							
MCCOLL BUILDING - CHAPEL HILL, NC 27599			9 548 625	C			CNIMA.10 & NIMOR
THE INTURBUTION OF NORTH CABOLINA			1000 CEC 1				Printing themselves
AT CHAPEL HILL - CAMPUS BOX 3490,							
MCCOLL BUILDING - CHAPEL HILL, NC							
27599			13,158,080.	0			UNIVERSITY TRANSFERS
THE UNIVERSITY OF NORTH CAROLINA							
AT CHAPEL HILL - CAMPUS BOX 3490,							-
MCCOLL BUILDING - CHAPEL HILL, NC							ENDOWMENT INCOME
27599			3,192,376.	0			DISTRIBUTION
	nd government or	ganizations					
3 Enter total number of other organizations							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

56-0771850

FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009
Part III Grants and Othe

•					
(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	ide the information	required in Part I, I	line 2, and any other	additional information	
CHEDULE I, PART I, LINE 2: THE OR	ORGNAIZATIO	ZATION PROVIDES	S FUNDS TO	AIDE,	
PROMOTE AND SUPPORT THE KENAN-FLAGLER	1	BUSINESS SCHOO	SCHOOL AT THE U	UNIVERSITY OF	:
IORTH CAROLINA AT CHAPEL HILL TO F	FURTHER TI	THE SCHOOL'S	S EDUCATIONAL	NAL PURPOSES.	
THE ORGANIZATION RECEIVES AND REVIEWS	1	MONTHLY REPORTS	S FROM THE	SCHOOL	
EGARDING RECEIPTS AND EXPENDITURES	AN	E ORGANIZA	D THE ORGANIZATION MONITORS	ORS THE USE	
OF THESE FUNDS.					
					·

Schedule I (Form 990) 2009

SCHEDULE'J (Form 990)

Department of the Treasury

Compensation Information

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

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

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

► Attach to Form 990. ► See separate instructions.

THE KENAN-FLAGLER BUSINESS SCHOOL

FOUNDATION

SS SCHOOL Employer identification number 56-0771850

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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a X b Any related organization? 5b 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 If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 69 If "Yes," describe in Part III 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X ınıtıal contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

FOUNDATION

Schedule J (Form 990) 2009

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

56-0771850

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	<u> </u>	(E)	(F)
(A) Name	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	otal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	0	0	0	0	0	0	0
JAMES W. DEAN	(E)	380,551	0	0	0.	22,545.	403,096.	0
	Ξ	0		0.	0	1	4	0
DAVID W. STEVENS	3	185,60		0	0.	17,294.	202,898.	0
	Ξ		0.	0	0	0.		0
JAY SWAMINATHAN	<u> </u>	472,51		0	0	21,316.	493,829.	0.
	ε		0	0	0	,	1 1	0.
DAVID A. HOFMANN		309,75	0	0	0	21,259.	331,018.	0
	Ξ	,	0	0	0	- 1	- 1	0
GREGORY W. BROWN	⊞	286,213.	0	0	0	21,270.	307,483.	0
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Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION

Employer identification number 56-0771850

Par	t 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 de revenu	eterminin	g	
4	Art - Works of art							
1 2	Art - Historical treasures						_	
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
5 6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property				· -			
9	Securities - Publicly traded	Х	63	1,166,552.	FMV ON CONT	RTRI	ጥፐ	ON
10	Securities - Closely held stock		- 03	2,200,3321	1111 011 00111	KIDO		<u></u>
11	Securities - Partnership, LLC, or							
	trust interests	-						
12	Securities - Miscellaneous	_						
13	Qualified conservation contribution -							
.0	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
<u>28</u>	Other ()	L						
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part IV, [Donee Acknowled	gment 29			. 1	
						Y	'es	No
30a	During the year, did the organization receive b	=						
	at least three years from the date of the initial	contribution,	and which is not	required to be used for exen	npt purposes for		ł	.
	the entire holding period?					30a		<u> </u>
				-6	. 4 0			
						31	<u>^</u>	
32a	_	or related or	ganizations to soli	icπ, process, or sell noncash			.	
	•	•	•			32a	^	
		naliuma /a\ f=:		u far uduah aalumm (a) is she	akad			
33	-	oiumin (C) foi	a type of propert	y for which column (a) is che	CREU,			
31 32a	If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance Does the organization hire or use third parties contributions? If "Yes," describe in Part II. If the organization did not report revenues in ordescribe in Part II.	or related or	ganizations to soli	ctt, process, or sell noncash			x x	

THE KENAN-FLAGLER BUSINESS SCHOOL 56-0771850 Page 2 Schedule M (Form 990) 2009 FOUNDATION 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 M, LINE 32B: THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS - VIRTUALLY ALL OF THE ORGANIZATION'S ENDOWMENT ASSETS ARE MANAGED BY THE UNC MANAGEMENT COMPANY, INCLUDING DONATED SECURITIES.

SCHEDULE'O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION

Employer identification number 56-0771850

SCHEDULER

Related Organizations and Unrelated Partnerships

oer | OMB No 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service	▼ Comple	 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. 	s" to Form 990, Part IV, line 33, 3. ▶ See separate instructions.	3, 34, 35, 36, or 37. ns.		2009
Name of the organization		THE KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION			Em	Employer identification number $56-0771850$
Part I Identification	of Disregarded Entities (Complet	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	Form 990, Part IV, line 33)			
Name, é of disi	(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
EXECUTIVE EDUCATION LLC CAMPUS BOX 3490, MCCOLL BUILDING CHAPEL HILL, NC 27599	MCCOLL BUILDING 27599	EDUCATION	NORTH CAROLINA	18,132,265,	•0	0 • FOUNDATION
Part II dentification organizations	Part II dentification of Related Tax-Exempt Organizations (Comple organizations during the tax year.)	rions (Complete if the organization ans	ete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	it had one or more	related tax-exempt

Direct controlling entity FOUNDATION Public charity status (if section 501(c)(3)) LINE 2 INE 5 Exempt Code section 501(C)(3) ਉ 501(C)(3) Legal domicile (state or foreign country) NORTH CAROLINA NORTH CAROLINA Primary activity <u>@</u> EDUCATION SUPPORT THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, CAMPUS BOX 3490, MCCOLL BUILDING CAMPUS BOX 3490, MCCOLL BUILDING Name, address, and EIN of related organization CHAPEL HILL, NC 27599 CHAPEL HILL, NC 27599 KFBSF, INC.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

FOUNDATION Schedule R (Form 990) 2009

56-0771850 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

Page 2

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 9 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) Share of total income (d)
(d)
(l Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) Direct controlling entity Primary activity ਉ Legal domicile (state or foreign country) <u>છ</u> Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 07-21-10 Part IV

THE KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION

Schedule R (Form 990) 2009 FOUNDATION

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

Page 3

56-0771850

Make Commission 4 of man another in leading in Deske II III and IV as the national in		\perp	
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?		2	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	×
b Gift, grant, or capital contribution to other organization(s)		1b	×
c Gift, grant, or capital contribution from other organization(s)		1c	×
d Loans or loan guarantees to or for other organization(s)		1d	×
e Loans or loan guarantees by other organization(s)		1e	×
		-	
f Sale of assets to other organization(s)		11	×
g Purchase of assets from other organization(s)		19	×
h Exchange of assets		1h	×
i Lease of facilities, equipment, or other assets to other organization(s)		;=	×
			-
j Lease of facilities, equipment, or other assets from other organization(s)		; ,	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
Performance of services or membership or fundraising solicitations by other organization(s)		1	×
		£	×
n Sharing of paid employees		Tu-	×
		-	-
 Reimbursement paid to other organization for expenses 		10	×
p Reimbursement paid by other organization for expenses		1p	×
		- -	
 q Other transfer of cash or property to other organization(s) 		1 _q X	
	:	4	×
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	saction thresholds.		
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	_
(1) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL	0	25,899,081	1,1
(2)			
(3)	_		
(4)			
(5)			
(9)			
932163 02-04-10	Schedu	Schedule R (Form 990) 2009	5002

FOUNDATION Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Page 4

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

	(4)	(3)	5	(0)	٤	(5)	3
(a)	(a)		2 ,			(A)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners: section 501(c)(3) lorganizations?	Share of end-of- year assets	Dispropor- tionate	amount in box 20	General or managing
			Yes No			(Form 1065)	1 - 1
					-		
					-		
							-
							-
							_

Schedule R (Form 990) 2009

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	•
Oo 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).	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete
Part I only	▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a o file income tax returns.	n extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or croumust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic www.irs.gov/efile and click on e-file for Chanties & Nonprofits.	nically if (1) you want the additional onsolidated Form 990-T Instead,
Type or Name of Exempt Organization	Employer identification number
orint THE KENAN-FLAGLER BUSINESS SCHOOL	
FOUNDATION	56-0771850
Number, street, and room or suite no. If a P O. box, see instructions. 407 KENAN CENTER, CAMPUS BOX # 3440	
eturn See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions	0001/
CHAPEL HILL, NC 27599-3440	
Check type of return to be filed (file a separate application for each return):	
X Form 990 Form 990-T (corporation) Form 4	1720
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5	5227
Form 990-EZ Form 990-T (trust other than above)	5069
☐ Form 990-PF ☐ Form 1041-A ☐ Form 8	3870
CHRISTY DODSON The books are in the care of ► MCCOLL BUILDING, CAMPUS BOX 3490 ~ CHA Telephone No. ► 919-962-7158 FAX No ► 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 toox ► and attach a list with the names and EINs of a	is is for the whole group, check this
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time up FEBRUARY 15, 2011 , to file the exempt organization return for the organization named is for the organization's return for: □ calendar year or □ X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010	
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.	3a \$
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.	3b \$
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	1 3 1 5 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5 5
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	经 类
See instructions	3c \$ N/A
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	n 8879-EO for payment instructions.
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4- 2009)