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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)

Department of the Treasury

Open to Public

Intern	al Rever	nue Service The organization may have to use a copy of this return to satisfy st		Inspection			
<u>A F</u>	or the	2009 calendar year, or tax year beginning JUL 1 2009 and ending	JUN 30, 2010				
В с	heck if	Please C Name of organization	D Employer identific	cation number			
aı	oplicable	use IRS					
	Addres change	ss label or print or UNIVERSITY OF ARKANSAS FOUNDATION INC.					
]Name]change	Doing Business As	71-605	6774			
	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r			
	Termin	Constint	479-57	5-5581			
×	Amend		G Gross receipts \$	960 121 099.			
	Applic		H(a) Is this a group re				
	Ition pendir	F Name and address of principal officer DIANNA LEE	for affiliates?	Yes X No			
		535 RESEARCH CENTER BOULEVARD, SUITE 120, FA	H(b) Are all affiliates inc				
	'av av	empt status x 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		list (see instructions)			
			H(c) Group exemptio	,			
		te: ► www.uarkfoundation.org organization: x Corporation Trust Association Other ► L	 				
	rt I	organization:	ear of formation; 1956	State of legal domicile AR			
ГР	•						
မွ		Briefly describe the organization's mission or most significant activities PROVIDE SUPP	ORT FOR THE				
Activities & Governance		UNIVERSITY OF ARKANSAS					
err		Check this box if the organization discontinued its operations or disposed of	1 -				
Š		Number of voting members of the governing body (Part VI, line 1a)	3	22			
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)	4_	22			
ies		Total number of employees (Part V, line 2a)	5	10			
Ξ		Total number of volunteers (estimate if necessary)	6	0			
Act	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	-820,927,			
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-820,927,			
			Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)	60,602,085,	89,397,966			
J.	9	Program service revenue (Part VIII, line 2g)	2,228,715.	2,025,344,			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-10,388,458,	-124,141.			
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,442,342,	91,299,169,			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,372,250.	73,354,188,			
	14	Benefits paid to or for members (Part IX, column (A), line 4)					
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,392,505.	1,268,177,			
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 25) Total fundraising expenses (Part IX, column (D), line 25)					
ğ	b	Total fundraising expenses (Part IX, column (D), tide 25) V					
ω	I	Other expenses (Part IX, column (A) lines 11a-11d, 11f-24f)	449 669	518,749.			
	18	Total expenses Add lines 13-17 (must-equal Pant IX) column (A), line 35)	74,214,424.	75 141 114			
	19	Revenue less expenses Subtract line 18 from line 12	-21,772,082,	16,158,055,			
Net Assets or Fund Balances			Beginning of Current Year	End of Year			
anc	20	Total assets (Part X, line 16)	562,519,135,	653,519,726,			
ASS	21	Total liabilities (Part X, line 26)	19,915,734.	22,350,336,			
E S	22	Net assets or fund balances Subtract line 21 from line 20	542,603,401,	631 169 390			
Pa	art II	Signature Block					
		Under penalties of perjury, 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 complete Declaration of preparer (other than officer) is based on all information of which preparer has any know	eoge _ / .	1			
Sig	n	Lama LE	5/7	/12			
Her		Signature of officer	Date				
nei	-	DIANNA LEE, ASSISTANT TREASURER					
		Type or print name and title					
Date Check if Preparer's							
Paid	i	Self-	structions)				
Pre							
Use	Only	Firm's name (or yours if HOGANTAYLOR LLP self-employed), 2200 S UNICA DI. SULTE 400	EIN ►				
		address, and	Dhone no 🕨 (010) 745 0000			
_		ZIP+4 TULSA OK 74114-7000	Phone no	918) 745-2333			
ма	v tne l	RS discuss this return with the preparer shown above? (see instructions)		Lx_ Yes L No			

1	Briefly describe the organization's mission								
	PROVIDE SUPPORT FOR THE UNIVERSITY OF ARKANSAS								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No							
	If "Yes," describe these new services on Schedule O	Yes X No							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.								
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.								
4a	(Code:) (Expenses \$ 24,329,789. including grants of \$ 24,329,789.) (Revenue \$								
	FUNDS ALLOCATED TO SUPPORTED ORGANIZATIONS FOR CONSTRUCTION & EQUIPMENT.								
4b	(Code) (Expenses \$ 31,564,007. including grants of \$ 31,564,007.) (Revenue \$								
	FUNDS ALLOCATED TO SUPPORTED ORGANIZATIONS FOR RESEARCH, FACULTY/STAFF								
	SUPPORT AND SCHOLARSHIPS & AWARDS,								
4c	(Code) (Expenses \$ 17,460,392. including grants of \$ 17,460,392.) (Revenue \$								
	FUNDS ALLOCATED TO SUPPORTED ORGANIZATION FOR ALL OTHER PROGRAM EXPENSES,								
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	_							

Form 990 (2009) UNIVERSITY OF ARKANSAS FOUNDATION INC.
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_	х	
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_	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		1	
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	_x	<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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	<u> </u>
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	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		Ì	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			ł
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		ļ	1
•	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		1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX. 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 separate of consolidated limitation 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			1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D. Parts XI, XII, and XIII	12	x	
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	- '-		
127	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		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X_
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	<u> </u>	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	1
	complete Schedule G, Part III	19	-	Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20_	000	<u> </u>
		Form	Jan	(2009)

Form 990.(2009) UNIVERSITY OF ARKANSAS FOUNDATION INC.

Part IV Checklist of Required Schedules (continued)

_		1	i	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
4 I	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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			
20	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	<u></u>		
	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		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	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		х
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		х
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		х
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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
¢	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	İ		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33	X	
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24	.,	
25		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		١,,
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35	-	Х
36	If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	3,		^
50	Note. All Form 990 filers are required to complete Schedule O	38	l x	
	Trough		990	2009)
			1	

Form 990 (2009) UNIVERSITY OF ARKANSAS FOUNDATION INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	296			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming			
	(gambling) winnings to prize winners?	1 1		<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the			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					
	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	ed by tr	nis return?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	atha.	tu auar a	<u>3b</u>	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4-		
.	financial account in a foreign country (such as a bank account, securities account, or other financial a lf "Yes," enter the name of the foreign country: SEE SCHEDULE O	accour	11,7	4a	X	
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign I	Rank a	nd			
	Financial Accounts	Dalik a	Hu			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		v
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	iction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega		Prohibited	30		_^_
·	Tax Shelter Transaction?		Tornonca	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne oraz	inization solicit			
	any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	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?			7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c	х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	person	al			ļ
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			.7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		•	7h	X	ļ <u>-</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	siness holdings	_		
_	at any time during the year?			8_		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10 10	Section 501(c)(7) organizations. Enter.			90	ļ	
10	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter			1		
'' a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	- ,,,,,		1		
J	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		·	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
				Form	990	(2009)

Form 990,(2009) UNIVERSITY OF ARKANSAS FOUNDATION INC. 71-6056774 Page
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					
			1		Yes	No
1a	Enter the number of voting members of the governing body	1a		22		
b	Enter the number of voting members that are independent	1b	<u> </u>	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct 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 Fo		0 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		<u> </u>
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 me	ember	s of the			
	governing body?			7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following:					
а	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			
					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	chapt	ers, 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 fi	ılıng th	e form?	11	X	ļ
11A						
12a	· · · · · · · · · · · · · · · · · · ·			12a	Х	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ald giv	e rise			
	to conflicts?			12b	X	-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe			
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	Х	├─
15	Did the process for determining compensation of the following persons include a review and approve		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X.	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		th a	1		
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment '	will a	40.		
	taxable entity during the year?		uto montrormation	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızaı	IOH S	466		
<u></u>	exempt status with respect to such arrangements?	-		16b		l
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(a)(3)e aabd ayada	ble for		
18		1 (501	(C)(S)S Offiy) availal	Die IOI		
	public inspection. Indicate how you make these available Check all that apply					
46	x Own website x Another's website x Upon request		t of interest select	and fire	nnerel	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	JOHING	t of interest policy	, and nha	ancial	
^^	statements available to the public	nd ra	orde of the orac-	ization 🏲		
20	State the name, physical address, and telephone number of the person who possesses the books a	iiu rec	orus or the organ	ızalı0[]	_	
	DIANNA LEE - (479)575-5581					
	535 RESEARCH CENTER BOULEVARD SUITE 120 FAYETTEVILLE AR 72701-6832					

UNIVERSITY OF ARKANSAS 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 Section A.

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

Check this box if the organization d	(B)				C)			(D)	(E)	(F)
Name and Title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W·2/1099·MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR. DIANE S. GILLELAND										
BOARD MEMBER		X		ļ		ļ		0.	0,	0
DR. MARY ANN GREENWOOD					ŀ					
BOARD MEMBER		X	<u> </u>	<u> </u>	<u> </u>	₩		0,	0.	0
MR. JIM VON GREMP										
BOARD MEMBER		X		├	 	⊨		0.	0.	0
MR. JACK JUSTUS										
BOARD MEMBER		Х		-	\vdash	-		0.	0.	0
MR. JAMES H. FAULKNER										_
BOARD MEMBER		Х		\vdash	\vdash	-	-	0.	0,	
MR. JULIAN C. STEWART										_
BOARD MEMBER		X		├	 -	-		0.	0.	0
MR. KENNETH D. MANN		x	ŀ					0.	0.	0
BOARD MEMBER	-	┿			 					
MR. LARRY COOPER		x						0.	٥.	
BOARD MEMBER MR. LEE RONNEL		╁				一	<u> </u>		<u> </u>	,
BOARD MEMBER		x		1				0.	0.	
MR. RICK CHAPMAN		 	ļ					· ·		`
BOARD MEMBER		x						0.	0.	
MS. CHERYL F. SHUFFIELD				İ						
BOARD MEMBER		x			l		L	0,	0.	
MS. CYNTHIA CONGER										
BOARD MEMBER		х			<u></u>			0.	0,	
MR. CHARLES SCHARLAU										
BOARD MEMBER		х				<u> </u>	_	0.	0.	
MR. DICK TRAMMEL						ļ				
BOARD MEMBER		X.	<u> </u>			╙	<u> </u>	0.	0.	<u> </u>
MR. LEWIS E. EPLEY, JR.			i							
BOARD MEMBER		Х	ـ	ـــ	╄	\vdash	ļ	0.	0.	
DR. FRANK W OLDHAM							1			
BOARD MEMBER		X	-	┼	-	-	 	0_	0.	(
MR. BILL WISENER							1			
BOARD MEMBER		X	1	<u>_</u>		<u> </u>		0.	<u> </u>	Form 990 (2009

Part VII Section A. Officers, Director (A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours	(ct	neck	Pos	ition		ly) _	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MR. NED RAY PURTLE										
BOARD MEMBER		X						0.	0.	0
MS. DEBBIE WALKER										
BOARD MEMBER		X		_		<u> </u>		0,	0.	0
MR. DON L. GIBSON										
BOARD MEMBER		Х				_		0,	0.	0
MR. FREDDIE BLACK										
BOARD MEMBER/CHAIR		Х		_X		Н		0.	0.	. 0
MR. PETER G. KUMPE										
BOARD MEMBER/VICE CHAIR		Х		Х		Ľ		0.	0.	0
MR. FRED HARRISON										
SECRETARY				Х				0.	0.	0
MS. DIANNA LEE										
ASSISTANT TREASURER	40,00			Х				149,116,	0.	29,401
MS. VICKIE FERGUSON										
ASSISTANT TREASURER	40.00			Х				126,294.	0.	12,816
MR. CLAY H. DAVIS										
EXECUTIVE DIRECTOR/TREASUR	40,00			Х				198,509.	0.	32,793
MR. ROBERT KOSTER										
ASSISTANT SECRETARY	40,00			х	L	<u> </u>		104,372.	0.	29,107
1b Total								578,291,	0.	104 117

compensation from the organization

Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CAMBRIDGE ASSOCIATES, LLC		
110 SUMMER STREET, BOSTON MA 02110-2112	INVESTMENT MANAGEMENT SERVICES	1,545,537,
WESTAT, INC		
PO BOX 1004 ROCKVILLE MD 20850	RESEARCH CONSULTING SERVICES	1,169,880,
PERKINS EASTMAN ARCHITECTS, PC		
115 FIFTH AVE NEW YORK NY 10003-1004	GENERAL CONTRACTOR SERVICES	1,009,973,
BLACKROCK, INC.		
40 EAST 52ND ST, NEW YORK, NY 10022	INVESTMENT MANAGEMENT SERVICES	607,622.
RUFFALOCODY		
PO BOX 3018 CEDAR RAPIDS IA 52406	GENERAL SOFTWARE SERVICES	556,863,
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	43	

	990 (SAS FOUNDATIO	N INC.		/1-6056//4	rage 3
Pai	t VII	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and	89,397,966,				
nd o	g	Noncash contributions included in lines	1a-1f \$	3,306,695.				
Q <u>g</u>	<u>h</u>	Total. Add lines 1a-1f		I	89 397 966.			
				Business Code	1 (21 100	1 633 133		
Κį	2 a			900099	1,631,122, 137,378,	1,631,122,		-
Ser	b			900099	133,982.	133,982		
e a		SERVICES		900099	122 862.	122,862,		
Program Service Revenue	e							
۲	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>	2,025,344,			
	3	Investment income (including other similar amounts) Income from investment of ta		▶	14,992,017,		~820,927,	15,812,944,
	5	Royalties						
		Gross Rents Less: rental expenses Rental income or (loss)	(ı) Real	(II) Personal				
İ		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory Less cost or other basis and sales expenses	853,542,836 868,627,430	194,500,				
1		Gain or (loss)	-15,084,594					
e		Net gain or (loss) Gross income from fundraisin	-		-15,116,158,	-15,116,158,		
Other Revenue		contributions reported on line Part IV, line 18 Less direct expenses	e 1c) See	,				
ļ		Net income or (loss) from fun		•				
		Gross income from gaming as Part IV, line 19 Less: direct expenses	•					
		: Net income or (loss) from gan						
		Gross sales of inventory, less and allowances	returns					
		Less. cost of goods sold Net income or (loss) from sale	1	• •				
		Miscellaneous Reveni		Business Code				
	11 a	l						
	t							
	c			<u> </u>				
	· -	All other revenue				 		
		 Total. Add lines 11a-11d Total revenue See instructions. 			91,299,169	-13,090,814,	-820,927,	15,812,944,
93200 02-04	12 9 1-10	TOTAL TEVENUE SEE INSTRUCTIONS.			1 31,233,109	13,030,014,	-UZU, <u>JZI</u> ,	Form 990 (2009)

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 73,354,188 73,354,188 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 588,738 588.738 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 408,137 408,137 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 99,687 99,687 Other employee benefits 106,368 106,368 Payroll taxes 10 65,247 65,247 Fees for services (non-employees) Management Legal 10,797 10,797 c Accounting 53,600 53,600 d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees 26,096 26,096 12 Advertising and promotion Office expenses 98.829 13 98,829 Information technology 14 198,409 198,409 Royalties 15 61,110 16 Occupancy 61,110 17 Travel 57,927 57,927 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 11,981 11,981 Other expenses. Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) All other expenses Total functional expenses Add lines 1 through 24f 25 75,141,114 73,354,188 1,786,926 Joint costs. Check here

if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

		Balance Sheet			(A) Beginning of year		(B) End of year
	1	Cash - non-interest bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		48,324,720,	3	78,609,611	
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, dir					
		employees, and highest compensated employee					
		of Schedule L		5			
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 495	8(c)(3	(B) Complete			
		Part II of Schedule L	-		6		
Assets	7	Notes and loans receivable, net		-	109,009,	7	
188	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges		,		9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a 10b	646,586.			
	b	Less accumulated depreciation	255,834.	466,752,	10c	390,752	
	11	Investments - publicly traded securities	-		11		
	12	Investments - other securities See Part IV, line 1	511,171,565,	12	571,798,818		
	13	Investments program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			2,447,089,	15	2,720,545
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	562,519,135.	16	653,519,726
	17	Accounts payable and accrued expenses			4,472,451,	17	5,681,299
	18	Grants payable				18	
	19	Deferred revenue		}		19	
	20	Tax-exempt bond liabilities	W	at Cabadula D		20	
Liabilities	21	Escrow or custodial account liability Complete F				21	
<u>=</u>	22	Payables to current and former officers, director					
Ľ.	1	highest compensated employees, and disqualific of Schedule L	ea per	sons Complete Part II			
			* od * h	urd portion	· · · · · · · · · · · · · · · · · · ·	22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		T T		24	
	25	Other liabilities Complete Part X of Schedule D	3 1111111	parties	15,443,283,	25	16,669,037
	26	Total liabilities. Add lines 17 through 25		-	19,915,734	26	22,350,336
	20	Organizations that follow SFAS 117, check he	ro D	x and complete	17,717,734.		22,330,330
Ø		lines 27 through 29, and lines 33 and 34.		and complete			
če	27	Unrestricted net assets			58,603,949,	27	69,625,749,
alar	28	Temporarily restricted net assets		122,865,216,	28	151,489,115	
ä	29	Permanently restricted net assets		361,134,236,	29	410.054.526	
Š		Organizations that do not follow SFAS 117, cl	heck h	nere and	301,134,230,		410,034,320
F		complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or eq	luipme	ent fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		T T		32	
Š	33	Total net assets or fund balances	,	-	542,603,401,	33	631,169,390,
	34	Total liabilities and net assets/fund balances		ļ	562 519 135	34	653 519 726

-orm	990 (2009) UNIVERSITY OF ARKANSAS FOUNDATION INC. 71-6056774	<u> </u>	Pa	ge 12
Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual 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?	2a		х
b	Were the organization's financial statements audited by an independent accountant?	_2b	х	
С	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			
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			
	x Separate basis Consolidated basis Both consolidated and separate basis			
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	1		
	Act and OMB Circular A-133?	3a	ļ	Х
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	3b		<u> </u>
		Form	990	(2009)

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.

2009

Open to Public Inspection

Name of the organization Employer identification number UNIVERSITY OF ARKANSAS FOUNDATION INC 71-6056774 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 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) 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) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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) 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? 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(ı) (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(ni) h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. (i) organized in the U.S.? organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes

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

	rt II Support Schedule for	Organizations	Described in	TION INC. Sections 170(I	b)(1)(A)(iv) and	71-605677 1 170(b)(1)(A)(v	
	(Complete only if you checked	d the box on line 5,	7, or 8 of Part I)				
ec	tion A. Public Support						
ale	ndar 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						
	include any "unusual grants ")	42,711,609.	66,089,589,	69,270,332.	60,602,085.	89 397 966.	328,071,581.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		·				
	or expended on its behalf						-
3	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge						
	Total. Add lines 1 through 3	42,711,609,	66,089,589.	69,270,332.	60,602,085.	89,397,966.	328,071,581.
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,			1			
	column (f)						10,102,310.
	Public support. Subtract line 5 from line 4		L				317 969 271.
	tion B. Total Support			1			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 4	42,711,609.	66,089,589,	69,270,332.	60,602,085,	89,397,966,	328,071,581,
8	Gross income from interest,						
	dividends, payments received on		ľ				
	securities loans, rents, royalties						
_	and income from similar sources	13,360,404.	13,955,175,	22,734,997.	21,675,799.	21,027,519.	92,753,894.
9	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	5 245	4 054	İ			0 300
	assets (Explain in Part IV)	-5 246.	-4.054.				-9 300
	Total support. Add lines 7 through 10		1	<u>.</u>		40	420 816 175.
	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	l fourth or fifth to	y year as a section	12	11,825,162.
IJ		_	inst, second, triir	a, iouitii, or iiitii ta	x year as a section	11 30 1(0)(3)	_
e e	organization, check this box and store ction C. Computation of Publ		rcentage				
14	Public support percentage for 2009 (lıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	75,56 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	72,42 %
16a	33 1/3% support test - 2009. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ x
b	33 1/3% support test - 2008. If the o	rganization did not	check a box on lir	ne 13 or 16a, and i	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·	· ·		13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac						

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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.

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

Schedule A	(Form 990	or 990-EZ)	2009

Sch	edule A (Form 990 or 990-EZ) 2009 irt III Support Schedule for C	\ranizations	Described in	Section 500/a	1(2)		Page 3
	ction A. Public Support	/ yarıızatıorıs	Described iii	Section Sos(a	(Complete only	/ IT you checked the bo	ox on line 9 of Part I.)
-			# > 0000	4-1-2007	(4) 0000	(-) 2000	(0 T-1-1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
'	Gifts, grants, contributions, and membership fees received (Do not					:	
	include any "unusual grants ")						
2	Gross receipts from admissions,						*
_	merchandise sold or services per-	l		ı			
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					1	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		1		<u> </u>		
4	Tax revenues levied for the organ-						-
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		1			1	
	the organization without charge				ļ		
	Total. Add lines 1 through 5					-	
7 a	Amounts included on lines 1, 2, and						
	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		-				
	Add lines 7a and 7b					 	 -
	Public support (Subtract line 7c from line 6) ction B. Total Support				1		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(4) = 3 + 3	(3) = 33	(0)	19,	10/	107.13.1
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	-					
	Add lines 10a and 10b					<u> </u>	
11	Net income from unrelated business activities not included in line 10b,			:			
	whether or not the business is						
40	regularly carried on		<u></u>		<u> </u>	 	
12	Other income Do not include gain or loss from the sale of capital						
40	assets (Explain in Part IV)					 	
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo		l contact the	ed for eth or fifth t		uon 501(a)(2) argani	lation.
14	check this box and stop here	r the organization	s iirst, second, triii	a, iourin, or min i	ax year as a sect	on sor(c)(s) organiz	ation,
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2009 (column (fl)		15	%
	Public support percentage from 2008	• • •	-	· · · · · · · · · · · · · · · · · · ·		16	%
	ction D. Computation of Inve			-			
	Investment income percentage for 20				-	17	%
18						18	%
19	a 33 1/3% support tests - 2009. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						ightharpoons
ı	o 33 1/3% support tests - 2008. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						▶]
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			
					C.	hadula A (Earm 90	O DOD ETLODO

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2009

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	9,613,648,	1,197,324
	16,768,872,	8,352,548
	8,968,762,	552,438
		
		<u>.</u>
		· · · · · · · · · · · · · · · · · · ·
otal Excess Contributions to Schedule A. Part II. Line 5		10 102 310

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Department of the Treasury Internat Revenue Service Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization		-	Emp	loyer identification number
	UNIVERSITY	OF ARKANSAS FOUNDATION	INC.		71-6056774
Pa	art I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527 of	rganization.
1	Provide a description of the organiz	zation's direct and indirect politica	l campaign activities	in Part IV	
2	Political expenditures			▶ \$	0.
3	Volunteer hours				0.
_					
Pa		ganization is exempt unde		· · · · · · · · · · · · · · · · · · ·	
1	•			> 9	0.
	Enter the amount of any excise tax	, -		5 ▶ \$	S
	If the organization incurred a section	in 4955 tax, did it file Form 4720 fo	or this year?		Yes No
	Was a correction made?				Yes No
	o If "Yes," describe in Part IV art I-C Complete if the ord	ganization is exempt unde	er section 501(c)	except section 501	(c)(3)
	Enter the amount directly expended			·	· · · · · · · · · · · · · · · · · · ·
	Enter the amount of the filing organ	• •	•		
~	exempt function activities	inzacion s funds contributed to other	er organizations for s	► §	<u> </u>
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here an	d on Form 1120-POL	· · · · · · · · · · · · · · · · · · ·	′ <u></u>
·	line 17b		3 3 7 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-, > 9	
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No
	Enter the names, addresses and er	·) of all section 527 pe	olitical organizations to which	
	For each organization listed, enter t	the amount paid from the filing org	, janization's funds Al	so enter the amount of poli	tical contributions received
	that were promptly and directly del	ivered to a separate political orgar	nization, such as a se	eparate segregated fund or	a political action committee
	(PAC) If additional space is needed	d, provide information in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
		,			
			-		
			1	ı	

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	UNIVERS	SITY OF A	RKANSAS FOUNDATI	ON INC.	71-60	56774 Page 2
Part II-A Complete if the org			npt under sectio	on soricits) and in	ea Form 5706	
(election under sec		· ··				
A Check 🕨 🔛 if the filing organiza		-	= -			
B Check 🕨 🔝 if the filing organiza	tion check	ed box A an	d "limited control" pro	ovisions apply.		(1) A (() - A A A
		oying Exper eans amou	nditures nts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	ience a leg	gislative bod	y (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and	d 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line	s 1c and 1d)			
f Lobbying nontaxable amount. Ente	er the amo	unt from the	following table in bo	th columns		
If the amount on line 1e, column (a) o	r (b) is:	The lob	oying nontaxable am	nount is:		
Not over \$500,000		20% of	the amount on line 1e	<u> </u>		
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,0	000			
g Grassroots nontaxable amount (er	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, e	enter -0-				
i Subtract line 1f from line 1c If zero	or less, e	nter -0-				
J If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organiz	ations tha		raging Period Under	r Section 501(h) on do not have to comp	olete all of the five	
				es 2a through 2f on pa		
	Lobi	oying Exper	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures	İ					
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
						-
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009 UNIVERSITY OF ARKANSAS FOUNDATION, INC. 71-6056774 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	((a)		(b)	
	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of					
a Volunteers?		x			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x			
c Media advertisements?		х			
d Mailings to members, legislators, or the public?		х			
e Publications, or published or broadcast statements?		х	_		
f Grants to other organizations for lobbying purposes?		х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х			
i Other activities? If "Yes," describe in Part IV	х			45,000.	
j Total Add lines 1c through 1i				45,000.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u> </u>				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5), or se	ction		
501(c)(6).					
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sec		3			
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." 1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	itıcal				
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		_3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5_			
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5,	and Part II-B	, line 1ı Also	o, complete	this part	
for any additional information					
PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:					
OTHER ACTIVITIES INCLUDE PAYMENT FOR LOBBYING SERVICES ON BEHALF OF THE	-				
UNIVERSITY,					

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Par	UNIVERSITY OF ARKANSAS FOUNT T I Organizations Maintaining Donor Advise		s or Accounts Complete if the
	organization answered "Yes" to Form 990, Part IV, line		o or recounted. Complete in the
	Giganization answered 100 to 10111 550,1 arc 14, into	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	seed funds
3	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
U	for charitable purposes and not for the benefit of the donor o	• •	•
	impermissible private benefit?	donor advisor, or for any other purpose	Yes No
Par		ianization answered "Ves" to Form 990	
1	Purpose(s) of conservation easements held by the organization		Tarry, mic r
•	x Preservation of land for public use (e.g., recreation or p		storically important land area
	x Protection of natural habitat	· —	rtified historic structure
	Preservation of open space	Treservation of a cer	Tuned matoric structure
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	of a consequation easement on the last
-	day of the tax year	led conservation contribution in the form	Tota conservation easement on the last
	day of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a 1
b	Total acreage restricted by conservation easements		2b 876,28
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	, ,	2d
3	Number of conservation easements modified, transferred, rel		——————————————————————————————————————
Ū	year ▶	odoba, oxungalonoa, or torrimatoa by tr	to organization daming the tax
4	Number of states where property subject to conservation eas	sement is located > 1	
5	Does the organization have a written policy regarding the per		•
•	violations, and enforcement of the conservation easements it	<u> </u>	x 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) above		- · ·
	and section 170(h)(4)(B)(ii)?	, -	x Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	·	
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or G	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	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	tems	
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, o	r research in furtherance of public service	ce, 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 trea	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

		OF ARKANSAS FOU					50567			age 2
Pai	rt III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, o	r Othe	r Similar A	<u> Isset</u>	S (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sig	nificant use	of its c	ollection	ı item:	S
	(check all that apply)									
а	Public exhibition	d	_	hange prograr						
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizatio	n's exen	npt purpose i	n Part	XIV		
5	During the year, did the organization solicit o	r receive donations (of art, historical trea	sures, or othe	r sımılar	assets		,	_	,
	to be sold to raise funds rather than to be ma							Yes	Щ.	No
Pai	rt IV Escrow and Custodial Arran		ete if organization ar	nswered "Yes"	' to Form	n 990, Part IV	, line 9	, or		
	reported an amount on Form 990, Pai									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other ass	ets not i	ncluded		ı	_	3
	on Form 990, Part X?						Ш	Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance									
	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Ш	Yes		No
	If "Yes," explain the arrangement in Part XIV	*				_				
Pai	rt V Endowment Funds. Complete r			T			 r			
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years	back	(e) Four	years	<u>back</u>
1a	Beginning of year balance	377,288,562.	505,940,110,							
b	Contributions	10,775,437.	16,393,989.	1						
С	Net investment earnings, gains, and losses	51,694,656.	-130,673,046.							
d	Grants or scholarships			-	-					
е	Other expenditures for facilities				l					
	and programs	24,413,400.	14,372,491.							
f	Administrative expenses									
g	End of year balance	415,345,255,	377,288,562,	J						
2	Provide the estimated percentage of the year									
а	Board designated or quasi-endowment	3,97	_%							
b	Permanent endowment 92,39	%								
C		%								
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ind administer	ed for th	e organizatio	n	г		
	by								Yes	
	(i) unrelated organizations							3a(ı)	—	<u> x</u>
	(ii) related organizations							3a(ii)		X
		•						3b		
4	Describe in Part XIV the intended uses of the			D-+V-14						
Pa	rt VI Investments - Land, Building									
	Description of investment	(a) Cost or o basis (investr		t or other (other)		cumulated		(d) Book	(value	3
	<u> </u>		:	(otner)	deb	reciation	┼			
	Land	39	0,752.				+-		390	752.
þ	Buildings						+-			
С	Leasehold improvements						+			
d	, ,	25	5.834.			255,834				0.
	Other Colon (d)			10(-))			+-			
rota	I. Add lines 1a through 1e (Column (d) must e	iquai Form 990, Part	x, column (B), line	ΙU(C))			1		390	752.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 UNIVERSITY OF ARI	KANSAS FOUNDATION I	NC.	71-60	56774 Page 3
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	Cos	c) Method of valuation of or end-of-year marke	
Financial derivatives				
Closely-held equity interests				
Other		-		
EQUITY SECURITIES	30,386,575.	END-OF-YEAR I	MARKET VALUE	
FIXED INCOME SECURITIES	58,223,660.	END-OF-YEAR I	MARKET VALUE	
SHORT-TERM INVESTMENTS	3,900,263.	END-OF-YEAR I	MARKET VALUE	
COMMINGLED FUNDS-EQUITIES	89,814,486.	END-OF-YEAR I	MARKET VALUE	
COMMINGLED FUNDS-FIXED INCOME	156,026,090.	END-OF-YEAR	MARKET VALUE	
OTHER PARTNERSHIPS	62,902,664.	END-OF-YEAR	MARKET VALUE	
CONVERTIBLES & OTHER	2,579,824.	END-OF-YEAR	MARKET VALUE	
NON-MARKETABLE ALTERNATIVES	82,807,976,	END-OF-YEAR	MARKET VALUE	
MARKETABLE ALTERNATIVES	85,157,280,	END-OF-YEAR	MARKET VALUE	
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	571 798 818			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 10	3		·
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuation of valu	
			·	
			·	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
(a)	Description			(b) Book value
				_
				· · · · · · · · · · · · · · · · · · ·
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				
ANNUITY OBLIGATIONS		16,669,037.		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 16,669,037 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.

	dule D (Form'990) 2009 UNIVERSITY OF ARKANSAS FOUNDATION INC.	A 11. 1 Pr		71-60567	74 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fin	ancial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	_	91,299,169,
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		75,141,114,
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		16,158,055,
4	Net unrealized gains (losses) on investments		4		72,487,182,
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		72,407,934,
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		88.565.989
	t XII Reconciliation of Revenue per Audited Financial Statemer			Return	
1	Total revenue, gains, and other support per audited financial statements			1	166,194,711,
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			-	100,194,711.
2		l a- l	70 407 100	1 1	
a	Net unrealized gains on investments	2a	72,487,182	4	
D	Donated services and use of facilities	2b		4	
С	Recoveries of prior year grants	2c		-l 1	
d	Other (Describe in Part XIV)	2d		4	
е	Add lines 2a through 2d			2e	72,487,182.
3	Subtract line 2e from line 1			3	93,707,529,
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV)	4b	-2,408,360		
С	Add lines 4a and 4b			4c	-2.408.360.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	91 299 169.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Ex	penses pe	r Return	
1	Total expenses and losses per audited financial statements			1	77,628,722.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
	Other losses	2c		1	
C	Other (Describe in Part XIV.)	2d		1	
d		[20]		ا ۵۰ ا	0
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	77,628,722.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	Other (Describe in Part XIV)	4b	-2,487,608	4	
С	Add lines 4a and 4b			4c	-2,487,608.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	75 141 114
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III				
X, lin	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	lete this part to	provide any ad	dditional info	ormation
PART	II LINE 9: CONSERVATION EASEMENTS ARE RECORDED AS REVENUE AT	FAIR			
MARK	ET VALUE ON THE DATE OF THE RECEIPT, THEY ARE CARRIED ON THE BA	LANCE			
SHEE	T AT THIS VALUE AND ARE SUBJECT TO IMPAIRMENT ANALYSIS.				
		-			
PART	V LINE 4: TO PROVIDE SUPPORT FOR THE UNIVERSITY OF ARKANSAS.				
1 *****	V. BIND 1. TO INCOME BUILDING TON THE WAY PROPERTY OF THE PARTY OF THE		-		
		·		-	
ממגם	YI LINE 8 - OTHER ADJICTMENTS.				
PART	XI LINE 8 - OTHER ADJUSTMENTS:				
01133	GE IN VALUE OF SPLIT-INTEREST AGREEMENTS; -79248				
CHAI	OF IN AUTOR OL SENII-INIEVERI POVERMENTS: -12540'			Schedule	D (Form 990) 2009
					,

Schedule D (Form 990) 2009 UNIVERSITY OF ARKANSAS FOUNDATION INC.	71-6056774	Page 5
Schedule D (Form 990) 2009 UNIVERSITY OF ARKANSAS FOUNDATION INC. Part XIV Supplemental Information (continued)		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
PROVISION FOR LOSS ON UNCOLLECTIBLE PLEDGES: -2408360,		
PROVIDENT FOR BOSS ON UNCOMMENTABLE PHENDESS. 2400300,		
PART XIII LINE 4B - OTHER ADJUSTMENTS:		
PROVISION FOR LOSS ON UNCOLLECTIBLE PLEDGES: -2408360.		_
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT: -79248		
		·
	<u> </u>	

2 Schedule I (Form 990) 2009 Employer identification number Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant EDUCATIONAL/RESEARCH EDUCATIONAL/RESEARCH EDUCATIONAL/RESEARCH EDUCATIONAL/RESEARCH SDUCATIONAL/RESEARCH SDUCATIONAL/RESEARCH 71-6056774 or assistance X Yes 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 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Attach to Form 990. (d) Amount of cash grant 27,523,758, 1,693,626 4,322,051 15,170,183 14,460,174 848,402 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable MIVERSITY OF ARKANSAS FOUNDATION INC. - SYSTEM - SYSTEM - SYSTEM UA - SYSTEM - SYSTEM - SYSTEM Enter total number of section 501(c)(3) and government organizations Ν Š 71-6003252 71-6003252 71-6003252 71-0236904 71-6046242 71-6008509 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations UNIVERSITY OF ARKANSAS FOR MEDICAL ARKANSAS - FAYETTEVILLE, AR 72701 MONTICELLO - MONTICELLO, AR 71656 1 (a) Name and address of organization ROCK - 2801 S. UNIVERSITY AVENUE UNIVERSITY OF ARKANSAS AT LITTLE SCIENCES - 4301 W. MARKHAM ST. -UNIVERSITY OF ARKANSAS SYSTEM 2404 NORTH UNIVERSITY AVENUE FAYETTEVILLE - UNIVERSITY OF 2301 SOUTH UNIVERSITY AVENUE MONTICELLO - UNIVERSITY OF UNIVERSITY OF ARKANSAS AT or government DIVISION OF AGRICULTURE UNIVERSITY OF ARKANSAS. LITTLE ROCK, AR 72204 LITTLE ROCK, AR 72204 LITTLE ROCK, AR 72205 LITTLE ROCK, AR 72207 Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Part I Partil

Schedule Form 990) 2009 UNIVERSITY OF ARKINSAS FOUNDATION INC. Part III Garin 990 Part IV, Inne 22 Intended States Complete of the organization answered "Ves" to Form 990, Part IV, Inne 22 Use Part I will 80 print and other Assistance to Individuals in the University of additional bases is needed Part III Garin and Other Assistance Inc. Inne 22 I	SCHEDULE I, PART I, LINE 2: THE USE OF FUNDS IS MONITORED VIA THE ACCOUNTS PAYABLE PROCESS, ALL FUNDS DISBURSED ARE REVIEWED FOR COMPLIANCE WITH DONOR INTENT, Schedule I Form 9800 2009
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SCHEDULE I-1
(Form 990)
Department of the Treasury Internal Revenue Service
Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047
2009
Open to Public
Inspection

Employer identification number

= L	ARKANSAS FOUN	ADATION INC.	100	Odoo) cototo	1 (Corm 000) Par		71-6056774
(a) Name and address of conganization or government (b) EIN (c) IRC section or government (d) Amount of cash grant non-cash valuation nor government (b) EIN (c) IRC section (d) Amount of cash grant non-cash valuation nor government (b) EIN (c) IRC section (d) Amount of cash grant non-cash valuation nor government (b) EIN (c) IRC section (d) Amount of cash grant non-cash (d) Method of (e) Method of (f) Met	Assistance to Go	(c) IRC section of applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
UNIVERSITY OF ARKANSAS AT PINE BLUFF - 1200 N. UNIVERSITY DRIVE - PINE BLUFF, AR 71601	71-6010030	UA - SYSTEM	1,472,643.	0			EDUCATIONAL/RESEARCH
ARKANSAS CANCER RESEARCH CENTER 4301 W. MARKHAM ST. #721 LITTLE ROCK AR 72205	71-6046242	UA - SYSTEM	9,585,739.	0			EDUCATIONAL/RESEARCH
OF AB	71-0445264	UA - SYSTEM	64,538,	0			EDUCATIONAL/RESEARCH
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	luction Act Notice	e, see the Instructions	s for Form 990.				Schedule I-1 (Form 990) 2009

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

➤ See separate instructions.

Employer identification number

71-6056774 UNIVERSITY OF ARKANSAS FOUNDATION **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel 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 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 x Compensation committee Written employment contract Compensation survey or study x Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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 Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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 The organization? 5a 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 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 6a a The organization? 6b b Any related organization? 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 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 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

71-6056774

UNIVERSITY OF ARKANSAS FOUNDATION INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2009

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

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

		(B) Breakdown of W-2	W-2 and/or 1099-MI	and/or 1099-MISC compensation	(0)	(Q)	(E)	(F)
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	ֹן	133,239,	0	15,877,	15,077,	14,324,	178,517.	0
MS. DIANNA LEE	Ξ	0	0	0	0	0	0	0
	Ξ	188,509.	0	10,000	20,000.	12,793,	231,302,	0
MR. CLAY H, DAVIS	(ii)	0.	0	0	0.	0	0	0
	Ξ							
	Ξ							
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

990, Part IV, lines 29 or 30.

Attach to Form 990.

Employer identification number

	UNIVERSITY OF ARKA	NSAS FOUN	DATION INC.			71-60	056774		
Par	t I Types of Property		•						
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1ç	3	Method of	d) determini nues	ng	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests						-		
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles				}				
7	Boats and planes		<u>.</u> .						
8	Intellectual property				ļ				
9	Securities - Publicly traded	х	64	3,188,195,	AVG.	HIGH/LOW S	ELLING	PR	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or				-				
	trust interests				1				
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures		<u> </u>						
14	Qualified conservation contribution - Other Real estate - Residential		1	118 500.	2 0002	TODD WALLE	1		
15 16	Real estate - Commercial	X	1	110,500,	APPRA	AISED VALUE			
17	Real estate - Other				+				
18	Collectibles				+				
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy				İ				
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other					·			
26	Other • ()								
27	Other • ()								
28	Other (<u> </u>					
29	Number of Forms 8283 received by the organi		-						
	for which the organization completed Form 82	.83, Part IV, I	Donee Acknowled	gment 29			1	1	
							}	Yes	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 exe	empt pui	rposes for	00-		
	the entire holding period?						30a		<u> </u>
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	noticy that re	aguires the review	of any non-standard contr	hutions'	2	31	х	1
31	Does the organization have a gift acceptance					•	31		$\vdash \vdash$
	contributions?	Or related or	garnzations to sor	icit, process, or sen noneac	,,,,		32a	х	<u> </u>
b	If "Yes," describe in Part II.								
33	If the organization did not report revenues in o	column (c) fo	r a type of propert	y for which column (a) is ch	necked,				1
	describe in Part II								
LHA	For Privacy Act and Paperwork Reduction	n Act Notice	, see the Instruct	ions for Form 990.		Schedule	M (Forn	n 990)	2009 (

Schedule M	(Form 990) 2009 UNIVERSITY OF ARKANSAS FOUNDATION INC. 71-6056774	Page 2
Part II	(Form 990) 2009 UNIVERSITY OF ARKANSAS FOUNDATION INC. 71-6056774 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: THE FOUNDATION DOES UTILIZE THIRD PARTY REAL	
ESTATE FI	RMS AGENTS AND STOCK BROKERS TO LIQUIDATE GIFTS OF PROPERTY,	·
		
		,
		· ·
		•
		
		·

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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

Name of the organization Employer identification number 71-6056774 UNIVERSITY OF ARKANSAS FOUNDATION INC FORM 990 PART V. LINE 4B LIST OF FOREIGN COUNTRIES: BRITISH VIRGIN IS UNITED KINGDOM FORM 990 PART VI SECTION A LINE 7A: THE 22 MEMBERS OF THE GOVERNING BODY ARE APPOINTED AS FOLLOWS: -4 MEMBERS BY THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS -2 MEMBERS BY THE VOLUNTEER ADVANCEMENT ORGANIZATION OF THE FAYETTEVILLE CAMPUS OF THE UNIVERSITY OF ARKANSAS -2 MEMBERS BY THE VOLUNTEER ADVANCEMENT ORGANIZATION OF THE MEDICAL SCIENCES CAMPUS OF THE UNIVERSITY OF ARKANSAS -2 MEMBERS BY THE VOLUNTEER ADVANCEMENT ORGANIZATION OF THE LITTLE ROCK CAMPUS OF THE UNIVERSITY OF ARKANSAS -2 MEMBERS BY THE VOLUNTEER ADVANCEMENT ORGANIZATION OF THE MONTICELLO CAMPUS OF THE UNIVERSITY OF ARKANSAS -2 MEMBERS BY THE VOLUNTEER ADVANCEMENT ORGANIZATION OF THE PINE BLUFF CAMPUS OF THE UNIVERSITY OF ARKANSAS -2 MEMBERS BY THE VOLUNTEER ADVANCEMENT ORGANIZATION OF THE AGRICULTURAL DEVELOPMENT COUNCIL OF THE UNIVERSITY OF ARKANSAS -4 MEMBERS BY THE FOUNDATION'S BOARD OF DIRECTORS -2 MEMBERS BY THE VOLUNTEER ADVANCEMENT ORGANIZATION OF THE WINTHROP ROCKEFELLER CANCER INSTITUTE OF THE UNIVERSITY OF ARKANSAS FORM 990 PART VI SECTION B LINE 11: THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE IN CONSULTATION WITH MANAGEMENT AND INDEPENDENT TAX ACCOUNTANT

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 Employer identification number UNIVERSITY OF ARKANSAS FOUNDATION 71-6056774 FORM 990 PART VI SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS DISCLOSING ACTUAL OR POTENTIAL CONFLICTS OF INTEREST OR AFFIRMATIVELY STATING THAT NO ACTUAL OR POTENTIAL CONFLICT EXISTS. IN ADDITION, BOARD MEMBERS RESPONSIBLE FOR INVESTMENT DECISIONS ARE PROVIDED A LIST OF ENTITIES PROVIDING SERVICES TO THE ENDOWMENT AND EACH MEMBER IS REQUIRED TO DISCLOSE IN WRITING ANY RELATIONSHIP WITH SUCH THE EXECUTIVE DIRECTOR REVIEWS ALL BOARD CONFLICT OF INTEREST DISCLOSURE FORMS AND COUNTERSIGNS EACH AS PROOF OF REVIEW. ANY POTENTIAL CONFLICT OF INTEREST IS REPORTED TO THE EXECUTIVE COMMITTEE WHICH MUST APPROVE THE ARRANGEMENT BY A MAJORITY OF MEMBERS WITH THE BOARD MEMBER IN QUESTION ABSTAINING FROM SUCH VOTE FORM 990 PART VI SECTION B. LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE DIRECTOR, OTHER OFFICERS AND KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY BOTH A COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE. AN INDEPENDENT COMPENSATION CONSULTANT PROVIDES COMPARABLE COMPENSATION DATA TO THE COMPENSATION COMMITTEE CONTEMPORANEOUS DOCUMENTATION WITH RESPECT TO DELIBERATIONS AND DECISIONS IS MAINTAINED. THE PROCESS IS UNDERTAKEN ANNUALLY AND WAS LAST UNDERTAKEN FOR THE TAX YEAR BEING REPORTED FORM 990 PART VI SECTION C. LINE 19: THE FORM 990 IS AVAILABLE ON OUR FINANCIAL STATEMENTS CONFLICT OF INTEREST POLICY & GOVERNING DOCS WILL BE SUPPLIED TO ANYONE WHO REQUESTS. (WITHIN TIME-FRAME

SCHEDULE O. (Form 990)

Supplemental Information to Form 990

(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

Name of the organization Employer identification number UNIVERSITY OF ARKANSAS FOUNDATION INC 71-6056774 FORM 990 SCHEDULE C - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES AMENDED RETURN ITEM RETURN AMENDED TO INCLUDE SCHEDULE C WHICH WAS OMITTED FROM RETURN AS ORIGINALLY FILED. FORM 990 SCHEDULE R - PART IV AMENDED RETURN ITEM RETURN AMENDED TO REPORT GREATHER THAN 50% OWNERSHIP IN RELATED CHARITABLE REMAINDER TRUSTS.

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.

2009 Open to Public

OMB No 1545-0047

Employer identification number 71-6056774 ► Attach to Form 990. UNIVERSITY OF ARKANSAS FOUNDATION, INC. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

Schedule R (Form 990) 2009 UNIVERSITY OF ARKANSAS Direct controlling Direct controlling 38,000 FOUNDATION, INC. entity entity Identification of Related Tax-Exempt Organizations (Complete if 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) Public charity status (if section End-of-year assets 501(c)(3)) <u>e</u> e Exempt Code Total income section Legal domicile (state or Legal domicile (state or foreign country) foreign country) ARKANSAS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. REAL ESTATE MANAGEMENT Primary activity Primary activity UNIVERSITY OF ARKANSAS FOUNDATION REALTY LLC - 71-6056774 535 RESEARCH CENTER BLVD SUITE 120 FAXETTEVILLE, AR 72701 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Part II

71-6056774

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.) Schedule R (Form 990) 2009 UNIVERSITY OF ARKANSAS FOUNDATION INC.

(j) General or	partner?				×			-		 			
Gen	ارة القارة القارة				\dashv				_				
(i) Code V-UBI	K-1 (Form 1065) N				N/A								
(h) Disproportion-	ate allocations?				×								
(g) Share of Dia					152,890,532,								
(f) Share of total					126,717.								
(e) Predominant income	excluded from tax under sections 512-514)				INVESTMENT								
(d) Direct controlling	entity				N/A								
(c) Legat domicile	(state of foreign country)				MA				:				
(b) Primary activity					INVESTMENT		ī				ı		
(a) Name, address, and EIN	of related organization	ARLINGTON FUND 1 LLC-UAF	SERIES - 20-3796957 100	SUMMER STREET, BOSTON, MA	02110-2112								

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.) Part IV

	/ /						
(a)	(Q)	<u>(</u>)	(Q	(e)	Œ	(6)	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
02-22003 GSP CRT - 71-6175405							
535 RESEARCH CENTER BLVD, STE 120							
FAYETTEVILLE, AR 72701	INVESTMENT	AR		TRUST	0	153,056,	71,008
02-22009 SRG CRT - 20-6362275							
535 RESEARCH CENTER BLVD, STE 120							
FAYETTEVILLE, AR 72701	INVESTMENT	AR		TRUST	0	52,810	52,00%
02-22010 GB CRT - 20-7201857							
535 RESEARCH CENTER BLVD, STE 120							
FAYETTEVILLE, AR 72701	INVESTMENT	AR		TRUST	0	109,273	55,00\$
02-23001 CWB CRT - 71-6164840							
535 RESEARCH CENTER BLVD, STE 120							
FAYETTEVILLE, AR 72701	INVESTMENT	AR		TRUST	0,	199,007	67,00\$
02-23002 EEM CRT - 71-6167388							
535 RESEARCH CENTER BLVD, STE 120							
FAYETTEVILLE AR 72701	INVESTMENT	AR		TRUST	0.	37,858	55,00%

Schedule R (Form 990) 2009

71-6056774

UNIVERSITY OF ARKANSAS FOUNDATION INC

Schedule R (Form 990) 2009

71-6056774

Schedule R (Form 990) 2009 UNIVERSITY OF ARKANSAS FOUNDATION INC.

Part Vi 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.

(h)	(b)	(0)	(g)	(e)	€	(b)	£
(p)			And all and			Idi V obo	
Name, address, and EIN	Primary activity	(state or foreign	section 501(c)(3)	vear assets	tionate	amount in box 20	managing
or entirely			Yes No			of Schedule K·1 (Form 1065)	1 ' 1
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					_		<u>-</u>
						Schedule R (Form 990) 2009	n 990) 2009

	st	
INC.	Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust	
ATION	axable	ŀ
FOUND	ations T	
ARKANSAS	ed Organiza	
OF	lelate	
Schedule R-1 (Form 990) 2009 UNIVERSITY OF ARKANSAS FOUNDATION. INC.	tification of F	
990) 2009	tion of Iden	
э R·1 (Form	Continual	
Schedul	Part IV	

(a)	(q)	<u>(</u>)		<u>@</u>	E	(6)	£
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
02-23007 LEE CRT - 71-6181364							
535 RESEARCH CENTER BLVD, STE 120							
	INVESTMENT	AR		TRUST	0.	169,453,	74,008
02-23010 WB CRT - 71-6183617							
535 RESEARCH CENTER BLVD, STE 120							
FAYETTEVILLE, AR 72701	INVESTMENT	AR		TRUST	0	43,371,	57,00%
02-23012 SGS CRT - 76-6178197							
535 RESEARCH CENTER BLVD STE 120							
	INVESTMENT	AR		TRUST	0	522,213.	55,00%
02-23015 GS CRT - 20-6404214							
535 RESEARCH CENTER BLVD, STE 120							
	INVESTMENT	AR		TRUST	0.	132,754,	800.08
02-23031 MRM CRT - 20-6190360				•			
535 RESEARCH CENTER BLVD, STE 120				,			
	INVESTMENT	AR		TRUST	0	78,149.	51,00%
				-			
		•					
					-		
					S,	Schedule R-1 (Form 990) 2009	n 990) 2009