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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)

OMB No 1545-0047

Open to Public Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. JUL 1, 2009 and ending JUN 30, 2010 A For the 2009 calendar year, or tax year beginning

Ē	3 CI	neck if	Please C Name of organization	D Employer identification number			
		1Addre	USE HS DNIVERSITY OF NORTH CAROLINA SCHOOL OF				
	<u> </u>	chang	e print or THE ARTS FOUNDATION, INC.	F6 60649E0			
	<u> </u>	Name chang Initial		56-6064850			
	H	return Termir	See Number and street (or P.O. box if mail is not delivered to street address) Room/suit	E Telephone number 336-770-3333			
		Jated Amend return		G Gross receipts \$ 2,398,379.			
	\equiv	Applic tion		H(a) Is this a group return			
	·	pendir	F Name and address of principal officer:FRANK LORD	for affiliates? Yes X No			
			P.O. BOX 12189, WINSTON-SALEM, NC 27117	H(b) Are all affiliates included? Yes No			
_			empt status: X 501(c) (3	If "No," attach a list. (see instructions)			
			te: ► WWW.UNCSA.EDU	H(c) Group exemption number ▶			
				ar of formation: 1964 M State of legal domicile: NC			
L	Pa	rt 📗	Summary	AND DROVOMB MILE			
	8		Briefly describe the organization's mission or most significant activities: TO FOSTER				
	Activities & Governance		GROWTH, PROGRESS, AND GENERAL WELFARE OF THE				
	Je		Check this box I if the organization discontinued its operations or disposed of mo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Ĝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	$\begin{vmatrix} 3 & 14 \\ 4 & 14 \end{vmatrix}$			
	න් ග		Total number of employees (Part V, line 2a)	5 1			
	jĝ		Total number of volunteers (estimate if necessary)	6 14			
	;		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.			
_	۲		Net unrelated business taxable income from Form 990-T, line 34	7b 0.			
				Prior Year Current Year			
	۰	8	Contributions and grants (Part VIII, line 1h)	2,180,005. 1,726,588.			
		9	Program service revenue (Part VIII, line 2g)	0.			
3	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229,882. 76,988.			
3	۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<187,385.> 594,803.			
M .			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,222,502. 2,398,379.			
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,368,905. 842,785.			
			Benefits paid to or for members (Part IX, column (A), line 4)	296,641. 300,339.			
	ses	15	Salanes, other companisation, employee benefits (Part IX, column (A), lines 5-10) Professional functioning rees (Part IX, column (A), line 11e)	0.			
	Expenses	ID a	Total fundraising expenses (Partix, column (D), line 25) 312,547.				
	<u>~</u>		Cher expenses (Fart X) column (A), lines 11a-11d, 11f-24f)	1,147,779. 1,276,950.			
	ļ	18	tejal expenses. Add lines 13-12 must equal Part IX, column (A), line 25)	2,813,325. 2,420,074.			
		19	Revenue less expenses. Subtract line 18 from line 12	<590,823.> <21,695.>			
-	ances			Beginning of Current Year End of Year			
1	aga	20	Total assets (Part X, line 16)	20,609,544. 21,552,049.			
•	Net Ass Fund Bal		Total liabilities (Part X, line 26)	519,902. 545,620.			
			Net assets or fund balances. Subtract line 21 from line 20	20,089,642. 21,006,429.			
L	Рa	rt II	Signature Block	s, and to the heat of my knowledge and heliof it in true, correct			
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer base in that officer is based on all information of which preparer has any knowled	ge			
	D:	_		1 11/5/11			
	Sigr Here		Signéture of officer	Date			
	ici		BILL WATSON, VICE PRESIDENT				
			Type or print name and title				
	Paid			Check if Preparer's identifying number (see instructions)			
	_	arer's	signature (Almus, K. Colu 17-4-10 C	employed			
		only	WILL THE CONTROL OF T	EIN ▶			
,		J.113	self-employed), 4035 PREMIER DRIVE, SUITE 300				
			ZIP+4 HIGH POINT, NC 27265	Phone no. ► (336) 883-0181			
- 1	May	the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No			



		UNIVERSITY OF	NORTH CAROLINA SC	HOOL OF	
Form	990 (2009)	THE ARTS FOUNI	DATION, INC.	56-606 4 850 Pag	e 2
Pa	rt III Stateme	ent of Program Service Acco	omplishments		
1	UNCSA FOR ADVANCEM		T OF THE STUDENTS,	ANCIALLY SUPPORT THE FACULTY, AND STAFF OF THE	
2	the pnor Form 99 If "Yes," describe	e these new services on Schedule O.		☐Yes X	
3	If "Yes," describe	tion cease conducting, or make signi e these changes on Schedule O.			No
4	Section 501(c)(3)	empt purpose achievements for each and 501(c)(4) organizations and sec hers, the total expenses, and revenue	ction 4947(a)(1) trusts are required to e, if any, for each program service re	ported.	
4a	TO AS "UI THE STUD MOVING II CRAFT, II BASED ON PROVIDES INTERNAT CLASSES, CLASSES.	ERSITY OF NORTH CAP NCSA") IS DEDICATED ENTS POSSESSING EXC MAGE ARTS. UNCSA IS MAGINATION, PASSION TALENT, DEMONSTRATE STUDENTS WITH THE IONALLY RENOWNED AP WORK ONE-ON-ONE WITH	D ENTIRELY TO THE CEPTIONAL TALENTS S COMMITTED TO THE N AND INTELLECT. STED NEED, OR A COMINVALUABLE EXPERIENTS. THESE GUESTH STUDENTS IN COLON, INC. COORDINA	HE ARTS (FURTHER REFERRED PROFESSIONAL TRAINING OF IN PERFORMING, VISUAL, AND IDEA THAT ART COMBINES CHOLARSHIPS CAN BE AWARDED BINATION OF BOTH. THE UNCS ENCE OF WORKING WITH MANY TARTISTS GIVE MASTER ACHING SESSIONS, AND TEACH TES THE FUNDING OF THE	A
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
			•		

932002 02-04-10

Form **990** (2009)

including grants of \$
\$ 1,848,184.

4e Total program service expenses ►\$

(Expenses \$

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

) (Revenue \$

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	Х	
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	<u> </u>	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		ĺ	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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	<u> </u>	<u> </u>
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	_		.
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	ا	x	
11		10		
••	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	۱.,	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11	>	·
	Part VI.		š. 11	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		.,	31° ×
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		-	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	, `		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	* *	,	
•	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	×.	٠	, 1
	Part X, line 16? If "Yes," complete Schedule D, Part IX.		**	- X. ≪,
•	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	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		κ ,	ತ ಘ
	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
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	١		v
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	├ <u>.</u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2009)

Part IV | Checklist of Required Schedules (continued)

		ŀ	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			٦,
	Schedule K. If "No", go to line 25	24a		X
	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	l		
	any tax-exempt bonds?	24c		
	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			x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l		
	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			х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		all and	
	instructions for applicable filing thresholds, conditions, and exceptions):		11 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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	Х	
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		<u> </u>
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>X</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	<u> </u>
		Form	990 (2009)

	990 (2009) THE ARTS FOUNDATION, INC. 56-6064	850	P	age 5
Pai	t 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			1,3
	U.S. Information Returns. Enter -0- if not applicable 90	, -		```````
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		-	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			<u> </u>
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	3. ;		-
	filed for the calendar year ending with or within the year covered by this return 2a 1	,	**,	. '
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			-,
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u> </u>		
	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:		V_2 (1)	
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	1		
	Financial Accounts.	1.0	il [®] iji	, ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
-	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	35	-	
·	Tax Shelter Transaction?	5c		l
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible?	6a	x	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	G.	x	1
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a			ــــــــــــــــــــــــــــــــــــــ	
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
.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a	\vdash	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	-	
C	to file Form 8282?			x
		7c ਭੌਤ	'_5'f) _[٠,
	If "Yes," indicate the number of Forms 8282 filed during the year	· .		, "
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			X
	benefit contract?	7e		X
· ·	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	1 E 3%	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	, ·		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			·
	at any time during the year?	8 -295	n _i ,	- 12 mm/g
9	Sponsoring organizations maintaining donor advised funds.	يد. للكحد	المأمل	
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	42.7%	X
10	Section 501(c)(7) organizations. Enter:			, jag
a	Initiation fees and capital contributions included on Part VIII, line 12	1.5	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1.7		[स्वीत
11	Section 501(c)(12) organizations. Enter:	1: 1	37.	1.
a	Gross income from members or shareholders	, š	يد آآي	14
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l :''	*	3,3

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

amounts due or received from them.)

11b

THE ARTS FOUNDATION, INC.

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.

500	tion A. Governing Body and Management			
Sec	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body		,	1
b	Enter the number of voting members that are independent 1b 14	~	- :	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- 1	
	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	,	100	
	by the following:		X	ار القدار الاستقدار
	The governing body?	8a_	X	—
ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
360	tion B. Policies (This Section & requests information about policies not required by the internal revenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	103	X
	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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	، تڇت. بارچي	٠.	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	Ì		
	in Schedule O how this is done	12c	<u> </u>	X
13	Does the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	Х	- 2 8 Z X
15	Did the process for determining compensation of the following persons include a review and approval by independent			r er
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X	
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b	kills.	7.52 28
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	١,,		1.3
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	33636	X
.	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	illa.	:44	2,0,
Ь	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			74 à .
	exempt status with respect to such arrangements?	16b	1,5463404	an a .v
Sec	etion C. Disclosure	1 :		
17	List the states with which a copy of this Form 990 is required to be filed ►NC			
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 X 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	ancial	
	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 organiza CINDY LIBERTY - (336) 770-3333	ation:	_	
	1903 S. MAIN STREET, WINSTON-SALEM, NC 27127			
		Form	990	(2009)

Form 990 (2009)

THE ARTS FOUNDATION, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Check this box if the organization did not compensate any current officer, director, or trustee.

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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per	H	(check all that				ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	Individual trustee or director	institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
CHRIS CHAPMAN									_	
MEMBER	1.00	Х				<u> </u>		0.	0.	0.
STEVE KARR	1 00	,,					l			
MEMBER	1.00	Х			_	L	_	0.	0.	0.
SUSAN MANN MEMBER	1 00	x				1	l	0.	0.	0.
GRAYDON PLEASANTS	1.00	^	_			├	├-	U •	0.	0.
MEMBER	1.00	v						0.	0.	0.
BARRY EISENBERG	1.00	A	<u> </u>	H	\vdash	┢	⊢	0.	0.	
MEMBER	1.00	x	l	١.		1		0.	ο.	0.
MIKE WALTRIP		∺	<u> </u>		_	┢	⊢			
MEMBER	1.00	х						0.	0.	0.
ANN LEWALLEN SPENCER										
MEMBER	1.00	Х	İ					0.	0.	0.
BILL WATSON						Г				
VICE PRESIDENT	1.00	X						0.	0.	0.
TAYLOR SHIPLEY		Γ								
MEMBER	1.00	Х					<u> </u>	0.	0.	0.
JOHN MCGUIRE		l		1			1			_
MEMBER	1.00	X				<u> </u>	_	0.	0.	0.
FRANK L. LORD	1 00					l	ĺ			
PRESIDENT	1.00	₽.	X		<u> </u>	L	_	0.	0.	0.
JEAN ADAMS ASSISTANT SECRETARY / TR	1.00		x			l		0.	٥.	_
PAT SHORE CLARK	1.00	├	_	-	┝		├	0.	0.	0.
MEMBER	1.00		х					0.	0.	0.
BILL WIENERS	1.00	⊢	₽		├-	<u> </u>	┝	0.	0.	0.
SECRETARY / TREASURER	1.00		х					0.	0.	0.
CINDY LIBERTY	1.00	\vdash	<u> </u>		\vdash	┢	\vdash		<u> </u>	•
EXECUTIVE DIRECTOR	40.00		х					90,000.	0.	4,500.
					_					11.7
	L	Щ.	Ц.,		<u> </u>	Ц_	L	l <u> </u>		F 990 (2000)

Part V	Section A. Officers, Directors, Tru		nplo	oyee			High	est				
,	(A) (B) Name and title Average)) Pos	C) etion			(D) Reportable	(E) Reportable compensation from related		(F) Estimated
	Name and the	hours per	H			all that apply			compensation from			amount of other
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organizations
·		_					i		:		_	
						<u> </u>						
							_				\dashv	
												<u> </u>
1b To	stal								90,000.		0.	4,500.
2 To	otal number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed a	bov		ho r),000 in reportable		0
	d the organization list any former officer, ie 1a? If "Yes," complete Schedule J for s			, ke	y em	nplo	yee,	or h	nighest compensated ei	mployee on	[;	Yes No 3 X
an	or any individual listed on line 1a, is the sund related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J f	for such individual		[} -	4 X
th	d any person listed on line 1a receive or a e organization? If "Yes," complete Sched n B. Independent Contractors				TOTT	any	y urii	eiai	ed organization for serv	ices rendered to		5 X
1 Co	omplete this table for your five highest co e organization. NONE	mpensated inc	depe	ende	ent c	ont	racte	ors t	that received more than	\$100,000 of com	pensa	ition from
	(A) Name and business	address							(B) Description of s	services	Co	(C) ompensation
								_				
	otal number of independent contractors (i	_	ot lu	mrte	d to		_	stec	d above) who received n	35	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Mary 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$1	00,000 in compensation from the organiz	zation >					0				infisio≝ F	Form 990 (2009)

76,988.

0.

138,580.

594,803

,398,379.

900099

932009 02-04-10 d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

138,580

594,803

Part IX Statement of Functional Expenses

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

	All other organizations must comp	plete column (A) but are	e not required to comple	ete columns (B), (C), an	
	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) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	842,785.	842,785.	,	- 181
2	Grants and other assistance to individuals in				g 3:1
	the U.S. See Part IV, line 22			h w 1	
3	Grants and other assistance to governments,				, ,,,
	organizations, and individuals outside the U.S.			, , , , , , , , , , , , , , , , , , , ,	
	See Part IV, lines 15 and 16				*
4	Benefits paid to or for members			, , , , , , , , , , , , , , , , , , ,	. , ,
5	Compensation of current officers, directors,	0.4.500		0.4 500	
	trustees, and key employees	94,500.		94,500.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	205,839.	74,472.	78,964.	E2 402
7	Other salaries and wages	205,639.	74,472.	/0,904.	52,403.
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):				
	Management	İ	į		
b	Legal	12,172.		12,172.	
c	Accounting	31,500.		31,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		Confirmation at an	, , , , , , , , , , , , , , , , , , ,	
f	Investment management fees			, ,	
g	Other				
12	Advertising and promotion	81,789.	20,715.		61,074.
13	Office expenses	146,364.	107,084.	3,775.	35,505.
14	Information technology				
15	Royalties				
16	Occupancy	22,626.	443.	5,798.	16,385.
17	Travel .	174,082.	164,572.	53.	9,457.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15 454	11 005	0 5 6 4	
19	Conferences, conventions, and meetings	15,454.	11,895.	2,561.	998.
20	Interest	1,028.		1,028.	
21	Payments to affiliates	91,234.	01 224		
22	Depreciation, depletion, and amortization	35,978.	91,234. 15,482.	19,193.	1 202
23	Insurance	33,376.	13,402.	19,193.	1,303.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled			, "\$P\$ 等 \$1.7%新期	
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	GUEST ARTIST EXPENSES	179,060.	177,860.	· · · · · · · · · · · · · · · · · · ·	1,200.
b	ENTERTAINMENT	135,152.	66,725.	22.	68,405.
c	MISCELLANEOUS	108,562.	96,593.	2,496.	9,473.
d	INVESTMENT FEES	68,733.	68,733.	2,100.	5,113.
e	CONTRACTED SERVICES	55,387.	20,995.		34,392.
f	All other expenses	117,829.	88,596.	7,281.	21,952.
25	Total functional expenses. Add lines 1 through 24f	2,420,074.	1,848,184.	259,343.	312,547.
26	Joint costs. Check here If following	<u> </u>			<u> </u>
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	1			

932010 02-04-10

Pa	rt X	Balance Sheet			*		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1.	1	
	2	Savings and temporary cash investments			2,543,222.	2	2,941,630.
	3	Pledges and grants receivable, net			2,024,510.	3	1,828,677.
	4	Accounts receivable, net	8,851.	4	8,833.		
	5	Receivables from current and former officers, di	s, trustees, key	*		* 1	
		employees, and highest compensated employe	, , , , , , , , , , , , , , , , , , , ,				
		of Schedule L		5			
	6	Receivables from other disqualified persons (as	define	d under section	44		-, * {
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete	•		1
		Part II of Schedule L			2 59 200	6	
2	7	Notes and loans receivable, net			10,508.	7	14,277.
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			18,591.	9	23,667.
	10a	Land, buildings, and equipment: cost or other	ŀ	1			
		basis Complete Part VI of Schedule D	10a	1,760,205.			
	Ιь	·	10b	375,438.	1,474,316.	10c	1,384,767.
	11	Investments - publicly traded securities		<u> </u>		11	
	12	Investments - other securities See Part IV, line		13,812,972.	12	14,464,357.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	+		
	15	Other assets. See Part IV, line 11	716,573.	15	885,841.		
	16	_Total assets. Add lines 1 through 15 (must equ	20,609,544.	16	21,552,049.		
	17	Accounts payable and accrued expenses	Q1 111 10 ·	o 1,	37,068.	17	109,628.
	18	Grants payable		18	=======================================		
	19	Deferred revenue		-		19	•
	20	Tax-exempt bond liabilities				20	
w	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director			h dhogais 2 Ex. 28 al-him	7.	9 7 7 1 1/2 1/2 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1
ğ		highest compensated employees, and disqualifi				s is	
Ë		of Schedule L	ou poi	cono. compicto i art ii		22	
	23	Secured mortgages and notes payable to unrela	ted th	urd narties	45,563.	23	
	24	Unsecured notes and loans payable to unrelate		·	10,000	24	
	25	Other liabilities. Complete Part X of Schedule D	a ti a	partico	437,271.	25	435,992.
	26	Total liabilities. Add lines 17 through 25			519,902.	26	545,620.
		Organizations that follow SFAS 117, check he	ere D	X and complete			6 637
Ø		lines 27 through 29, and lines 33 and 34.		Case and complete		الريخ ع	[, , · · · · · · · · · · · · · · · · ·
ဦ	27	Unrestricted net assets			<1,489,895.	>27	<1,519,568.
<u>a</u>	28	Temporanly restricted net assets			3,213,588.	28	3,615,288.
e B	29	Permanently restricted net assets			18,365,949.	29	18,910,709.
Š		Organizations that do not follow SFAS 117, cl	heck H	nere and		-~	* Y. A. A. A. A. A.
Net Assets or Fund Balance		complete lines 30 through 34.	.con I	ioio pr Laudanu			
ţş (30	Capital stock or trust principal, or current funds			Marke Matallillandinka dan	30	
SSe	31	Paid-in or capital surplus, or land, building, or ed	II IIIDMA	ent fund		31	
Ţ	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances	come,	or other fullus	20,089,642.	33	21,006,429.
	34				20,609,544.		21,552,049.
	1 34	Total liabilities and net assets/fund balances			40,000,044.	<u> 34</u>	<u> </u>

Form 990 (2009) THE ARTS FOUNDATION, INC.

56-6064850 Page **12**

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	52	HÖ.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			聚發
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	**************************************	1	MA
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		7.5	
	consolidated basis, separate basis, or both:	21.5	雏	
	X Separate basis Consolidated basis Both consolidated and separate basis	711	#	Er.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
			000	(0000)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047
2009
Open to Public

Name of the organization

UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS FOUNDATION, INC.

Employer identification number

56-6064850

Inspection

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 X 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d ____ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 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) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (v) Did you notify the (i) Name of supported (ii) EIN (iv) is the organization (vii) Amount of organization in col. (i) organized in the organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

56-6064850 Page 2 Schedule A (Form 990 or 990-EZ) 2009 THE ARTS FOUNDATION, INC. 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) (c) 2007 (d) 2008 (e) 2009 (a) 2005 **(b)** 2006 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2173358. 2249059. 2180005. 1726588.11982124. 3653114 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2249059. 2180005. 1726588.11982124. 3653114 2173358 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included . 4 43 on line 1 that exceeds 2% of the amount shown on line 11, column (f) 921,071. Š. 4 6 Public support. Subtract line 5 from line 1.5 , 6 11061053. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 3653114 2173358 2249059 2180005 1726588.11982124. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 229,882 434,402. 472,987. 460,313. 76,988. 1674572. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital 217,749 759,646. 136,065 405,832. assets (Explain in Part IV.) 14416342. 11 Total support. Add lines 7 through 10 120,943. 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 2009 (line 6, column (f) divided by line 11, column (f))	14	76.73 %	,
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	69.29 %	· !

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	x and
stop here. The organization qualifies as a publicly supported organization	-
h 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 the	ie hov

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

 $\triangleright X$

▶□

Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for O	rganizations	Described in	Section 509(a	1)(2) (Complete only	u if you chacked the h	Page 3
Section A. Public Support	- gamzations	Described in	0000000	-/(-/ (Complete onl	y ii you checked the b	ox on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")			1			
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				1	1	
are not an unrelated trade or bus- iness under section 513		: i				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				1	1	•
or expended on its behalf				}	j	
5 The value of services or facilities		Î				
furnished by a governmental unit to						
the organization without charge					1	
6 Total. Add lines 1 through 5		Î				1
7a Amounts included on lines 1, 2, and				1		1
3 received from disqualified persons						
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.)	は、は、は、は、は、は、	A.E. 电上型路板	10年10年11日	中華計学 2000	SIFE SILLING SERVERS F. F.	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					<u> </u>	
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		İ				
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 carned on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)			ļ		- 	
13 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	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	o Support Do	roontogo				▶∟
Section C. Computation of Publi			. (0)		1 1	
Public support percentage for 2009 (li		•	column (f))		15	
16 Public support percentage from 2008 Section D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·		16	
· · · · · · · · · · · · · · · · · · ·					147	
17 Investment income percentage for 20			rie 13, column (f))		17	
18 Investment income percentage from 2	-	· ·	on line 14 and to	o 15 io massa 4h	23.1/20/ and line 1	17 in mat
19a 33 1/3% support tests - 2009. If the of more than 33 1/3%, check this box ar						ı ∕ıs not ⊾ ┌─
b 33 1/3% support tests - 2008. If the						P ∟ and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule D

(Form 990) ,

Department of the Treasury Internal Rêvenue 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.

OMB No 1545-0047
2009
Open to Public This

Name of the organization

UNIVERSITY OF NORTH CAROLINA SCHOOL OF

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		o or recounted complete if the
	organization anowored res to rollingso, rait iv, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1) 20101 201002 101100	(a) and and care deceared
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year		
5		Luming that the coasts hold in depar advi	and funds
5	Did the organization inform all donors and donor advisors in	-	
6	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a		
O			·
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	or donor advisor, or for any other purpose	
Par	t II : Conservation Easements. Complete if the or	ganization answered "Ves" to Form 990	Port IV Inc. 7
1			Faitiv, line 7.
•	Preservation of land for public use (e.g., recreation or p		satamaelli, samautant land assa
	Protection of natural habitat	r 	stoncally important land area rtified historic structure
	Preservation of open space	Preservation of a cer	miled historic structure
2		find appearation contains the form	
~	Complete lines 2a through 2d if the organization held a quali day of the tax year.	med conservation contribution in the form	1 of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
	Total acreage restricted by conservation easements		2a
b	Number of conservation easements on a certified historic sti	musture and and an (a)	2b
۲ C			2c 2d
d 3	Number of conservation easements included in (c) acquired	•	L=:-1
3	Number of conservation easements modified, transferred, revear	neased, extinguished, or terminated by tr	ne organization during the tax
4	Number of states where property subject to conservation ea	ecoment is located	
5	Does the organization have a written policy regarding the pe		:
•	violations, and enforcement of the conservation easements	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) abor		
Ū	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	alon o manolal statements that describes	s the organization s accounting for
Pai	t IIII Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	-	
			
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		
	the footnote to its financial statements that describes these		
ь	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures
_	or other similar assets held for public exhibition, education, of		
	these items:	or research an ideal of a public control	o, provide the following amounts foliating to
	(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		argani, provide
а	Revenues included in Form 990, Part VIII, line 1	Judang to those items	•
h	Assets included in Form 990, Part X	-	► \$ ► \$
	7.000to inoluded in Form 550, Fart A		Ψ

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

374,474

964.

80,000.

234,668.

60,000.

1,010,099.

1,384,767.

1a Land

b Buildings

d Equipment

e Other

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

80,000.

235,632.

60,000.

1,384,573.

THE	λρπσ	FOIR	זא חד האר	TNC

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			_ · ·
Closely-held equity interests		-	· · · · · · · · · · · · · · · · · · ·
Other			
ANNUITY INVESTMENTS	720,989.	END-OF-YEAR MARKET	VALUE
UNC INVESTMENT FUND	13,743,368.	END-OF-YEAR MARKET	
	20//20/0000		VIIIOI
			
		· · · · · · · · · · · · · · · · · · ·	
	11 161 255		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	14,464,357.		· ·
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13	3.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	_		
		· 711	
			
Total (Cal (h) must sounl Form 000 Part V and (D) line 12 \			s., x t
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	45		e e e e e e e e e e e e e e e e e e e
	Description	-	(b) Book value
(a)	Description		(b) Book value
			
			
	· · · · · · · · · · · · · · · · · · ·		
			
			-,
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes		, 5 [×] ± 50	1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ANNUITY PAYMENT LIABILITY		435,992.	
		, , , , , , , , , , , , , , , , , , , ,	
		, , , , , , , , , , , , , , , , , , , ,	
			
		, -	, · · · ·
			institute.
		, , , , , , , , , , , , , , , , , , , ,	
		, S.,	
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	435,992.	*# Fig. 17

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. 932053 02-01-10

Sche	dule D (Form 990) 2009 THE ARTS FOUNDATION, INC.			56-6064850 Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audited	Financial Stat	ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,398,379.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2,420,074.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	<21,695.>
4	Net unrealized gains (losses) on investments		4	938,482.
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	938,482.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	10	916,787.
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per l	
1	Total revenue, gains, and other support per audited financial statements			1 3,336,861.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	938,482	•
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c	-	المراقبة الم
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d			2e 938,482.
3	Subtract line 2e from line 1			3 2,398,379.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			5 kg - 14
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
¢	Add lines 4a and 4b			4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5 2,398,379.
Pai	t XIII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses pe	
1	Total expenses and losses per audited financial statements			1 2,420,074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities .	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d			2e 0.
3	Subtract line 2e from line 1			3 2,420,074.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		The state of the s
	Other (Describe in Part XIV.)	_4b		→
	Add lines 4a and 4b			4c 0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5 2,420,074.
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part If, lines 3, 5, and 9; Part			
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com			
FAI	RT V, LINE 4: THE ORGANIZATION'S INTENDED	OSE OF	ENDOMMEN.	L LONDS IS
FOI	R SCHOLARSHIPS AND SCHOOL RELATED PROGRAMS	וות מסקו י	UP INITIPO	CIMY OF MODEU
101	C Delionatiff and Belloon REDATED FROGRAMS	FOR II	HE UNIVERS	SIII OF NORTH
CAF	ROLINA SCHOOL OF THE ARTS.			
<u> </u>	COLIMI Denote of the facility.		<u> </u>	
				
		<u>_</u> _		

Schedule D (Form 990) 2009

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SCHE	(Form

(Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Star	s, tes		2003
Department of the Treasury Internal Revenue Service		Сотрі	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.		Applied to Public and Applied to
Name of the organization	UNIVERSIT	Y OF NORTH FOUNDATION	CAROLINA , INC.	SCHOOL OF				Employer identification number 56-6064850
Partital General In	General Information on Grants and Assistance	nd Assistance						
1 Does the organization	Does the organization maintain records to substantiate the amount	o substantiate the		or assistance, the	grantees' eligibility	/ for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	•
criteria used to av	criteria used to award the grants or assistance?	stance?		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				X Yes No
art II	Describe in Part by the organization's procedures for monitoring the Use or grant tunds in the United States Canada and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Ves" to Form 990. But IV line 21. for any	Governments and	Oring the Use of grant	Tunds in the United	omplete if the ords	V" bezewede doitezin	e" to Form 990 Part	W 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	55,000 Check this	box if no one recipien	nt received more th	an \$5,000. Use Pa	int IV and Schedule I-1	(Form 990) if additions	al space is needed
1 (a) Name and ad or gov	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
UNIVERSITY OF NORTH CAROLINA	TH CAROLINA							
SCHOOL OF THE ARTS - 1533 SOUTH	S - 1533 SOUTH							
MAIN SIKEEI - WINSION-SALEM, NC 27127	STON-SALEM, NC	56-6065273	GOVERNMENTAL UNIT	842,785.	0			PAYMENTS FOR SCHOLARSHIPS
		-						
2 Enter total number	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					A
3 Enter total numbe	Enter total number of other organizations							0
LHA For Privacy Act	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

Page 2

56-6064850

| (Form 990) 2009 THE ARTS FOUNDATION, INC.

| 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 | (Form 990) 2009

Part III Grants and Othe

(f) Description of non-cash assistance									
(e) Method of valuation (book, FMV, appraisal, other)				le information required in Part I, line 2, and any other additional information.	OM THE				
(d) Amount of non- cash assistance				line 2, and any other	SCHOLARSHIP AWARDS.	i			
(c) Amount of cash grant				on required in Part I,					
(b) Number of recipients				ovide the informatic	FOUNDATION F REGARDING			:	
(a) Type of grant or assistance		-		elemental Information. Complete this part to p	SCHEDULE I, PART I, LINE 1: THE FOR THANCIAL AID DEPARTMENT AT UNCSA				

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS FOUNDATION, INC.

Employer identification number 56-6064850

FORM 990, PART VI, SECTION B, LINE 11: THE SECRETARY / TREASURER OF THE
GOVERNING BODY REVIEWS THE FORM 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S SALARY IS
REVIEWED AND VOTED ON ANNUALLY BY THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19: THE UNIVERSITY OF NORTH CAROLINA
SCHOOL OF THE ARTS FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.
· · · · · · · · · · · · · · · · · · ·

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

▼ See separate instructions.

▶ Attach to Form 990.

2009 Copentto Publications

OMB No 1545-0047

Employer identification number 56-6064850

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS FOUNDATION, INC. Name of the organization Part

CAROLINA SCHOOL OF THE 0.1,384,572. prts FOUNDATION, INC. JNIVERSITY OF NORTH Direct controlling Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) NORTH CAROLINA CHANCELLOR'S RESIDENCE Primary activity - 20-4054979 Name, address, and EIN of disregarded entity 411 SOUTH MARSHALL STREET LLC 27127 WINSTON-SALEM, NC 1533 S. MAIN ST. Partil

Direct controlling entity status (if section Public charity 501(c)(3)) <u>@</u> Exempt Code section Ð Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization

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

932161 02-04-10

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 THE ARTS FOUNDATION, INC.

| 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 coganizations treated as a partnership during the tax year)

Page 2

56-6064850

(j) General or managing partner? Yes Percentage ownership Schedule R (Form 990) 2009 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.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets **6** Type of entity (C corp, S corp, or trust) **e** Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) <u>છ</u> 27 Direct controlling entity Primary activity ₤ Legal domicile (state or foreign country) <u>ق</u> Primary activity Name, address, and EIN of related organization Name, address, and EiN of related organization 932162 07-21-10 Part IV

INC. THE ARTS FOUNDATION. Schedule R (Form 990) 2009

Page 3

56-6064850

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Yes

Schedule R (Form 990) 2009 Amount involved Ē 9 9 4 2 1e 두 우 4 큠 1g 두 ¥ ÷ 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 (b)
Transaction type (a-r) 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? Part V | Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) (a)
Name of other organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from other organization(s) i Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) Gift, grant, or capital contribution to other organization(s) q Other transfer of cash or property to other organization(s) p Reimbursement paid by other organization for expenses o Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees Exchange of assets 932163 02-04-10 Ε 9 (2) (3) **£** (1) ៙

Page 4

56-6064850

Schedule R (Form 990) 2009 THE ARTS FOUNDATION, INC.

Partyll Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a)	(q)	(0)	(D)	(e)	()	(6)	£
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share of end-of-	Dispropor-	Code V-UBI	
of entity		(state or foreign	section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20	managing partner?
		country)	Yes No		Yes No	(Form 1065)	1 · 1
			-				
			_				
					_		
							_
Contraction of the Contraction o							
						Schedule R (Form 990) 2009	990) 2009

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