Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For th	e 2008 calen	dar year, c	or tax year beginning	, 2	uus, and endin	g	1.	
В	X	applicable: dress change me change	Please use IRS label or print or type.	UNIVERSITY OF NOT		DATION IN	1 ' '	72326	
	-	ial return	See specific	DENTON, TX 76203-	-5017			-565-	
	\vdash	mination	instruc- tions.						
	Am	ended return					G Gross r	eceipts \$	20,817,422.
	App	olication pending	I	and address of principal officer:			H(a) Is this a group retui		□ □
				As C Above			H(b) Are all affiliates incl If 'No,' attach a list.		ructions) Yes No
<u> </u>		exempt statu		<u> </u>) 4947(a)(1) or				
<u>J</u>			idow.un				H(c) Group exemption no		mv.
K		of organization:	X Corpora	ation Trust Association	Other ►	L Year of Format	ion: 19/2 W s	tate of leg	gal domicile: TX
l a	rt I 1	Summ		ganization's mission or most	significant activities:	SILDDUDLIS	AND ENHANCE	C THE	TENTICA TENNAT
Activities & Governance	-	<u>MISSION</u> PRIVATE	OF THE GIETS, ENTS;	UNIVERSITY OF NO ENDOWED FUNDS, A AND BY SUPPORTING if the organization discontinu	RTH_TEXAS_BY_A ND_OTHER_ASSET - AND_ENCOURAGI	CCEPTING, S_FOR_THE NG_PHILAN	INVESTING, BENEFIT OF THROPIC GIFT	AND/(THE I S TO	OR MANAGING UNIV. AND THE UNIV
a G				bers of the governing body				3	26
ies				t voting members of the gov yees (Part V, line 2a)				5	26 6
tivit				gees (Part V, line 2a) eers (estimate if necessary).				6	250
A _C				ousiness revenue from Part				7a	0.
	1 d	Vet unrelated	business	taxable income from Form	990-T, line 34			7b	0.
ı							Prior Year		Current Year
<u>e</u>			_	ts (Part VIII, line 1h)				53.	7,801,789.
Revenue				ue (Part VIII, line 2g) ırt VIII, column (A), lines 3, 4				20	1,059,428.
Fe			-	II, column (A), lines 5, 6d, 8					-150,245.
			-	nes 8 through 11 (must equa					8,710,972.
				ounts paid (Part IX, column (18.	3,993,472.
	14 E	Benefits paid	to or for r	members (Part IX, column (/	۹), line 4)				
s	15 S	Salaries, othe	er compen	nsation, employee benefits (F	⊃art IX, column (A), Iir	nes 5-10)	371,2	<u>95. </u>	464,958.
Expenses	16a F	Professional t	fundraising	g fees (Part IX, column (A),	line 11e)			*****************	
ă X	b T	otal fundrais	ing expen	nses (Part IX, column (D), Iir	ne 25) 🟲				
-				X, column (A), lines 11a-11d					122,732.
				nes 13-17 (must equal Part I					4,581,162.
. "	19 F	Revenue less	expenses	s. Subtract line 18 from line	12				4,129,810.
Net Assets or Fund Balances	00 T	-1-11- /	Dt V . II	16)			Beginning of You		End of Year 65, 263, 973.
Asse	20 T	otal assets (otal liabilities	Part X, IIII : (Part X	ne 16)					3,932,773.
Fund				nces, Subtract line 21 from					61,331,200.
Pai		Signatu			mic Zo		, , , , , , , , , , , , , , , , , , , ,	<u> </u>	01/001/1001
				I declare that I have examined this re Declaration of preparer (other than	eturn, including accompanying officer) is based on all inform	g schedules and sta ation of which prepa	tements, and to the best arer has any knowledge.	of my kno	wledge and belief, it is
Sig									
Her	е	Signature o	of officer				Date		
		Type or nri	int name and	l title					
Paid Pre		Preparer's	>			Date	Check if self-employed		arer's identifying number instructions)
	er's	signature		ring Facture Doctor	Tonn C Con- 1	DC CDNIC		1200	0002755
Use	•	Firm's name (o yours if self-		kins,Eastup,Deator . Box 977	i, roiiii & Seay, i	PC, CPA's	—————————————————————————————————————	5-133	3383
Onl	У	employed), address, and		. вох 977 ton, ТХ 76202-0977	<u> </u>				387-8563
Mav	the IR	ZIP + 4 S discuss thi		with the preparer shown above			•		X Yes No

Part IV Checklist of Required Schedules

	MARIA			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
	Schedule A	1	X	<u> </u>
2	ls the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	B 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 reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I.</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		Х
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Χ
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25.	24a		Х
Ŀ	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		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a 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		Х
ì	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I.	25b		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		X
2 7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
	contributor, or to a person related to such an individual: if res, complete schedule E, r art ill	41		47

Part IV Checklist of Required Schedules (continued)

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

BAA

Form **990** (2008)

Form 990 (2008)

BAA

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. 34 Information Returns. Enter -0- if not applicable..... 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners?..... 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.............. 6 2t X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a Χ 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O..... 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... Χ 4a **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5a Χ Χ 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.... Χ 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not X 6b deductible?..... 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75?...... 7 a Х 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Χ e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Χ 7 e benefit contract?..... Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... q For all contributions of qualified intellectual property, did the organization file Form 8899 as required?..... 7 a X h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Χ 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Χ a Did the organization make any taxable distributions under section 4966?..... 92 **b** Did the organization make any distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... 10a 10 b **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders..... b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11 b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.

TEEA0105L 04/08/09

Form 990 (2008) UNIVERSITY OF NORTH TEXAS FOUNDATION INC

Part VI

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

Page 6

Se	ction A.	Governing Body and Management				r · · · · · · · · · · · · · · · · · · ·
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de	escribe the circumstances	ŝ,	Yes	No
-		s, or changes in Schedule O. See instructions.	1.0	26		
		number of voting members of the governing body		<u>26</u> 26		
		fficer, director, trustee, or key employee have a family relationship or a business rela		-		
2	officer, di	rector, trustee or key employee?		2		Χ
3		ganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other persor	der the direct supervisior I?			Х
4		ganization make any significant changes to its organizational documents		4		Χ
		prior Form 990 was filed?				
5		ganization become aware during the year of a material diversion of the organization				X
6		organization have members or stockholders?				X
		organization have members, stockholders, or other persons who may elect one or modely?See.Schedule.O				
1	Are any d	ecisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		Χ
8	Did the or the follow	ganization contemporaneously document the meetings held or written actions undert ing:	aken during the year by			
		ning body?				
		mittee with authority to act on behalf of the governing body?			X	
		organization have local chapters, branches, or affiliates?		<u>9a</u>	ļ	_X
1	olf 'Yes,' d and brand	oes the organization have written policies and procedures governing the activities of the organization?	such chapters, affiliates,	9ь		
10	Was a cop describe i	by of the Form 990 provided to the organization's governing body before it was filed? In Schedule O the process, if any, the organization uses to review the Form 990 See	All organizations must e.e. Schedule0	10	Х	
11	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who canr on's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	ot be reached at the	11		Х
Sec	tion B.					
					Yes	No
12	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
ŀ	Are office to conflict	rs, directors or trustees, and key employees required to disclose annually interests the second control of the	at could give rise	. 12ь	Х	
		organization regularly and consistently monitor and enforce compliance with the polic O how this is doneSee .Schedule.O				
		organization have a written whistleblower policy?			Х	
14	Does the	organization have a written document retention and destruction policy?		. 14	Х	5555555555
15	Did the pr persons, o	ocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis	proval by independent ion:			
		ization's CEO, Executive Director, or top management official?			X	
Ŀ	Other offic	ers of key employees of the organization?SeeSchedule.0		. 15b	Χ	***************************************
	Describe t	he process in Schedule O. (see instructions)				
16a		ganization invest in, contribute assets to, or participate in a joint venture or similar ar ng the year?		. 16a		Χ
	in joint ver status with	as the organization adopted a written policy or procedure requiring the organization to nture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	e organization's exempt	- I		
		Disclosures				
		ates with which a copy of this Form 990 is required to be filed None				
18	inspection	04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	000 T (501(a)(2)a anh) a	vailable f	or pub	lic
	X ()\/n \/	. Indicate how you make these available. Check all that apply.	ээо-т (эот(с)(э)s ону) а			
19	Describe in	. Indicate how you make these available. Check all that apply. /ebsite			financ	ial:
20	Describe in statements	. Indicate how you make these available. Check all that apply. yebsite	nts, conflict of interest pooks and records of the or	ilicy, and ganizatio		ial

Form 990 (2008)

Form 990 (2008)

BAA

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII 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. Use Schedule J-2 if additional space is needed.

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

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

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

(A)	(B)	(c)		(D)	(E)	(F)				
Name and Title	Average	Posi	ition (checl	k all t	hat app	ly)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	ļ		to			ted	ļ			
CHARLES E. BOND	1							_	_	_
Director	2	X					_	0.	0.	0.
MIKE R. BOWLIN	<u> </u>	l								0
Director	2	X	Н					0.	0.	0.
FRANK D. BRACKEN	_	,, ;							0	0
Director	2	Х						0.	0.	0.
DR. EULINE BROCK	-	٠,,						0	0.	0
Director	2	X						0.	U.	0.
HARRY J. BROWNLEE	2	Х						0.	0.	0.
Past Chairman C. DEAN DAVIS	 	^_	-					0.	<u> </u>	
Director	2	Х						0.	0.	0.
R.L. CRAWFORD, JR.		_^_						0.	0.	<u>~.</u>
Chairman	2			Х				0.	0.	0.
MYRA CROWNOVER				Λ				0.	0.	<u> </u>
Director	2	Х						0.	0.	0.
JERRY DICKENSON		- 11						<u> </u>	<u> </u>	
Director	2	Х						0.1	0.	0.
SAM GOLDEN										
Director	2	Х						0.	0.	0.
SYLVIA K. HARTMAN										
Director	2	Х						0.	0.	0.
DR. DELVA KING										
Director	2	Х						0.	0.	0.
HARRY JOE										
Director	2	X						0.	0.	0.
BOB KIMMEL										
Director	2	X						0.	0.	0.
THOMAS E. MUIR									_	_
Director	2	Χ						0.	0.	0.
KEN NEWMAN				_				_		2
Vice Chairman	2			Χ				0.	0.	0.
DONALD R. PARKS	_	٦,						_	_	^
Director	2	X						0.	0.	0.

TEEA0107L 11/07/08

Form 990 (2008) UNIVERSITY OF NORTH TEXAS	S FOU	NDA	<u>TT.</u>	<u>NC</u>	IN	IC			23-723261	8 Page 8
Part VII Section A. Officers, Directors, Trus	stees,	Key	, Er	npl	oy	ees,	ar	nd Highest Co	mpensated Em	ployees (cont.)
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours			<u> </u>	k all	,		Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	유교	Inst	Officer	Æ	emi Hig	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation
		vidu	E ti	cer	Key employee	nest ploye	mer	(W-2/1099-MISC)	(W-2/1099-WISC)	from the organization and related
		후함	nal		ploy	con				and related organizations
		uste	trus		æ	Highest compensa				
		1 10	tee		•	sated				
JERRY W. PINKERTON										
Treasurer	2			X			•	0.	0.	0.
DONALD CULLEN POTTS										
Director	2	X						0.	0.	0.
JERRY REIS										
Director	2	Χ			<u> </u>			0.	0.	0.
EDWARD V. SMITH, III										
Director	2	Χ				Ш		0.	0.	0.
WESLEY A. DAVIS										
Controller	40			Χ		\sqcup		67,592.	0.	0.
JOHN R. WRIGHT							ı			
Director	2	X						0.	0.	0.
HARVEY L. ZIMMERMANN										
Secretary	2			Χ				0.	0.	0.
DOUGLAS J. CHADWICK										
Executive Direc	40			Χ				136,458.	0.	0.
PHIL DIEBEL							Ì			
Director	2	Х						0.	0.	0.
RICHARD F. GONZALEZ										
Director	2	Χ						0.	0.	0.
MIKE MEWHINNEY										
Director	2	X				Ш	_	0.	0.	<u> </u>
		_	_			_	_			
							- 1			
						Щ	_			
1 b Total						• •	<u> </u>	204,050.	0.	0.
2 Total number of individuals (including those in 1a) when the second se	no recei	ved	mor	e th	an S	\$100,	.000	in reportable con	npensation from the	
organization > 1										
										Yes No
3 Did the organization list any former officer, director of	r truste	e, ke	y er	nplo	yee	e, or l	high	nest compensated	employee	2
on line 1a? If 'Yes,' complete Schedule J for such inc										3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable i an \$150	imo: 000,	sens ? If	atio 'Yes	on a s' co	na ot omple	ıner ete S	compensation fro Schedule J for su	ch	
individual										4 X

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	Х
Secti	ion B. Independent Contractors		

	COULDI DI MAGDOMACIA											
1	Complete this table for your five highest	compensated ind	dependent (contractors	that receiv	ed more	than	\$100,000	of			
	compensation from the organization.	•										

(A) Name and business address	(B) Description of Services	(C) Compensation

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

Pa	rt V	III Statement of Re	evenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gimilar amounts not included Noncash contribus included in Total. Add lines 1a-1f	1 b 1 c 1 d d ons) 1 e grants, and above 1 f lns 1a-1f: \$					
ROGRAM SERVICE REVENUE	2a b c d e	All other program service	ce revenue	Business Code				
Ы	3 4	Total. Add lines 2a-2f Investment income (inclother similar amounts). Income from investment	uding dividendst t of tax-exempt	bond proceeds .	1,034,900.			1,034,900.
	6a b c	Royalties	(i) Real	(ii) Personal				
	b c	Gross amount from sales of assets other than inventory. Less: cost or other basis and sales expenses	11970632 11946104 24,528		24,528.			24,528.
OTHER REVENUE	b	Gross income from fund (not including . \$	200,743. d on line 1c).	ь 160,346.	-58,887.	-58,887.		
	b	Gross income from gam See Part IV, line 19 Less: direct expenses Net income or (loss) from		b				
	b	Gross sales of inventory and allowances Less: cost of goods sold Net income or (loss) from		ь				
		Miscellaneous Revenu	INCOME	Business Code	-91,358.			-91,358.
	е	All other revenue Total. Add lines 11a-11d			-91,358.			
	14	Total Revenue. Add lines 10c. and 11e	o 111, ∠y, 3, 4, 5	, ou, /u, oc, 9c, ▶	8,710,972.	-58,887.	0.	968,070.

Part IX Sta

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).

	All other organizations must cor	ilpiete coluiiii (A) but ai	e not required to comp.	tte columns (B), (C), ai	14 (2):
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		2,910,613.	2,910,613.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,082,859.	1,082,859.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	205,500.	0.	205,500.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	145,000.		145,000.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,793.		29,793.	
0	•			58,904.	
9	Other employee benefits			25,761.	
10	Payroll taxes			25,761.	
11	() ,				
ä	a Management	North Control of the			
I	b Legal				
(Accounting	34,825.		34,825.	
(d Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	g Other				
12	Advertising and promotion				
13	Office expenses			2.3.3.4.5	
14	Information technology				
15	Royalties				
16	Occupancy		*****	***********	:
17	Travel	4,353.		4,353.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	1,000.		27,000.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			***************************************	
22	Depreciation, depletion, and amortization				
23	Insurance	25,647.		25,647.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
а	CONSULTING FEES	23,510.		23,510.	
	ADMINISTRATIVE	13,193.		13,193.	
	PROFESSSIONAL DEVELOPMENT	8,391.		8,391.	
	BANK & CREDIT CARD CHARGES	6,867.		6,867.	
	OFFICE & COMPUTER EQUIPMENT	5,946.		5,946.	
	All other expenses	3,310.			
	Total functional expenses. Add lines 1 through 24f	4,581,162.	3,993,472.	587,690.	0.
	Joint Costs. Check here ► if following	1,001,102.	0,330,112.	551,656.	
20	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2008)

Form 990 (2008)

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	4,696,304.	1	9,195,019.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,372,226.	3	3,024,290.
	_	Accounts receivable, net	3/3/2/220.	4	0,021,230.
	4				
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
۸		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
Š	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use	8,400.	8	8,400.
s	9	Prepaid expenses and deferred charges	28,400.	9	31,293.
	10a	Land, buildings, and equipment: cost basis 10a 111, 735.			
	b	Less: accumulated depreciation. Complete Part VI of			
		Schedule D	111,735.	10 c	111,735.
	11	Investments - publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11	67,523,269.	12	49,358,712.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,457,795.	15	3,534,524.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	80,198,129.	16	65,263,973.
	17	Accounts payable and accrued expenses	54,285.	17	710,866.
	18	Grants payable.		18	
	19	Deferred revenue	131,231.	19	245,325.
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow account liability. Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
TIES		of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties	-	23	
Ū	24	Unsecured notes and loans payable	2100	24	
	25	Other liabilities. Complete Part X of Schedule D	3,600,322.	25	2,976,582.
	26	Total liabilities. Add lines 17 through 25	3,785,838.	26	3,932,773.
N.	20	Organizations that follow SFAS 117, check here ► X and complete lines	5,7.55,725,2		,
ZET		27 through 29 and lines 33 and 34.			
A	27	Unrestricted net assets	1,334,514.	27	-9,046,892.
	28	Temporarily restricted net assets	20,875,140.	28	13,648,727.
SETS	29	Permanently restricted net assets.	54,202,637.	29	56,729,365.
O R	دع	Organizations that do not follow SFAS 117, check here ▶ and complete	5 - 7 - 5 - 7 - 5 - 7 - 7		,,
		lines 30 through 34.			
FOZO	30	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	31	Retained earnings, endowment, accumulated income, or other funds		32	
Ā	32	Total net assets or fund balances.	76,412,291.	33	61,331,200.
のぜつるケークの	33		80,198,129.	34	65,263,973.
	34 rt XI	Total liabilities and net assets/fund balances	00,100,120.	<u> </u>	05,205,515.
Fd	IL AI	Financial Statements and Reporting			Yes No
-	۸	ounting method used to prepare the Form 990: Cash X Accrual	Other		165 NO
		counting method used to prepare the Form 990: $\$ Cash $\$ X Accrual $\$ re the organization's financial statements compiled or reviewed by an independent a			2a X
		re the organization's financial statements audited by an independent accountant?			Zb A
	C IT 'Y	es' to 2a or 2b, does the organization have a committee that assumes responsibility' ew, or compilation of its financial statements and selection of an independent accou	ntant?	41L, 	2c
3	a As	a result of a federal award, was the organization required to undergo an audit or aud	dits as set forth in the Si	ngle	
	Auc	lit Act and OMB Circular A-133?			
	b If 'Y	es, did the organization undergo the required audit or audits?			Зь
BA	Λ				Form 990 (2008)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

UNIVERSITY OF NORTH TEXAS FOUNDATION INC 23-7232618 Park Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 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 9 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). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 III — Functionally integrated Type II С Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 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? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... (i) 11 g (i) a family member of a person described in (i) above?..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the organizations the organization supports. (i) Name of Supported Organization (v) Did you notify the organization in col. (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) listed in your (vi) Is the organization in col (vii) Amount of Support (i) organized in the U.S.? governing document? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008 UNIVERSITY OF NORTH TEXAS FOUNDATION INC 23-7232618

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

<u></u>	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1.)			· · · · · · · · · · · · · · · · · · ·
	ction A. Public Support	1	<u> </u>	T	I	1	
beg	endar year (or fiscal year inning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	3,919,083.	3,560,735.	8,920,192.	14394253.	7,801,789.	38,596,052.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	3,919,083.	3,560,735.	8,920,192.	14394253.	7,801,789.	38,596,052.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,235,814.
6	Public support. Subtract line 5 from line 4						23,360,238.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	3,919,083.	3,560,735.	8,920,192.	14394253.	7,801,789.	38,596,052.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	422,562.	486,697.		1,146,329.		3,858,665.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) See Part TV	115,213.	103,129.	304,772.	214,352.	282,486.	1,019,952.
11	Total support. Add lines 7 through 10						43,474,669.
12	Gross receipts from related activi	ities, etc. (see ins	tructions)				0.
	First five years. If the Form 990 is organization, check this box and	stop here	<u></u>	d, third, fourth, or	fifth tax year as a	a section 501(c)(3))
	tion C. Computation of Pu						
	Public support percentage for 200						53.7%
	Public support percentage for 200						54.5 %
16 a	33-1/3 support test — 2008. If the and stop here. The organization of	organization did r qualifies as a publ	not check the box icly supported org	on line 13, and t ganization	he line 14 is 33-1/	3 % or more, che	ck this box
b	33-1/3 support test — 2007. If the and stop here. The organization of	organization did r qualifies as a publ	not check a box or icly supported org	n line 13, or 16a, janization	and line 15 is 33-1	/3% or more, che	eck this box
1 7 a	10%-facts-and-circumstances tes or more, and if the organization rethe organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IN	/ how
b	10%-facts-and-circumstances tes or more, and if the organization organization meets the 'facts-and	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	/ how the
18	Private foundation. If the organize	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	ructions
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 UNIVERSITY OF NORTH TEXAS FOUNDATION INC 23-7232618

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

	(Complete only if you che	cked the box on li	ne 9 of Part I.)				
Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b Public support (Subtract line						
	7c from line 6.)						
Sac	tion B. Total Support						
シモし	tion b. Total Support						
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale	ndar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(1) Total
Cale 9		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10 a	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale 9 10 a	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(1) Total
Cale 9 10 a b	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale: 9 10 a 11 12 13 14	Amounts from line 6	s for the organiza	tion's first, second	. third, fourth, or	fifth tax year as	a section 501(c)(3)	
Cale: 9 10 a b 11 12 13 14 Sec	Amounts from line 6	s for the organiza stop here.	tion's first, second	, third, fourth, or	r fifth tax year as	a section 501(c)(3)	
Cale: 9 10 a 11 12 13 14 Sec 15	Amounts from line 6	s for the organiza stop here iblic Support I	tion's first, second Percentage (f) divided by line	, third, fourth, or	r fifth tax year as	a section 501(c)(3)	·
Cale: 9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organiza stop here iblic Support I 08 (line 8, column 2007 Schedule A,	tion's first, second Percentage (f) divided by line Part IV-A, line 27g	, third, fourth, or	r fifth tax year as	a section 501(c)(3)	
Cale: 9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organiza stop here	tion's first, second Percentage (f) divided by line Part IV-A, line 270 me Percentage	I, third, fourth, or	r fifth tax year as	a section 501(c)(3)	
Cale: 9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organiza stop here	tion's first, second Percentage (f) divided by line Part IV-A, line 27g me Percentag column (f) divided	1, third, fourth, or 13, column (f)) 1	r fifth tax year as	a section 501(c)(3)	
Cale 9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	s for the organiza stop here	tion's first, second Percentage (f) divided by line Part IV-A, line 27g me Percentag column (f) divided e A, Part IV-A, line	1, third, fourth, or 13, column (f)) 19 19 20 21 27 21 22 21 22 22 23 24 25 26 26 27 26 27 27 27 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	r fifth tax year as	a section 501(c)(3)	► [] % % %
Cale 9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	s for the organiza stop here. 1blic Support I 08 (line 8, column 2007 Schedule A, restment Inco or 2008 (line 10c, com 2007 Schedule e organization did ox and stop here.	tion's first, second Percentage (f) divided by line Part IV-A, line 27g me Percentag column (f) divided e A, Part IV-A, line not check the boothe organization of	third, fourth, or 13, column (f)) e by line 13, column 27h on line 14, and qualifies as a pub	r fifth tax year as	a section 501(c)(3)	
Cale 9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a b	Amounts from line 6	s for the organiza stop here. 1blic Support I 108 (line 8, column 2007 Schedule A, restment Inco 100 2008 (line 10c, or 2008 (line 10c, or 2007 Schedule e organization did tox and stop here. 100 e organization did this box and stop	tion's first, second Percentage (f) divided by line Part IV-A, line 27g me Percentage column (f) divided e A, Part IV-A, line not check the box the organization of not check a box of here. The organiz	third, fourth, or 13, column (f)). by line 13, column (f) 27h	r fifth tax year as In (f))	a section 501(c)(3)	% % % ine 17 is not ► □ and line 18

Schedule A	(Form	990 or	990-EZ	Z) 2008	U:	NIVE	RSI	TY	OF	NORTH	TEX	AS E	OUN	DATIO	N INC	23	3-72	3261	8	Pa	age 4
Part IV	Supp	lemer	ntal Ir	nforma	atior	1 <u>.</u> Co	mple	ete 1	this	part to	prov	ide t	he ex	kplana	tion re	quire	ed by	/ Part	II, line	e 10;	
	Part	I, line	: 17a	or 17b	; or	Part	<u> </u>	line	12.	Provid	e any	oth	er ad	lditiona	al into	rmati	on.	(see ı	nstruc	tions)	
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008 Sched	lule A, Part IV	- Supplem	nental Infori	mation	Page
lient U7730 U	NIVERSITY OF NO	RTH TEXAS F	OUNDATION IN	IC	23-723261
12/09					01:01P
Part II, Line 10 - Other Incom	е				
Nature and Source	2008	2007	2006	2005	2004
OTHER INCOME INCREASE IN CASH VALUE-	LIFE INSURANCE 21,313.	214,352.	304,772.	103,129.	115,213.
ROYALTY INCOME FUNDRAISING Total	40,187. 220,986.	214,352.	304,772. \$	103,129. \$	115,213.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer Identification number

U	IIVERSITY OF NORTH TEXAS FOUNDA	TION INC	23-7232618
P	art Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	inds or Accounts Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
;	Aggregate grants from (during year)		
2	Aggregate value at end of year		
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held in dor o the organization's exclusive legal control?	nor advised Yes No
E	used only for charitable purposes and not for the	s, and donor advisors in writing that grant funds ne benefit of the donor or donor advisor or othe	s may be er Yes No
P	impermissible private benefit??	ete if the organization answered 'Yes'	to Form 990. Part IV. line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re		of an historically important land area
	Protection of natural habitat	——————————————————————————————————————	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a of the tax year.	qualified conservation contribution in the form	of a conservation easement on the last day
			Held at the End of the Year
	a Total number of conservation easements		
	${f b}$ Total acreage restricted by conservation easen		
	c Number of conservation easements on a certifi		
	d Number of conservation easements included in		
3	Number of conservation easements modified, t	ransferred, released, extinguished, or terminate	ed by the organization during the taxable
	year ►		
4	Number of states where property subject to con	nservation easement is located -	
5	Does the organization have a written policy reg enforcement of the conservation easement it h	arding the periodic monitoring, inspection, viola	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing easements during the y	ear ► \$
8		line 2(d) above satisfy the requirements of sec	
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	expense statement, and balance sheet, and scribes the organization's accounting for
Pε	rt III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	r Other Similar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	2 8.
1	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	c exhibition, education, or research in furtheran	nt and balance sheet works of art, historical nce of public service, provide, in Part XIV,
	amounts relating to these items:	c exhibition, education, or research in furtheran	nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art amounts required to be reported under SFAS 1	, historical treasures, or other similar assets for 16 relating to these items:	r financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line		
	b Assets included in Form 990, Part X		

wastering Organizations maint	anning Concour	017111, 11150	orreal freasures, e.	Other Ommar As	,,,,,,,	COTILIT	lucuj
Using the organization's accession that apply):	on and other records	s, check any of the	e following that are a sign	nificant use of its collec	ction ite	ms (ch	eck all
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e Other					
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIV.		s and explain how	they further the organiza	ation's exempt purpose	in e		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive	e donations of art, intained as part of	historical treasures, or of the organization's collection	other similar	Yes		No
Part IV Trust, Escrow and Cu							
IV, line 9, or reported	an amount on f	orm 990, Parl	t X, line 21.			,	
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or o	ther intermediary t	for contributions or other	assets not	Yes	[No
b If 'Yes,' explain the arrangement						L	
•			-		Amoun	t	
c Beginning balance				. 1c			
d Additions during the year				. 1d			
e Distributions during the year				. 1e			
f Ending balance				. 1f			
2a Did the organization include an a	mount on Form 990,	Part X, line 21?.			Yes		No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Co	mplete if organi	zation answer	ed 'Yes' to Form 99	0, Part IV, line 10)		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance	54,202,637						
b Contributions	2,702,427						
c Investment earnings or losses	-175 , 699						
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance		, less out and a construction of the construct					
2 Provide the estimated percentage	e of the year end bal	ance held as:					
a Board designated or quasi-endow		ૄૄૄ					
b Permanent endowment ▶	100.00%						
c Term endowment ►	8						
3a Are there endowment funds not in organization by:	n the possession of	the organization th	nat are held and administ	tered for the	Г	Yes	No
(i) unrelated organizations					3a(i)		X
(ii). related organizations					3a(ii)		X
b If 'Yes' to 3a(ii), are the related or					3b		X
4 Describe in Part XIV the intended	_	•			1		·
Part VI Investments—Land, B				line 10.			
Description of investment	(a) Cos	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) E	Book Va	alue
1a Land			111,735.			111,	735.
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
otal. Add lines 1a-1e (Column (d) show		Part X, column (E	3), line 10(c).)			111,	735.

BAA

Schedule ${f D}$ (Form 990) 2008

Federal Income Taxes		
TRUST & ANNUITY OBLIGATIONS	2,976,582.	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	2,976,582.	

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.

2 Total expenses (Form 990, Part IX, column (A), line 25). 3 Excess or (deficit) for the year. Subtract line 2 from line 1. 5 Donated services and use of facilities. 6 Investment expenses. 7 Prior period adjustments. 8 Other (Describe in Part XIV). See. Part L XIV. 9 Total adjustments (Post II) Add lines 4-8. 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 1 1 -10, 499, 927 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIV). e Add lines 2 through 2d. 2 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12). 5 A Ry 10, 974 Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12). 5 A Ry 10, 974 Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 1 4, 741, 508 Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part I, line 25. a Donated services and use of facilities c Losses reported on Form 990, Part IX, line 25. a Donated services and use of facilities c Losses reported on Form 990, Part IX, line 25. b Prior year adjustments c Losses reported on Form 990, Part IX, line 25. d Other (Describe in Part XIV). d Add lines 2a through 2d. 3 Subtract line 2e from line 1. 3 A, 741, 508 4 Amounts included on Form 990, Part IX, line 25. b C Other (Describe in Part XIV). 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments	Pai	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
2 Total expenses (Form 990, Part IX, column (A), line 25). 3 Excess or (deficit) for the year. Subtract line 2 from line 1. 4 Net unrealized gains (losses) on investments. 5 Donated services and use of facilities. 6 Investment expenses. 7 Prior period adjustments. 8 Other (Describe in Part XIV). See. Part. XIV. -19, 210, 901 9 Total adjustments (net). Add lines 4-8. 10 Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized geins on investments b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIV). 2 Add lines 2a through 2d. 3 Subtract line 2e from line 1. 3 Network on Form 990, Part VIII, line 12; but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on line 1 Part XIV). 4 Add by Card Inleas and 4c. 5 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part II, line 12). 5 8,710,974 Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part II, line 12). 5 8,710,974 Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part II, line 12). 5 8,710,974 Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part II, line 12). 5 8,710,974 Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total revenue, Add lines 8 and 4c. (This should equal Form 990, Part II, line 12). 5 8,710,974 A Mounts included on line 1 but not on Form 990, Part IV, line 25. 2a bornated services and use of facilities. c Losses r				8,710,974.
3 Excess or (deficil) for the year, Subtract line 2 from line 1. 4 Net unrealized gains (losses) on investments. 5 Donated services and use of facilities. 6 investment expenses. 7 Prior period adjustments. 8 Other (Describe in Part XIV). See. Part. XTV. 9 Total adjustments (ne). Add lines 4.8. 1-19, 210, 901 10 Excess or (deficil) for the year per financial statements. Combine lines 3 and 9. Part XIII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 1 1 Total revenue, gains, and other support per audited financial statements. 2 a Meu unrealized gains on investments. 2 a Net unrealized gains on investments. 2 b Donated services and use of facilities. 2 c double (Describe in Part XIV). 2 dd dilines 2 a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses on included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 1 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12). 5 R, 710, 974 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 2 a Donated services and use of facilities. 2 a Donated services and use of facilities. 3 A, 741, 508 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b Prior year adjustments. 2 c d d lines 2 from line 1. 4 Amounts included on Form 990, Part IX, line 25. a Donated services and use of facilities. 5 A, 741, 508 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 2d and 4b. 5 A, 741, 508 Part XIV, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	2	Total expenses (Form 990, Part IX, column (A), line 25).		
4 Net urrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses. 7 Prior period adjustments. 8 Other (Describe in Part XIV). See. Part. XTV. 1-19, 210, 901 9 Total adjustments (net). Add lines 4-8. 1-19, 210, 901 10 Excess or (deficili) for the year per financial statements. Combine lines 3 and 9. 1-15, 241, 435 Part XIII. Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net urrealized gains on investments. 2 Donated services and use of facilities. 2 Donated services and use of facilities. 2 De dollines 2 through 2d. 2 Ce dollow (Describe in Part XIV). 2 De dollines 2 through 2d. 2 Ce dollow (Describe in Part XIV). 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b. 4 Add lines 2 through 2d. 4 Add lines 4 and 4b. 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12). 5 B, 710, 974 Part XIII. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 1 4, 741, 508 De Driver (Pascribe in Part XIV). 2 De Driver (Pascribe in Part XIV). 2 De Driver (Pascribe in Part XIV). 3 Subtract line 2e from line 1. 4 A financial statements with Expenses per Return 1 Total expenses and losses per audited financial statements with Expenses per Return 1 Total expenses and losses per audited financial statements. 1 4, 741, 508 De Driver (Pascribe in Part XIV). 2 De Driver (Pascribe in Part XIV). 2 De Driver (Pascribe in Part XIV). 3 Subtract line 2e from line 1. 4 A financial statements. 5 Driver (Pascribe in Part XIV). 4 De Driver (Pascribe in Part XIV). 5 Driver (Pascribe in Part XIV). 5 Driver (Pascribe in Part XIV). 6 Driver (Pascribe in Part XIV). 7 Driver (Pascribe in Part	3			
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6 Investment expenses. 7 Prior period adjustments. 8 Other (Describe in Part XIV). See. Part. XTV	5			
7 Prior period adjustments -19,210,901 -10,499,927	6		-	
8 Other (Describe in Part XIV) . See. Part XIV	_	·		
9 Total adjustments (net). Add lines 4-8.				-19 210 901
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Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 -10, 499, 927 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a -19, 210, 901. b Donated services and use of facilities 2b		· · · · · · · · · · · · · · · · · · ·		
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b Prior year adjustments c Losses reported on Form 990, Part IX, line 25. d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIV) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.) Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b.		t t		
c Losses reported on Form 990, Part IX, line 25. d Other (Describe in Part XIV). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 3 4,741,508 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIV). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			_	
d Other (Describe in Part XIV). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b. 4 b Other (Describe in Part XIV). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			_	
e Add lines 2a through 2d			_	
3 Subtract line 2e from line 1. 3 4,741,508 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIV) 4b c Add lines 4a and 4b. 4c 5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.) 5 4,741,508. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	d	Other (Describe in Part XIV)	_	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b	е	Add lines 2a through 2d	. 2e	
a Investments expenses not included on Form 990, Part VIII, line 7b	3	Subtract line 2e from line 1	. 3	4,741,508.
b Other (Describe in Part XIV)	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investments expenses not included on Form 990, Part VIII, line 7b		
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.) 5 4,741,508. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	b	Other (Describe in Part XIV)		
Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	c	Add lines 4a and 4b	4c	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			5	4,741,508.
	Parl	XIV Supplemental Information		
	Comp line 4		lines 1b	and 2b; Part V,
				·

Scheaule D ((Form 990) 2008	age:
Part XIV	Supplemental Information (continued)	
	Cappionicinal information (continued)	
		— -
		
		
		

2008

Schedule D, Part XIV - Supplemental Information

Page 6

Client U7730

UNIVERSITY OF NORTH TEXAS FOUNDATION INC

23-7232618

6/12/09

01:01PM

Schedule D, Part XI, Line 8 Other Changes In Net Assets Or Fund Balances

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization					Employer identifie	
UNIVERSITY OF NORTH TEXA					23-72326	
Part I Fundraising Activities.						V, line 17.
1 Indicate whether the organization Mail solicitations Email solicitations Phone solicitations In-person solicitations	raised funds thr	ough any	of the folio	Solicitation of gove Solicitation of gove Special fundraising	government grants rnment grants	
2a Did the organization have written of employees listed in Form 990, Par						
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or enti	ties (fundi	raisers) pu	rsuant to agreements u	inder which the fundral	ser is to be
(i) Name of individual or entity (fundraiser)	i) Name of individual (ii) Activity		fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						0.
List all states in which the organiza or licensing.				cit funds or has been no	otified it is exempt from	registration

Par	Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
R			(a) Event #1 THE EMERALD GA (event type)	(b) Event #2 ATHLETICS RAFF (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col. (a) through col. (c))			
REVENUE	1	Gross receipts	242,269.	43,100.	14,610.	299,979.			
Ĕ	2	Less: Charitable contributions	187,055.		12,821.	199,876.			
	3	Gross revenue (line 1 minus line 2)	55,214.	43,100.	1,789.	100,103.			
	4	Cash prizes							
DIRECT	5	Non-cash prizes.							
- 1	6	Rent/facility costs							
EXPERSES	7	Other direct expenses	130,210.	26,000.	2,533.	158,743.			
SES	8 9	Direct expense summary. Add lines 4- th Net income summary. Combine lines 3 ar				158,743. -58,640.			
Par	tIII	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	art IV, line 19, or re	eported more than			
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))			
Ē	1	Gross revenue							
	2	Cash prizes							
DI RECT	3	Non-cash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses	Yes %		Yes %				
	6	Volunteer labor	Yes %	Yes %	Yes 8				
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		▶				
	8	Net gaming income summary. Combine lin	nes 1 and 7 in column (d)	▶				
а	is th	er the state(s) in which the organization ope e organization licensed to operate gaming				YES NO 9a			
		e any of the organization's gaming licenseses,' Explain:				10a			
		s the organization operate gaming activities	with nonmembers?			11			
12 RAA	ls th	e organization a grantor, beneficiary or trus inister charitable gaming?	stee of a trust or a mem			12 m 990 or 990-FZ) 2008			

Schedule G (Form 990 or 99	90-EZ) 2008 UNIVERSITY OF NORTH TEXAS FOUNDATION INC 23-72326	<u> 518</u>	F	age 3
			YES	NO
13 Indicate the percentage	e of gaming activity operated in:			
a The organization's faci	ility			
	13b %			
14 Provide the name and	address of the person who prepares the organization's gaming/special events books and records:			
Name: ►				
Address: ►				
15a Does the organization I	have a contact with a third party from whom the organization receives gaming revenue?	. 15a		
	unt of gaming revenue received by the organization \$ and the amount			
	ained by the third party \$			
c If 'Yes,' enter name an				
Name: ►				
Address: ►				
16 Gaming manager inform	mation			
Name: ►		_		
Gaming manager comp	pensation > \$			
Description of services	provided: •			
Director/officer	Employee Independent contractor			
	_			
17 Mandatory distributions	S			
a is the organization requ	uired under state law to make charitable distributions from the gaming proceeds to retain the			
state gaming license?	unce under state law to make unantable distributions from the garning procedure to retain the	. 17a		
b Enter the amount of dis	stributions required under state law distributed to other exempt organizations or spent in the			
organization's own exe	mpt activities during the tax year: ► \$			
BAA	TEEA3703L 07/18/08 Schedule G (Form 9	990 or 991	0-EZ)	2008

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2008

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Open to Public Inspection Employer identification number X Yes 23-7232618 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990. Part Ceneral Information on Grants and Assistance UNIVERSITY OF NORTH TEXAS FOUNDATION INC Department of the Treasury Internal Revenue Service Name of the organization

or funds in the United States. See Part IV	Grains and Ciner Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed — ► □	of cash grant (e) Amount of non-cash (book, FMV, appraisal, non-cash assistance or ass	44,000.	2,630,280. 0.	236,333. 0.			€ A	A	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	990, Part IV, line 21 (Form 990) if additional space is needed	C section (d) Amount o	DISTRIBUTIONS TO OTHER INSTITUTIONS	DISTRIBUTIONS TO UNT 2, 65	ES FOR PROGRAMS IN SUPPORT OF UNT			2 Enter total number of section 501(c)(3) and government organizations	3 Enter total number of other organizations	

Page 2 Schedule I (Form 990) 2008 UNIVERSITY OF NORTH TEXAS FOUNDATION INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EXPENSE REIMBURSEMENTS		16,727.			
SCHOLARSHIPS TO UNT STUDENTS		1,066,132.			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	plete this part to	provide the informa	ition required in Pa	ort I, line 2, and any or	ther additional information.
Part I, Line 2 - Grantmaker's Description of How Grants are Used	ion of How Grant	s are Used			
THE FOUNDATION USES WRITTEN MEMORANDUM OF		UNDERSTANDING TO DOCUMENT GRANT PURPOSES	DOCUMENT GRANT	PURPOSES	
BETWEEN THE FOUNDATION, DONORS, AND THE UNIVERSITY OF NORTH TEXAS. ALL GRANT	L AND THE UNI	VERSITY OF NORT	H_TEXASALL_(<u> </u>	
DISBURSEMENTS_ARE_MONITORED_BY_THE_FOUNDATION_STAFF_TO_INSURE_COMPLIANCE_AT_THE_TIME	(_THE_FOUNDATIO	ON STAFF TO INS	URE COMPLIANCE	AT_THE_TIME	
GRANT DIBURSEMENTS ARE MADE. GRANT RECIPIENTS SIGN A DISBURSEMENT AUTHORIZATION	GRANT RECIPIE	NTS_SIGN_A DISB	URSEMENT AUTHOI	<u> </u>	
CERTIFYING THAT FUNDS WILL BE USED FOR THE		DESIGNATED PURPOSE.	OSE.	 	
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				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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Schedule I (Form 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Non-Cash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
UNIVERSITY OF NORTH TEXAS FOUNDATION INC

Employer identification number

23-7232618

Pa	rt I Types of Property				
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 2 3 4 5 6 7 8 9 10 11 12 13	Art—Works of art. Art—Historical treasures Art—Fractional interests. Books and publications. Clothing and household goods. Cars and other vehicles. Boats and planes Intellectual property. Securities—Publicly traded. Securities—Closely held stock. Securities—Partnership, LLC, or trust interests. Securities—Miscellaneous. Qualified conservation contribution (historic structures).			348,193.	
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Qualified conservation contribution (other) Real estate—Residential Real estate—Other Collectibles. Food inventory. Drugs and medical supplies Taxidermy. Historical artifacts. Scientific specimens. Archeological artifacts. Other ► () Other ► () Other ► ()				
30 a b 31 32 a b	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Doneed During the year, did the organization receive by conhold for at least three years from the date of the inpurposes for the entire holding period?	ntribution ar itial contribution of the contri	ny property reported in Fation, and which is not researches the review of any non- sizations to solicit, proce	Part I, lines 1-28 that it equired to be used for e	30 a X 31 X 32 a X

Schedule	M (Form 990) 2008	UNIVERSITY	OF NORTH	TEXAS	FOUNDATION	INC	23-723	2618 Page 2
Part II	Supplemental I	nformation. Co	omplete this	s part to	provide the in	formation	required by Par	t I, lines 30b, 32b
	and 33. Also co	mplete this pa	rt for any a	dditional	information.			
							- 	
		_ _ _ _ _ _ _					· 	
								
								
								
								
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			_ .					 -

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

U	NIVERSITY OF NORTH TEXAS FOUNDATION INC	23-7232618
	Form 990, Part III, Line 1 - Organization Mission	·
	SUPPORTS AND ENHANCES THE EDUCATIONAL MISSION OF THE UNIVERSITY	OF NORTH TEXAS BY
	ACCEPTING, INVESTING, AND/OR MANAGING PRIVATE GIFTS, ENDOWED FU	NDS, AND OTHER ASSETS
	FOR THE BENEFIT OF THE UNIVERSITY AND ITS STUDENTS; AND BY SUPP	ORTING AND
	ENCOURAGING PHILANTHROPIC GIFTS TO THE UNIVERSITY.	·
	Form 990, Part III, Line 4d - Other Program Services Description	
	AWARDS, GRANTS AND DISTRIBUTIONS TO UNT.	
	Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bo	dy
	CURRENT BOARD MEMBERS OF THE BOARD OF DIRECTORS ELECT NEW BOARD	MEMBERS.
	Form 990, Part VI, Line 10 - Form 990 Review Process	
	THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTE AND THE BOARD OF	DIRECTORS PRIOR TO
	FILING.	
	Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	nflicts
	COPIES OF THE POLICY ARE PROVIDED TO ALL NEW BOARD MEMBERS AND	EMPLOYEES AND THE
	POLICY IS REVIEWED ANNUALLY WITH THE BOARD OF DIRECTORS.	
	Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees
	THE BOARD OF DIRECTORS REVIEWS AND DETERMINES SALARY OF EXECUTIVE	VE DIRECTOR AND
	CONTROLLER.	
	Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
	THE UNIVERSITY OF NORTH TEXAS FOUNDATION, INC MAKES ITS GOVERNII	NG DOCUMENTS,
	CONFLICT OF INTEREST POLICY, AND FINANCIAL STATMENTS AVAILABLE (ON THE WEBSITE
	'ENDOW.UNT.EDU.'	
_		