Renovation of Karl Straus Track at UNC Asheville

RFP for Coronavirus State and Local Fiscal Recovery Funds

University of North Carolina at Asheville Foundation, Inc.

Mr. Kirk Sweson 1 Univsersity Heights Asheville, North Carolina 28804 jhamstea@unca.edu 0: 828.251.6814

Ms. Janet R. Cone

Printed On: 12 April 2022

One University Heights, CPO 2600 Asheville, NC 28804

jcone@unca.edu 0: 828-215-6922 M: 828-606-1014

F: N/A

Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. To date, Buncombe County has awarded projects totaling \$23,093,499, leaving a balance of \$27,639,791 available to award.

Visit <a href="http://www.buncombecounty.org/recoveryfundinghttp://www.buncombecounty.org/recoveryfundingwww.buncombecounty.org/recoveryfundinghttp://www.bu

This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

Click here for the full terms and conditions of the RFP

Organization Type*

Nonprofit

Nonprofit documentation

If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

UNC Asheville Foundation 990.pdf

Name of Project.*

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Renovation of Karl Straus Track at UNC Asheville

New/Updated Proposal*

Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

Updated version of previously submitted proposal

Amount of Funds Requested*

\$750,000.00

Category*

Please select one:

- Affordable Housing
- Aging/Older Adults
- Business Support/Economic Development
- Environmental/Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/Substance Use
- NC Pre-K Expansion
- Workforce

Business Support/Economic Development

Brief Project Description*

Provide a short summary of your proposed project.

Our project will allow Buncombe County to partner with UNC Asheville on the renovation of the Straus Track located on our campus. An improved track will create a venue for campus and community use and drive economic development through sport tourism. Providing access to recreational and competitive facilities is a critical strategy for helping people of all ages be more active and improve overall health especially for underserved youth. The ability to host youth and amateur track meets will bring thousands of athletes and spectators to Buncombe County, generating significant economic impact, tax revenue, and hotel room nights. Estimated cost of the overall track project is \$4.4M with \$3.4M used for phase I. Additional sources of funding will be private philanthropy, sponsorships, and grants. As construction costs continue to soar, combining public and private funds to improve and increase access to modern community facilities is a worthy investment.

Project Plan*

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Explain how the project will be structured and implemented, including timeframe.

Phase I (\$3.4M) includes the following: permitting, design and construction drawings, removal of existing track, construction of new concrete curbs, new stone base and asphalt installation for new track surface, installation of pole vault boxes, long/triple jump pits, steeple chase pit and barrier, shot put areas, hammer/discus area and safety net systems, re-grade existing natural grass area inside of track, restructure drainage system, and adding new sod. The track surface itself will be the new Pre Manufactured Mondo Track System which uses econ-friendly products (100% recyclable) and meets ADA requirements. This phase of work can be constructed in approximately a 3-4 month period, not including design and permitting requirements. The construction will be managed by an ASBA Certified Track Builder to ensure proper design and construction of an appropriate NCAA & AAU Track and Field Facility.

Phase II (\$1M) of the project will include additional bleachers, storage and indoor throwing cage/building, new fencing, upgraded lighting system, track timing system, score boards, and other equipment. The entire track project will be part of the University's overall comprehensive capital campaign that will kick-off in late spring 2022.

The facility presently has seating for 500+, bathrooms, concessions, a sports medicine room, and other amenities and is adjacent to the Sherrill Center/Kimmel Arena, Justice Center, Campus Recreational Center, North Carolina Center for Health and Wellness, and Baseball and Soccer Fields.

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

The \$750,000 requested would be directed to the Phase I goal of \$3.4M. Because of the extensive amount of use, the track surface is worn to the sub-surface, cracked & coming up resulting in an overall safety hazard to users. The track has not hosted any competitions in several years. By replacing the current, outdated track with an industry-leading Mondo surface & mitigating some of the original design flaws, we can offer the community a safe recreation space for walkers, joggers, special needs athletes, & runners. Buncombe County would have a first-class competition surface for youth & amateur athletes. This grant application is being submitted to address the most pressing emergency need to have a safe surface for all populations of Buncombe County. If these funds are unable to be secured, the University will potentially have to close the facility.

Once renovated we are committed to continuing our community-focused approach & can expand our offer to allow high & middle school use. There are also two similar, yet distinct populations the renovated track will serve from an economic development standpoint. The first is collegiate athletics. An improved track will attract & retain high-caliber student-athletes, thus elevating UNC Asheville & increasing enrollment, which leads to spending in the the region. A renovated track will also allow for intercollegiate track meets & the possibility of hosting a Big South Conference Championship. Both events would bring hundreds of athletes & visitors to the region. The second group that the track would impact from an economic development standpoint would be amateur track athletes. Synergy Sports estimates that we could host up to 12 youth meets per year, generating as many as 30,000 athletes & 50,000 spectators. This would led to an additional 10,000 hotel room nights & an economic impact of up to \$5M. An additional influx of people would create or retain over 80 jobs & generate over \$100,000 per year in County tax revenue.

Link to COVID-19*

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Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

While most athletic facilities across the country were closed due to COVID-19, UNC Asheville made the strategic decision to continue to allow the community the opportunity to find healthy exercise opportunities at the Straus Track. However, COVID-19 implications, along with the current state of the outdoor track, led to significant reductions in University revenue from sports and, more broadly, County revenue from tourism, specifically sports tourism. Prior to the COVID-19 outbreak, the University and some community partners had worked together to develop a comprehensive plan to fund the renovation of the track. However, those partners were impacted by COVID-19 as well, and the renovation project was put on hold. We believe that renovating the track at this time will provide a safe facility for community and campus users and will help the University rebound from the negative financial impacts of COVID-19, help recruit new student-athletes, and generate a new hub for sports tourism in the County.

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

The Straus Track is open to the public from 5:30 am until 10:00 pm (except during scheduled track competitions). A renovated track will serve larger and more diverse populations. Once of the goals would be to grow the youth track programs in Buncombe County and provide a safe facility that is accessible to public transportation (Asheville Transit). Currently, the only tracks that can be used for youth are at the high schools and those are limited. The Asheville Lightning Youth Track Club has been utilizing the facility for several years. The University would work with the Buncombe County Parks & Recreation (BCPR) & the Sports Commission to create a plan to increase track participation by the underserved in our county.

The County school facilities are programmed all year with multiple sports. Track teams have limited access to facilities and are looking for other facilities to practice and compete especially the middle schools. Our track would be one of the only 8-lane tracks that can host middle and high school competitions.

BCPR currently administers the Special Olympics & Senior Games. This population requires a specific surface that is ADA and safe. Whether it is wheelchair racing or athletes with other equipment, the surface must be safe, comfortable, and stable. The facility could host regional and state competitions for Special Olympics and Senior Games. Another group with special needs is the Wounded Warriors Program. We look forward to working with the Buncombe County Veteran's Services and the Veterans Hospital to create a collaborative effort to provide a facility for those athletes to use to train. A few of our other users are: the USA Triathlon Gold Team, a couple of Olympic hopefuls, the fire department, FBI, Marines, Forest Service, etc. Most importantly, this grant will allow the facility to continue to be open to all the citizens of Buncombe County for physical fitness sustaining healthy lifestyles.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

Upon completion of the project, we plan to establish user benchmarks for each of the following three goals and establish measureable outcomes:

1. Grow the annual number of users by 5% for the following groups:

Underserved Youth (Youth who face additional barriers to access due to race, ethnicity, color, disability, gender, etc.)

Senior Adults

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Special Olympics/Adaptive Needs

Intercollegiate, High School, and Middle School Competitions Amateur Track Athletes

- 2. Record annually the number of events that attract out of town participants and spectators to show the economic impact with the goal of annually hosting 6-8 track meets for college, high school, and/or youth competitions.
- 3. Grow the number of Buncombe County participants from youth to senior adults who participate in walking, jogging, and running programs at our track.

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

- 1. Record addresses of registrants for all track meets, camps, and clinics which will give us a mechanism for tracking local and out of town visitors.
- 2. All users groups will be required to register and provide information about their participants such as number, age, hotel rooms, etc.
- 3. Invite all campus and community users to participate in a "Bulldog Steps to Fitness" program which would be an annual health and wellness walk/jog/run program.

(Possible scan of QRL code in order to track participation.) Partner with the NC Center for Health and Wellness to implement this program.

4. Partner with the Asheville Buncombe Regional Sports Commission to track economic impact.

Equity Impact*

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How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

UNC Asheville is committed to living the core values of diversity and inclusion, innovation, and sustainability, and ensuring that they permeate everything that the university does. Meeting these commitments requires an openness to change, creative and innovative approaches to programmatic growth, and a sustained focus on education including diverse ideas, as well as sufficient operating resources and support systems, incentives, and accountability measures. This project embodies our core values and desire to collaborate with community partners.

In fact, during the recent Covid-19 crisis under the leadership of Chancellor Cable and our Senior Leadership Team, UNC Asheville partnering with the Mountain Area Health Education Center (MAHEC) administered well over 17,000 vaccines on our campus. We hosted a local testing site in one of our parking lots in March 2020. UNC Asheville and MAHEC also convened a unique partnership that brought together the six local universities (Brevard, Mars Hill, Montreat, WCU, Warren Wilson, & UNC Asheville) to collaborate on Covid-19 containment strategies to help keep thousands of Western North Carolinians and students safe, employed, and able to learn during a very challenging time.

The track is open to the public for free for walking, jogging, and running which is a life time wellness component.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

Geo Surfaces/Mondo- Contractor for the scope of work. GEO Surfaces will do the restoration of the track and the work on the infield addressing the drainage issues.

Non-Funded Key Partners Critical to Project:
UNC Asheville Athletics working in collaboration with the UNC Asheville Foundation
NC Center for Health and Wellness
Asheville Buncombe Regional Sports Commission
Buncombe County Parks & Recreation
Osher Lifelong Learning Center (OLLI)
Mission Health Sports Medicine
Buncombe County Special Olympics

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

Originally incorporated in 1965, The University of North Carolina at Asheville Foundation ("The Foundation") is a non-profit corporation as certified by the State of North Carolina. The mission of the Foundation is to advocate for and oversee gifts that support the University of North Carolina Asheville ("the University"). The Foundation's purposes are to foster public understanding and support for the University and to solicit, promote and administer donations for the exclusive support of the University.

The Foundation oversees and administers an endowment with a balance of approximately \$45 Million and transfers an average of \$4 Million annually to the University. These transfers to the university are consistent with donor intent. The Foundation stands ready to receive, receipt, acknowledge, invest and disburse funds it receives from donors and grantors.

The primary mission of the Foundation is to advance the initiatives of UNC Asheville and has a reciprocal relationship working with the university and resources. The foundation has the capacity to manage federally source funding amongst various federal organizations. UNC Asheville has had no issues with audits for grant management from millions of funding.

In addition, UNC Asheville under the leadership of John Pierce, VC for Budget & Finance and David Todd, AVC for Campus Operations has a facilities management and construction unit that oversees all renovation and new construction projects from design to completion. The University has also engaged Synergy Sports, Charlotte, NC, as a full-service partner of sport facility development and management.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For

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project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form HERE. Complete the form, and upload it using the button below.

Recovery-Funds-budget-template for economic growth.xlsx

Special Considerations*

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Provide any other information that might assist the County in its selection.

JC1Synergy REVISED PPT deck for UNC Asheville_3.22.22.pdf

The Straus Track no longer meets the appropriate health and safety guidelines such as ADA, etc.. The track is unsafe for the participants and does not have the required track surface nor amenities to host campus and community users nor practice and competition needs for College, High School, Middle School, Special Olympics, Para Olympics, Senior Games, AAU, or Junior Olympic Meets. The Straus Track is one of the most used facilities in the County by the community. As mentioned previously, the track is open daily as a fitness and recreation outlet for our community. We also partner with several local schools to allow them access for practice. Once renovated and with the support of the Sports Commission, we can become a mecca for hosting local, regional, state and national track events, which will boost the local economy and tourism on a yearly basis. Having our local teams competing in Asheville will increase family, friend and community participation, better performances, and greater advertising for Asheville and Buncombe County. Our partnership and facility could create a "WOW FACTOR" for our county, community, and campus.

Finally, a Mondo track allows the greatest safety and performance factors available; they are the official track surface of the IAAF World Championships, Olympic Games, Paralympics, and many universities such as WCU, NC A&T, Winthrop, Clemson, USC, Lenoir-Rhyne, Columbia International, and UGA. Other track surfaces have a life span of 5-8 years before requiring repair work. Mondo has a 10-year warranty and a life span of 15+ years. Mondo has tracks that are still in use for over 20 years. Not only does Mondo have the best performance and safety, but they are also the best long-term investment possible for our partnership. Finally, 8-lane tracks are safer for events with many athletes, have the ability to host larger meets, camps, and community events, and are easier to schedule for walkers, joggers, and other users.

File Attachment Summary

Applicant File Uploads

Printed On: 12 April 2022

- UNC Asheville Foundation 990.pdf
- Recovery-Funds-budget-template for economic growth.xlsx
- JC1Synergy REVISED PPT deck for UNC Asheville_3.22.22.pdf

Return of Organization Exempt From Income Tax

and ending JUN 30, 2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Form 990 (2013)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 D Employer identification number C Name of organization Check if applicable: The University of North Carolina at Asheville Foundation, Inc. 23-7073829 Name change Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Initial return 828-251-6716 One University Heights Termin-6,887,021. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended H(a) Is this a group return Asheville, NC 28804 Applica-tion Yes X No for subordinates? pending F Name and address of principal officer: John G. Pierce H(b) Are all subordinates included? Yes No same as C above If "No," attach a list. (see instructions) 4947(a)(1) or 527) ◀ (insert no.) Tax-exempt status: X 501(c)(3) __ 501(c)_(_ H(c) Group exemption number J Website: ▶ www.unca.edu L Year of formation: 1965 M State of legal domicile: NC Other > Association K Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: Support of Non-Profit University Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 Number of voting members of the governing body (Part VI, line 1a) 29 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 2,067,333. 3,374,508 Contributions and grants (Part VIII, line 1h) 0. Revenue 0. Program service revenue (Part VIII, line 2g) 650,604. 41,798. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,146,<u>628.</u> 2,571,494. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,987,800 5,864,565. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,614,975. 1,402,352 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)
201,041. 1,139,417. 1,218,494. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,754,392. 2,620,846. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,1<u>10,173.</u> 3,366,954. Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 33,497,417. 27,833,605. Total assets (Part X, line 16) 4,393,<u>167.</u> 1,839,528. 21 Total liabilities (Part X, line 26) 29,104,2<u>50.</u> Net assets or fund balances. Subtract line 21 from line 20 25,994,<u>077.</u> Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer 11/10/14 Sign John G. Pierce, Type or print name and title Here Date Preparer's signature Print/Type preparer's name 4111 P01220854 seif-employed Robin G. Earley, CPA Paid 26-1678<u>195</u> Firm's EIN Firm's name **Burleson & Earley**, Preparer Firm's address > 902 Sand Hill Road Use Only Phone no. 828 - 251 - 2846 Asheville, NC 28806 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

7 (4)	t 14 Ollowing of Troduction		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	If "Yes," complete Schedule A	1	Х	
_	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X.
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		X
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		\mathbf{X}_{-}
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		Х
_	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		· ·	
11				l
	as applicable.			ĺ
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
	Part VI	7.0		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c	Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1.0		
d	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	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	· · · •		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	the organization's liability for uncertain tax positions under FIN 46 (ASC 740)? If Fes, "complete schedule b, r art x	<u> </u>		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
	Schedule D, Parts XI and XII	120		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	174		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
	or more? If "Yes," complete Schedule F, Parts I and IV	170	-	T
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	10		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	i I	 	+**
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	A	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1.0	1	v
	complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	 	+^-
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		gan	(2013)
		1 (3)	,	_\ \

Par	TIV Checklist of Nequired Scriedules (continued)		Yes	No
	the coal of the secretary and the consistence to any demostic organization of		163	INO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	X	ĺ
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	22		X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
	Schedule J	20		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		Х
	Schedule K. If "No", go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	044		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			- V
	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			٠,
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			١
	complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	-		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
LU	instructions for applicable filing thresholds, conditions, and exceptions):			
а	transfer diseases transfer or least employee? If "Ves " complete Schedule L. Part IV	28a		X
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
v	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ. <u></u>	X
^^	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations?			
31		31		X
	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		<u> </u>
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			T
34	Was the organization related to any tax-exempt of taxable entity? If Test, complete contests the arrangement of taxable entity? If Test, complete contests the arrangement of taxable entity?	34	ļ	2
	Part V, line 1			7
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u> </u>	1	T
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	1	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1550	T	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		2
	If "Yes," complete Schedule R, Part V, line 2	33	—	广
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		1 2
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	+
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O		n 990	1 (00

X

14a

14b

Form 990 (2013)

	The University of North Carolina at	റെറ	n	5
orm	990 (2013) Asheville Foundation, Inc. 23-7073	849	<u> </u>	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	·······		
	اد د ا . ا		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0· if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	:		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes." enter the name of the foreign country:	19818	444	Notice to
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	The state of the s	5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a_	ļ <u> </u>	X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
٠	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g]	
y h	with the state and the state of are boots airplanes or other vehicles, did the organization file a Form 1098-C?	7h	ļ <u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	1		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	The state of the second and the distributions under continue A0662	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	10a			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:]
11	Gross income from members or shareholders	1		1
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ıza	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			
ı.	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
	UI gariization is inconsed to issue qualified recent plans	1	1	1

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013)

23-7073829 Asheville Foundation, Inc. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 29 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 29 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? _______ 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►<u>NC</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ____ Another's website X Upon request X Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: John Pierce - 828-251-6716

28804

One University Heights, Asheville, NC

Form 990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)			(0))			(D)	(E)	(F)
Name and Title	Average			Posi	ition			Reportable	Reportable	Estimated
Hamo and Thie	hours per	(do box	not ci unle:	heck I ss pe	more rson i	than is bot	one han	compensation	compensation	amount of
	week		er an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	individual trustee or director						the	organizations	compensation
	hours for	or dir				E E		organization	(W·2/1099·MISC)	from the
	related	stee	ruste			Bells		(W-2/1099-MISC)		organization and related
	organizations	na pr	onali		ploye	8 8				organizations
	below	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
	line)	트	트	8	3	포함	ŭ.			
(1) Michael Andry	1.00	7,7		7.7				0.	0.	0.
Chair	1 00	X	_	X	<u> </u>	-		0.	<u> </u>	<u> </u>
(2) Shon Norris	1.00							_	0.	0.
Director	1 0 0	X				├		0.	<u> </u>	<u> </u>
(3) Pat Carver	1.00								•	_
Director		X	<u> </u>	<u> </u>			L	0.	0.	0.
(4) Michael Greene	1.00									_
Director		X		ļ		<u> </u>	<u> </u>	0.	0.	0.
(5) Kevin Watson	1.00									_
Director		X	ļ			<u> </u>		0.	0.	0.
(6) John Wirtz	1.00			1						_
Director		X	<u> </u>	<u> </u>	ļ	_	L	0.	0.	0.
(7) Brad Blackburn	1.00	Į								_
Director		Х		<u> </u>		<u> </u>		0.	0.	0.
(8) Derek Allen	1.00									_
Director		X	ļ	_	_	<u> </u>	<u> </u>	0.	0.	0.
(9) Mitchell Watson	1.00						1			_
Director		Х	_	<u> </u>		_	<u> </u>	0.	0.	0.
(10) Marilyn Foote-Hudson	1.00]								
Director		X	<u> </u>	_	<u> </u>	<u>Ļ</u>	ļ	0.	0.	0.
(11) Kerry Friedman	1.00				1					
Director		X	<u> </u>			ļ	1_	0.	0.	0.
(12) Brian Gompers	1.00								}	
Director		X				<u> </u>		0.	0.	0.
(13) Jacqueline D. Grant	1.00			1					_	
Director		X			<u> </u>			0.	0.	0.
(14) Steven Green	1.00									_
Director		X				l		0.	0.	0.
(15) Bruce Greene	1.00	П	T.							
Director		\mathbf{x}			1.			0.	0.	0.
(16) Oscar Wong	1.00									
Vice Chair		\mathbf{x}		X				0.	0.	0.
(17) Ann Young	1.00									_
Director		x			<u> </u>	1_		0.	. 0.	0.
DII.0000I										Form 990 (2013)

332007 10-29-13

Asheville Foundation, Inc.

Part VII Section A. Officers, Directors, Trus	tees, Key Emj	oloy	ees,	an	<u>d Hi</u>	ghe	st C	compensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	ído			ition more	than (enc	Reportable	Reportable		limate	
	hours per	box	, unle	ss pe	rson	is bot x/trus	າຂາ	compensation	compensation		ount o	ΣT
	Week	<u> </u>	Jea 221	Lau	10010	1	,	from the	from related organizations		oensat	lion
	(list any hours for	llrect						1 I	(W-2/1099-MISC)	,	om the	
	related	Individual trustee or director	stee		ŀ	nsate		(W-2/1099-MISC)	(,, _, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	orga	anizati	on
	organizations	truste	Institutional trustee		eg.	Edillo		(,,		and	l relate	ed
	below	id ua	utton	. b.	e E	est co	JE			orga	nizatio	ons
	line)	Indiv	insti	Officer	Key e	Highest compensated employee	Form					
(18) John Pierce	1.00								•	ĺ		0
Treasurer		Х	<u> </u>	X	—			0.	0.			0.
(19) Mark Sidelnick	1.00								0.	l		0.
Director	1 00	X	ļ	⊢	-	 	\vdash	0.	<u> </u>	 		<u> </u>
(20) Robert Tynes	1.00							0.	0.			0.
Director	1 00	Х	 	-		╁	ļ <u> </u>	0.	<u></u>	<u> </u>		
(21) Jennifer Rhodes Ward	1.00							0.	0.			0.
Director	1 00	X	┢┈	├	1	┼-	\vdash	V •				
(22) Rebecca Anderson	1.00	х		1				0.	0.			0.
Director	1.00	12	├	┢	╁	╁		V.				
(23) Brion Bolton	1.00	x						0.	0.			0.
Director	1.00	Λ	\vdash	┢	╁	╁	-					
(24) Leslie McCullough Casse	1.00	x						0.	0.			0.
Director	1.00	1	\vdash	 	\vdash	 						
(25) Himanshu Karvir	1.00	х						0.	0.			0.
Director	1.00	**	1	\vdash	†	\top	T					
(26) Laura McCue	1.00	\mathbf{x}						0.	0.	L		0.
Director 1b Sub-total	.1				1		>	0.	0.			0.
c Total from continuation sheets to Part V	II. Section A						>	0.	0.			0.
d Total (add lines 1b and 1c)								0.	0.	<u> </u>		0.
Total number of individuals (including but recommendation)	not limited to the	1086	list	ed a	bov	e) w	ho i	received more than \$100	,000 of reportable			_
compensation from the organization									***			<u> </u>
											Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, k	еу е	mpl	oyee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for	such individual	'								3_		X
4 For any individual listed on line 1a, is the s	um of reportat	le c	omp	ens	atio	n an	d o	ther compensation from	the organization			ν,
and related organizations greater than \$15	0,000? If "Yes	, ª cc	omp	lete	Sch	edui	e J	for such individual		4		X
5 Did any person listed on line 1a receive or	accrue compe	nsa	tion	fron	n an	y un	rela	ted organization or indiv	idual for services	_	•	x
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son			<u></u>	5_	<u> </u>	
Section B. Independent Contractors		_							\$400,000 of compon	oation	from	
Complete this table for your five highest co	ompensated in	dep	end	ent	con	tract	ors	that received more than	\$100,000 or compen	sauon	IIOIII	
the organization. Report compensation for	the calendar	/ear	end	ıng	With	or v	vitn		year.		 C)	
(A) Name and busines:	e address							(B) Description of s	services	Compe	nsatio	n
	3 4001000							Construction				
JLS Company LLC	MC 2070	Λ						services	'	13	1.2	68.
15 Gilliam Road, Arden,	NC 2010	3						DCL VIOOD				
2 Total number of independent contractors	(including but	not	limit	ed t	o th	ose	iste	ed above) who received r	nore than			
\$100,000 of compensation from the organ	nization 🕨					1_					200	
See Part VII, Section	n A Con	ti	nu	at	ic	n	sł	neets		Form	990	(2013)

orm 990 Ashevill	<u>e rounda</u>	<u> </u>	<u>LOI</u>	1,	TI	<u> 10 </u>			23-707	3029
Part VII Section A. Officers, Directors, Tr								Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				sition	1		Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_ '				oyee		the	organizations	compensation from the
	(list any	irecto				E E		organization	(W-2/1099-MISC)	organization
	hours for related	or d	ise			sated		(W-2/1099-MISC)		and related
	organizations	ruste	i trus		8	l per				organizations
	below	dualt	institutional trustee	_	읦	25	155			
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Рогте г			
/07\ Tudu ToVoo	1.00			-	1					
(27) Judy LeMee Director	1.00	Х						0.	0.	0.
(28) Thomas Oreck	1.00									
Director		Х						0.	0.	0.
(29) Lisa Peteet	1.00	T								
Director		X			L	<u>L</u> _	<u></u>	0.	0.	0.
(30) William Sederburg	1.00									
Director		X			<u> </u>			0.	0.	0.
(31) Wilma Sherrill	1.00									_
Director		X		<u> </u>	ļ	<u> </u>		0.	0.	0.
(32) James Whalen	1.00]								^
Director		Х	<u> </u>	ļ	_	<u> </u>	ļ	0.	0.	0.
(33) David Young	1.00									^
Director	1 00	X	_		<u> </u>	ļ <u> </u>		0.	0.	0.
(34) Anne Ponder	1.00	-						0.	0.	0.
Director	1 00	X		┝		\vdash		V •	U •	<u> </u>
(35) Elizabeth Bagwell	1.00	x						0.	0.	0.
Director		<u> </u>	 	ł		-	-	V .		
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		+	+	\vdash	-	+	+			
		1								
		+	+	\vdash	+	1	\vdash			
		1								
			•	_				1		
										1

		Check if Schedule O conta	ains a response d	or note to any inte	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
n n		Fodorated compaigns	1a					
ᄪ	1 a	Federated campaigns Membership dues						
ַלַ בַּ		Fundraising events						
£ ₹		Related organizations						
% <u>₩</u>		Government grants (contributi						
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grant	, l					
돌티	•	similar amounts not included abov		2,067,333,			, see the	
ᅙ	a	Noncash contributions included in lines				:		
8 8		Total. Add lines 1a-1f			2.067.333.			
				Business Code	•			
စ္ပ	2 a							
Program Service Revenue	b							
8 E	c							ļ
e a	d							
Pag	е							
<u>ት</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<u></u>				3 1 3 1 3 1 3 1
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		▶	24,878,	24,878,		
	4	Income from investment of tax		. [
	5	Royalties		>		4.0 0.00	74.5 7.4	2747 14 441
			(i) Real	(ii) Personal				
	6 a	Gross rents				ŶĊŊŎ		100
	b	Less: rental expenses						
	c	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,648,182,					
	b	Less: cost or other basis				14.	•	
		and sales expenses						
		Gain or (loss)						
Ì		Net gain or (loss)		······	625,726.	625,726.		
ရ	8 a	Gross income from fundraising						
Ē		including \$						1
<u></u>		contributions reported on line						
Other Revenue		Part IV, line 18						
8		Less: direct expenses			400 044			189,041,
	_	Net income or (loss) from fund	-		189,041,			100,041,
	9 a	Gross income from gaming ac						-
		Part IV, line 19		f"				1
		Less: direct expenses						
		Net income or (loss) from garr Gross sales of inventory, less						
	10 a							
		and allowances Less: cost of goods sold]		
		Net income or (loss) from sale						
1	<u>C</u>	Miscellaneous Revenu		Business Code				
	11 -	Unrealized Gains on In		900099	2,769,064,	2,769,064.		
		Miscellaneous income	.vencinencs	900099	121,639	, , , , , , , , , , , , , , , ,		
		Miscellaneous income Family Business Forum		900099	54,325			
l		ramitty pretiness torum			<u> </u>			T
		All other revenue		900099	12 559	12 559		
	d	All other revenue Total, Add lines 11a-11d			12,559, 2,957,587,			

ection 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response.	se or note to any line in t	his Part IX		X
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,614,975.	1,614,975.		
2 Grants and other assistance to individuals in				
the United States. See Part IV, line 22				
3 Grants and other assistance to governments,				
organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and		İ		
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
0 Payroll taxes				
1 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	116 504		116,594.	
f Investment management fees	116,594.		110,334.	
g Other. (If line 11g amount exceeds 10% of line 25,	421 055	239,683.	144,116.	38 156
column (A) amount, list line 11g expenses on Sch O.)	421,955. 7,522.	4,700.	144,110.	38,156 2,822
2 Advertising and promotion	1,344.	4,700+		2,022
3 Office expenses				
4 Information technology				
5 Royalties				
6 Occupancy	61,230.	53,191.	1,531.	6,508
	01/2001	0012001		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
Conferences, conventions, and meetings				
nterest	35,767.	35,767.		
Payments to affiliates				
2 Depreciation, depletion, and amortization	36,049.	36,049.		
3 Insurance	9,267.	6,841.	2,426.	
Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a Transfers to University	125,138.			125,138
b Supplies	88,835.	76,653.	952.	11,230
c Equipment, noncapitaliz	63,794.	62,295.		1,499
d Photocopy, printing, po	50,694.	40,979.	335.	9,380
e All other expenses	122,572.	115,715.	549.	6,308
Total functional expenses. Add lines 1 through 24e	2,754,392.	2,286,848.	266,503.	201,041
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201:

Form 990 (2013)

rt X		Balance Sheet			
	- (Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
1		Cash · non-interest-bearing		1	2 042 450
2	:	Savings and temporary cash investments	2,639,198.	2	3,042,458
3		Pledges and grants receivable, net	250,344.	3	256,515
4		Accounts receivable, net	39,337.	4	47,546
5		Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
6		Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7		Notes and loans receivable, net		7	
8		Inventories for sale or use		8	
9	ı	Prepaid expenses and deferred charges		9	14,445
10	а	Land, buildings, and equipment: cost or other			
		basis, Complete Part VI of Schedule D 10a 3,513,196.			
1,	b	Less: accumulated depreciation 10b 42,649.	2,230,598.	10c	<u>3,470,547</u>
11		Investments - publicly traded securities		11	
12		Investments other securities. See Part IV, line 11	22,108,066.	12	24,787,190
13		Investments · program-related. See Part IV, line 11	<u>425,000.</u>	13	1,725,095
14		Intangible assets		14	
15		Other assets. See Part IV, line 11	141,062.	15	153,621
16	ì	Total assets. Add lines 1 through 15 (must equal line 34)	27,833,605.	16	33,497,417
17		Accounts payable and accrued expenses	55,788.	17	178,435
18	}	Grants payable		18	
19)	Deferred revenue		19	
20)	Tax-exempt bond liabilities		20	
21		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	2	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	0 550 000
23	}	Secured mortgages and notes payable to unrelated third parties	<u>1,144,000.</u>	23	3,579,088
24		Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			605 644
		Schedule D	639,740.	25	635,644
26	}	Total liabilities, Add lines 17 through 25	<u>1,839,528.</u>	26	4,393,167
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
		complete lines 27 through 29, and lines 33 and 34.			0 000 100
27	7	Unrestricted net assets	2,033,839.	27	2,229,102
28	3	Temporarily restricted net assets	9,498,384.	28	11,797,821
29	•	Permanently restricted net assets	14,461,854.	29	15,077,327
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
30)	Capital stock or trust principal, or current funds		30	
31	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	2	Retained earnings, endowment, accumulated income, or other funds	05 004 055	32	20 104 257
33	3	Total net assets or fund balances	<u>25,994,077.</u>	33	29,104,250
		Total liabilities and net assets/fund balances	27,833,605 .	34	33,49 <u>7,417</u>

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,

0.

9

10

29,104,250. column (B)) Part XII Financial Statements and Reporting \mathbf{x} Check if Schedule O contains a response or note to any line in this Part XII No Yes 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. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis _ Separate basis Х 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis X Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 20 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit За Х Act and OMB Circular A-133? 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 Form 990 (2013)

9

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of t	he organizati	on The Uni	versity of N	orth	Carol	ina a	t	E		identificatio		nber
		Ashevil	le Foundatio	n, In	c.	<u> </u>			23	<u>3-7073</u>	<u>829</u>	
Part I	Reason 1	or Public Char	ity Status (All organiz	ations mus	st complete	this part) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	through 1	l 1, check c	nly one b	ox.)					
1 🗔	A church, cor	vention of churches	s, or association of churc	ches descr	ribed in se c	ction 170(b)(1)(A)(i)	•				
2 🔲			0(b)(1)(A)(ii), (Attach Sci									
з 🔲	A hospital or	a cooperative hospit	tal service organization o	lescribed i	in section	170(b)(1)(A)(iii).					
4	A medical res	earch organization of	operated in conjunction	with a hos	pital descri	bed in se	ction 170	(b)(1)(A)(ii	ii). Enter ti	he hospital'	s nam	e,
	city, and state	ə:										
5 X	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	it describe	ed in		
		b)(1)(A)(iv). (Comple										
6 🔲			ent or governmental unit									
7			eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	public descr	ibed ii	n
		b)(1)(A)(vi), (Comple										
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contril	outions, m	embershi	ip fees, ar	nd gross rec	eipts	trom
	activities rela	ted to its exempt fur	nctions - subject to certa	in exception	ons, and (2) no more	than 33 1	/3% of its	support	from gross	invest	ment
	income and u	inrelated business to	axable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired b	y the orga	anization a	after June 3	U, 197	5.
		509(a)(2). (Complete										
10	An organizati	on organized and or	perated exclusively to te	st for publi	ic safety. S	ee sectio	n 509(a)(4	·).			£	
11 📖	An organizati	on organized and or	perated exclusively for the	ne benefit o	of, to perto	rm the fur	ictions of,	or to carr	y out the	purposes o	that	OI .
			ations described in section). See sec	tion 509	(a)(3). One	BCK THE DOX	unau	
	·····		organization and comple	ete lines 1	1e through	i 11N. Stanuatad	_		n Bl. Nor	n-functional	v intoc	rated
	a Type i	b ∐ Tչ			nctionally i							
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	i directly of	tions does	nibod in e	notion 50	qualified ; 0(a)(1) or :	section 509	(a)(2)	
	foundation m	anagers and other t	han one or more publicly	y supporte	u organiza Milia a Tvi	no I Tuno	II or Tune	. III	o(a)(1) or .	30011011 000	(4)(2).	
f			tten determination from t									
			nis box organization accepted ar									
g	Since August	: 17, 2006, mas une d	lirectly controls, either al	one or toa	other with	nerenne d	escribed i	n (ii) and	(iii) below.		Yes	No
	(i) A perso	n who allectly or mo	upported organization?	one or tog	Olitor Willi	porconio	00011000		(, ,	11g(i)		
			n described in (i) above?									
			person described in (i) (
			about the supported or			***********						
h	Provide tile i	OROWING INTO MACION	about the supported on	gamaanom	(υ).							
*** ***		/// CIM	(iii) Type of organization	(iv) is the c	organization	(v) Did voi	notify the	(vi) !	s the	(vii) Amount	of mo	netary
	of supported anization	(ii) EIN	(described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	organizati (i) organi	on in col. I zed in the	sup	port	,,,,,
org	aiizauon		above or IRC section	governing	sted in your document?	(i) of you	support?	`` °U.S	3.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
			1									
Total		1	1	1	Ī	l						

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 Asheville Foundation, Inc. 23-70738

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 23-7073829 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	2288059.	1384918.	1475513.	3374508.	2067333	10590331.
_	include any "unusual grants.")	4400039.	T20#2T0*	14/2212	33/4300.	20073334	10350001
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						
	the organization without charge						
4	Total. Add lines 1 through 3	2288059.	1384918.	1475513.	3374508.	2067333.	10590331.
	The portion of total contributions	2200033.	13043100	14/3313			
5	by each person (other than a						
	governmental unit or publicly	ى ئىلىدى دىدىسىمارىيىق بىشىدى دىدى. ئارى	era erangenaran ana ang praj			estaling depletion is a co	
	supported organization) included					4.14	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.	4.3.4.4.1.1.4.4.		ilida rayasida			10590331.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	2288059.	1384918.	1475513.	3374508.	2067333.	10590331.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	32,652.	16,916.	17,448.	10,340.	24,878.	102,234.
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						
	assets (Explain in Part IV.)	94,645.	24,563.	29,582.	29,869.	121,640.	300,299.
11	Total support. Add lines 7 through 10						10992864.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	<u>237,359.</u>
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ux year as a sectio	n 501(c)(3)	
Sei	organization, check this box and storection C. Computation of Publ	herePe	rcentage				<u>P</u>
	Public support percentage for 2013 (***************************************				14	96.34 %
	Public support percentage from 2012					15	96.36 %
162	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı	***************************************	.,.,	▶ [X]
ŀ	33 1/3% support test - 2012. If the	organization did no	ot check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation	*************************		▶∟
172	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	nis box and <mark>stop</mark> h	iere. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶└─
Ł	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
-	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	in Part IV how the	e
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	ıs▶∟
							or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I o	r if the organization failed to qualif	y under Part II. If the	organization fails to

quality under the tests listed bei Section A. Public Support	ow, piease com	piete Part II.j				
Galendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(6) 2003	(5) 2010	(0)-011	(5) 20.1	1-4:::	
membership fees received. (Do not					!	
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
, , ,						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					<u> </u>	
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on fine 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)		The first All All All Andrews				
Section B. Total Support	-					
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						:
c Add lines 10a and 10b		1	*****			
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	1.6. 11		= E01(a)(2) argani	rotion
14 First five years. If the Form 990 is for t						
check this box and stop here	- Compart D					
Section C. Computation of Public			1 (0)		45	%
15 Public support percentage for 2013 (lir					15	——————————————————————————————————————
16 Public support percentage from 2012					16	
Section D. Computation of Inves			10		I an I	67
17 Investment income percentage for 201					17	<u>%</u>
18 Investment income percentage from 26	012 Schedule A	, Part III, line 17 $_{\cdot\cdot}$			18	<u>%</u>
19a 33 1/3% support tests - 2013. If the c	organization did	not check the box	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 an	d stop here. Th	e organization qua	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the o	organization did	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and	stop here. The org	anization qualifies	as a publicly supp	orted organization	·▶∐_
20 Private foundation, If the organization	ı did not check :	a box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u>▶</u>
222022 00.25-13				Scl	nedule A (Form 99	90 or 990-EZ) 2013

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

The University of North Carolina at Asheville Foundation, Inc.

Employer identification number

23-7073829

Organization type (chec	ck one):
Filers of:	Section:
Form 990 or 990·EZ	501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organizati Note. Only a section 50	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one omplete Parts I and II.
Special Rules	
509(a)(1) and 1	501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
total contributi	501(c)(7), (8), or (10) organization filing Form 990 or 990·EZ that received from any one contributor, during the year, ions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or of cruelty to children or animals. Complete Parts I, II, and III.
contributions f If this box is cl purpose. Do n	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. hecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., so to complete any of the parts unless the General Rule applies to this organization because it received nonexclusively itable, etc., contributions of \$5,000 or more during the year
but it must answer *No	ion that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), or on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

The University of North Carolina at Asheville Foundation, Inc.

23-7073829

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.1	Professional services		
		\s108,040.	06/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	990, 990-EZ, or 990-PF) (

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) **Employer identification number** Name of organization The University of North Carolina at

Asheville Foundation, Inc.

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or tess for the year. (Enter this Information once)

**Section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. (Enter this Information once)

**Section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. (Enter this Information once) Use duplicate copies of Part III if additional space is needed. (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization The University of North Carolina at

Asheville Foundation, Inc.

Employer identification number 23-7073829

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Complete if the organization answered	Complete if the organization answered Tes To Form 990, Part IV, line T1a. See Form 990, Part X, line T0.								
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land		761,657.		761,657.					
b Buildings		1,672,737.	34,849.	1,637,888.					
c Leasehold improvements									
d Equipment		12,000.	7,800.	4,200.					
e Other		1,066,802.	1	1,066,802.					
Total, Add lines 1a through 1e. (Column (d) must equa	3,470,547.								

Schedule D (Form 990) 2013

3a(ii)

TIIC	OIII V	~-	2203	-			
Aghe	1 1 i 172	6	Found	at:	on.	In	C.

Part VII Investments - Other Securities.	- F 000 B + "-"	no 11h Coo Corm 000 Dart V B	ina 19
Complete if the organization answered "Yes" t		ne 11b. See Form 990, Part X, I	ne 12. : Cost or end-of-year market value
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	. Oost or end-or-year market value
Financial derivatives			
Closely-held equity interests			
Other	04 505 10	O Frd of Your	Market Value
(A) UNC Investment Fund LLC	24,787,19	U. End-ol-Year	Market value
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	04 707 40		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,787,19	0.	
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"		ne 11c. See Form 990, Part X, II	ine 13. n: Cost or end-of-year market value
(a) Description of investment	(b) Book value	(C) Metriod of Valuation	i. Cost of end-of-year market value
(1) Lot Held for Resale at	405.00	0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Marshat Walus
(2) the Cliffs of Walnut Cove	195,00	U. End-of-Year	Market Value
(3) Real estate held for	4 040 00	F	
(4) resale-Broadway Avenue	1,319,09	5. Cost	
(5) Single Family Residence			
(6) Held for	044 00	0 7 7 - 6 7	Morelean Wolling
(7) Resale-Greensboro NC	211,00	U. End-of-Year	Market Value
(8)			
(9)	4 505 00	<u> </u>	The state of the s
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,725,09	5 •	
Part IX Other Assets.			
Complete if the organization answered "Yes"		ine 11d. See Form 990, Part X, I	(b) Book value
(a) ·	Description		(b) Book takes
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	<u>9 15.)</u>		
Part X Other Liabilities.			and V. line OF
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11e or 11t. See Form 990, P	'aπ X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes		COT CAA	
(2) Present Value of Annuitie	s Payable	635,644.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal, (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	635,644.	
Liability for uncertain tax positions. In Part XIII, provide	the text of the footno	te to the organization's financia	I statements that reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here if the text of the footn	ote has been provided in Part XIII
Additional of the series of th			Schedule D (Form 990)

The University of North Carolina at Asheville Foundation, Inc. 23-7073829 Page 4 Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 5,864,565. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements _____ 2,754,392. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 2¢ d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 2,754,392. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, line 4: Explanation: The income from the investments and trust is expendable for scholarship or general University support, while the principal is permanently restricted.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

The University of North Carolina at Employ

Employer identification number

Asheville Foundation, Inc. 23-7073829

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990 EZ filers are not

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or coni contribu	Did aiser istody trol of itions?	(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			
]		
						1
			•••			
otal			>			<u> </u>
3 List all states in which the organization is re	gistered or licensed to solid	cit contrib	ution	s or has been notified	d it is exempt from r	egistration
or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2013

The University of North Carolina at

	edu ert	le G (Form 990 or 990-EZ) 2013 Ashevi II Fundraising Events. Complete if the	lle Foundatio	on, Inc.	23-	7073829 Page 2
[[]	ar L	of fundraising event contributions and g				
	Ι	of furnitationing of other continuous and gr	(a) Event #1	(b) Event #2	(c) Other events	
			Special		None	(d) Total events
			events		210220	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ë.			(OTOTAL 13 po)	(GVOIL ()PO)	(total francos)	
Revenue	1	Gross receipts	189,041.			189,041.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	189,041.			189,041.
	4	Cash prizes				
õ	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		:		
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 throug	•		>	
	11	Net income summary. Subtract line 10 from				189,041.
Pa	irt l					
_		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
œ	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		The state of the s	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	☐ No	□ No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7				
 9	8		7 from line 1, column (d)		>	
	8 Ent	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	Yes No
а	8 Ent	Net gaming income summary. Subtract line is the state(s) in which the organization operate organization licensed to operate gaming and	7 from line 1, column (d) ates gaming activities: ctivities in each of these	states?	>	. Yes No
а	8 Ent	Net gaming income summary. Subtract line a	7 from line 1, column (d) ates gaming activities: ctivities in each of these	states?	>	. Yes No
10a	Entils to	Net gaming income summary. Subtract line is the state(s) in which the organization operate organization licensed to operate gaming at No," explain:	7 from line 1, column (d) ates gaming activities: ctivities in each of these services.	states? orminated during the tax	year?	
10a	Entils to	Net gaming income summary. Subtract line a state(s) in which the organization operate organization licensed to operate gaming a No," explain:	7 from line 1, column (d) ates gaming activities: ctivities in each of these services.	states? orminated during the tax	year?	

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

The University of North Carolina at Schedule G (Form 990 or 990 EZ) 2013 Asheville Foundation, Inc. 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Indicate the percentage of gaming activity operated in: a The organization's facility 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes No b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name Address > Gaming manager information: Name > Gaming manager compensation ▶ \$ _____ ____ Director/officer Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ |Part IV| Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▼ Attach to Form 990.

~ §

Inspection

OMB No. 1545-0047

Employer identification number ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. The University of North Carolina at Asheville Foundation, Name of the organization

Schedule I (Form 990) (2013) ջ ⊠ 23-7073829 To provide scholarship assistance to students (h) Purpose of grant or assistance to provide general assistance to the Yes 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 **Iniversity** 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) o (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. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 836,981 775 694 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Inc . criteria used to award the grants or assistance? Enter total number of other organizations listed in the line 1 table 56-6002370 56-6002370 General Information on Grants and Assistance (P) Asheville - One University Heights Asheville - One University Heights 1 (a) Name and address of organization University of North Carolina at University of North Carolina at or government - Asheville, NC 28804 - Asheville, NC 28804 Part PartII

332101 10-29-13

The University of North Carolina at Asheville Foundation, Inc.

Schedule | (Form 990) (2013)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

23-7073829

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance 32 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 332102 10-29-13

SCHEDULE M (Form 990)

Noncash Contributions

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Ashe

Types of Property

The University of North Carolina at Asheville Foundation, Inc.

Employer identification number 23-7073829

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conti amounts repo Form 990, Part V	rted on	Method of noncash contri			ts
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								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution · Other								
15	Real estate · Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (<u>Services</u>)	X	1	108,	040.	Estimated	valu	ıe	
26	Other ► (<u>Video product</u>)	Х	1			Estimated	<u>valu</u>	le	
27	Other ► (<u>Supplies</u>)	X	6	1,	900.	cost			
28	Other (
29	Number of Forms 8283 received by the organia		-						
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement	29				
							_	Yes	No
30a	During the year, did the organization receive by						į		
	at least three years from the date of the initial	contribution,	and which is not i	required to be use	d for exer	npt purposes for			
	the entire holding period?		***************************************				. <u>30a</u>	L	X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	=					. 31	ļ	<u>X</u>
32a	Does the organization hire or use third parties contributions?		-	•			32a		х
b	If "Yes," describe in Part II.		***************************************				· VEG		<u> </u>
33	If the organization did not report an amount in	column (e) fe	or a type of proper	ty for which colun	nn (a) is ch	necked.			
	describe in Part II.			,	. (-9 01	·••			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	D.		Schedule I	M (Form	990)	(2013)

The University of North Carolina at Schedule M (Form 990) (2013) Asheville Foundation, Inc. 23-7073829 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-03-13	Schedule M (Form 990) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. The University of North Carolina at Name of the organization

Asheville Foundation, Inc.

Employer identification number 23-7073829

Form 990, Part VI, Section A, line 3:
Explanation: The Foundation does not currently have employees. All persons
providing service to the Foundation are employees of the University of
North Carolina at Asheville. The value of these services is recorded as a
noncash contribution.
Form 990, Part VI, Section B, line 11:
Explanation: Form 990 is provided first to the audit committee for review.
The 990 is then provided to the full Board of Directors for their review
prior to a scheduled board meeting, at which any required discussions will
occur and the form will be approved for filing.
Form 990, Part VI, Section B, Line 12c:
Explanation: The Board of Directors overview potential conflicts of
interest during regular board meetings. If conflicts are found to exist,
they are resolved by the board at that time.
Form 990, Part VI, Section C, Line 19:
Explanation: The entities organizational documents and documentation of
exempt status are maintained at the location of the entity. They are open
and available to public inspection upon request. The current year's
audited financial statements and form 990 are posted on the website.
Form 990, Part IX, Line 11g, Other Fees:
Contract services:

Program service expenses

<u> 109,217.</u>

Schedule O (Form 990 or 990-EZ) (2013)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization The University of North Carolina at Asheville Foundation, Inc.	Page 2 Employer identification number 23-7073829
Management and general expenses	108,040.
Fundraising expenses	7,078.
Total expenses	224,335.
Other services:	
Program service expenses	105,717.
Management and general expenses	12,784.
Fundraising expenses	31,078.
Total expenses	149,579.
Professional fees:	
Program service expenses	24,749.
Management and general expenses	23,292.
Fundraising expenses	0.
Total expenses	48,041.
Total Other Fees on Form 990, Part IX, line 11g, Col A	421,955.
Part XI, Line 2c	
Explanation: This process had not changed from prior year	rs.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

▶ See separate instructions.

Open to Public Inspection 2013

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

▲ Attach to Form 990.

Employer identification number 23-7073829 The University of North Carolina at Asheville Foundation, Inc.

2 399 949 Foundation, 59 273 End-of-year assets <u>@</u> 59,821 Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) North Carolina North Carolina keal estate management and baseball stadium of UNC Expansion of existing Primary activity acquisition Asheville UNC Asheville Real Estate LLC - 46-4431330 Name, address, and EIN (if applicable) UNC Asheville Baseball Stadium LLC 46-3901116, one University Heights, of disregarded entity One University Heights Asheville NC 28804 Asheville, NC 28804 Part I

Carolina at Asheville

University of North

Foundation Inc.

Carolina at Asheville

Iniversity of North

Direct controlling

ε

entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Partl

(a)	(2)	<u> </u>	9	9	£	Section S	120,713)
Name, address, and EIN	Primary activity	₽	Exempt Code F	Public charity	Direct controlling	controlled	olled
of related organization		foreign country)	section	status (if section	entity	ent	λ'n
•				501(c)(3))		Yes	S _N
- Landald Language	The state of the s						
And the state of t							
· · · · · · · · · · · · · · · · · · ·							
C. L. COLLEGE PROPERTY							
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- Management - Committee - Com							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332161 09-12-13 LHA

Schedule R (Form 990) 2013

The University of North Carolina at Schedule R (Form 990) 2013 Asheville Foundation, Inc.

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

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(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicite (state or foreign country)	(d) Direct controlling entity	Predoming (related, 1 excluded fro sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		ortionate fons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Managing X managing Be partner? 5) Yes No	Perc	(k) sentage nership
													<u> </u>
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	ganizations Taxable	as a Corpo	nation or Trust Co	mplete if the	e organization	answered "Y	es" on Form	990, Part IV	, line 34 k	ecause it hac	lone or n	nore rek	ated
	IN IN	Prim:	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Hing Type	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	्र क स्व	(g) Share of end-of-year assets	(h) Percentage ownership	D System	Section 512(5)(13) controlled entity?
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The University of North Carolina at Schedule R (Form 990) 2013 Asheville Foundation, Inc.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	
				1a
				tp.
b calif. grant, or capital continuation to related digatification(%)		V = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2		2
c Gift, grant, or capital contribution from related organization(s)			***************************************	
d Loans or loan guarantees to or for related organization(s)				a l
1 oces or local propagation (s)				1e
e Loals of loal gualatices by talated organization by				
				#
† Dividends from related organization(s)				5
g Sale of assets to related organization(s)				2 ;
Purchase of assets from related organization				-
Exchange of accets with related organization(s)				Ţ.
related organization(s)				1j
. I am at tentilising an imment or other secate from related organization(s)				¥
K Lease of lacillates, equipment, or other access mornisations of secure of the secure	anization(s)			-
Performance of services of membership or fundamental solicitations by related organization(s)	unization(s)	**************************************		Ę
Pendimance of services of mermoets in the following socialists of contractions of the pendimental services of with related	organization(s)			11
Sharing of racinities, equipment, maining lists, of care, access missioned of the contraction (s)				10
Sharing of paid employees with letated of gallization (s)				
				<u></u>
				1g
q Reimbursement paid by related organization(s) for experises				
				+
				5
s Other transfer of cash or property from related organization(s)				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
The state of the s				
(1)				
(2)			and the state of t	
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(3)				
(4)			Control for the control of the contr	
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(c)				
(9)				T, 77
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The University of North Carolina at Asheville Foundation, Inc.

Schedule R (Form 990) 2013

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

				ı	مما
(k) Percentage ownership					Schedule R (Form 990) 2013
General or managing partner?					
(h) (i) (ii) (k) Disproportionate amount in box 20 managing ownership of Schedule K-1 partner? Yes No (Form 1065) Yes No					Schedule
Ch) Disproportional dispraging Q					
A Block	 				
(g) Share of end-of-year assets					
(f) Share of total income				:	
(e) Are all Are all 507(c)(3) 005.7 4) Yes No					
(d) Predominant income prefated, unrelated, excluded from tax under section 512-514) N					
(c) I domicile or foreign vuntry)					
(b) Primary activity					
(a) (b) Legal Name, address, and EIN Primary activity (state of entity co					

Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

Organization Name:	UNC Asheville
Project Name:	Restoration of Karl Straus Track at UNC Asheville
Amount Requested:	750,000.00

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$750,000.00	Pending	
UNC Asheville Comprehensive Capital Campaign 2021	\$2,670,000.00	Pending	Track is listed as one of the University's Priorities for Capital Campaign.
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
Total	\$ 3,420,000.00		

	Proposed			Capital or Operating	
Proposed Project Expenses	Recovery Funds	Other Funds	Total	Expense?	Notes
Phase I (See detailed list itemized below):			\$ -	Capital	
New Mondo Track System installation	\$ 820,000.00		\$ 820,000.00		
Demo exisitng track and haul offsite			\$ -		
Construct new concrete curbs			\$ -		
New stone base and asphalt for new track surface			\$ -		
Installation pole vault boxes			\$ -		
Long/Triple jump pits			\$ -		
Steeple Chase pit & barrier			\$ -		
Shot Put areas			\$ -		
Hammer/Discus area			\$ -		
Pre-Track Installation Projects	\$ 2,600,000.00		\$ 2,600,000.00		
Permitting			\$ -		
Design & Construction Drawings			\$ -		
Re-grade exisitng natural grass area inside track			\$ -		
Correcting drainage issues			\$ -		
Adding new sod			\$ -		
Safety Netting			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
List expenses here			\$ -		
		Total	\$ 3,420,000.00		

WHEN WE PLAY TOGETHER



UNC ASHEVILLE ATHLETICS CAPITAL CAMPAIGN 2022

TOGETHER, WE CAN BUILD THE FUTURE.

At the University of North Carolina Asheville, we believe in the power of sports to bring families, neighbors and entire communities together. We are fortunate to live in one of the most vibrant and dynamic cities in the country.

Yet we must continue to invest in our university's - and our community's - future, to ensure that we stay competitive in the Big South Conference. We also want to give future generations even greater access to sports.



We Need Your Support

UNC Asheville's Athletics Department is planning an expansive renovation for three of our outdoor sports facilities.

However, state funding cannot be used to renovate and expand these facilities.



Capital Projects

UNC Asheville Bulldogs Athletics is seeking philanthropic support in raising capital for three significant community investments.

- Renovation and expansion of the Karl Straus Outdoor Track
- Additional improvements to Greenwood Baseball Field
- Enhancements to Greenwood Soccer Field

"UNC Asheville's track and field, baseball and soccer facilities are long past due for a major upgrade that will greatly enhance our programs and also allow us to host tournaments and championships that we currently can not. The opportunity for community sports groups to compete on campus will be a significant added benefit."

- Rick Lutovsky, Chair UNC Asheville Board of Trustees



These projects are consistent with UNC Asheville's Master Facility Plan and UNC Asheville Athletics' commitment to developing engaging relationships with residents, community partners and local businesses.

These projects can only be financed through individual donors, corporate sponsorships, local and regional grants and developer partnerships through the University Comprehensive Capital Campaign.



"The renovated and expanded Outdoor Sports Complex will be a game-changer for the University and for our community. Outstanding facilities such as these are vital to the success of the Bulldog Athletics but will also enhance the recruitment of sports events to Asheville. The Asheville Buncombe Regional Sports Commission will be able to partner with UNC Asheville to expand and upgrade the portfolio of sporting events that we are able to bring to Asheville.

These facilities will also allow our neighbors in the community access to world-class facilities for exercise and to be spectators for events hosted in these facilities. A strong sports tourism program has been shown to also be vital as an economic development tool for recruiting businesses who desire an enhanced quality of life. The Asheville Buncombe Regional Sports Commission is excited to be a part of the continued success of Bulldog Athletics."

-Demp Bradford, President of Asheville Buncombe Regional Sports Commission





Karl Straus Outdoor Track

\$3.5 million - \$4.5 million investment

- Resurfaced track with eight lanes on a 400-meter oval
- Energy-efficient lighting
- Natural grass infield
- Additional seating to accommodate at least 1,200 spectators
- Protective netting
- Storage building
- Throwing event practice facility
- Scoreboard and equipment for race and event results

UNC Asheville Bulldogs Soccer Stadium

\$2.5 million investment



- Synthetic turf field and landscaping for Greenwood soccer field
- Bleacher seating for 1,000
- Two-story press box with additional storage
- Modern scoreboard
- Expanded fieldhouse
- Sidewalks to comply with ADA requirements

"Greenwood Field has always felt like home to any soccer player who set foot on the pitch. But with the addition of an updated press box, seating and an expanded field house, I have no doubt that the overall experience will be transformed for all current athletes, alumni, fans and future recruits. There will be a new sense of professionalism, pride and electricity in the atmosphere."

- Courtney O'Malley, Women's Soccer Student-Athlete





- Stadium seating for at least 750
- Press box and hospitality area
- Concession area and additional public bathrooms
- Covered or enclosed batting cage
- Turf for field

"The addition of a renovated on-campus baseball facility would be an enormous source of pride, and would enable us to attract high-caliber student athletes as well as make UNC Asheville a must-visit baseball destination. This facility will not only serve the Bulldogs, but can be a goal for local high school and youth teams to get to play on."

- Scott Friedholm, Head Baseball Coach





"Completion of this project will benefit not only UNC Asheville, but also the entire greater Asheville area. Currently Big South Conference rules require that venues have lights and other amenities in order to host Conference Championship events, meaning UNC Asheville cannot host some events on their campus. This deprives UNC Asheville the opportunity to host these significant events on campus, and also deprives the city and county from hosting Big South Championship events that attract thousands of student-athletes, their fans and supporters."

- Kyle B. Kallander, Commissioner of the Big South Conference

Asheville: An Active Community

In the past 12 months, Asheville residents have:

- Jogged, ran or walked for exercise (153,967)
- Played softball or baseball (23,890)
- Played soccer or other sports played on a similar field (45,574)
- Attended a sporting event as a spectator (72,474)
 (Analysis by Esri)

Help us give our residents even more access to facilities that provide healthy exercise.

ECONOMIC IMPACT – CONSTRUCTION

200 JOBS created/ supported

\$28.9MM total economic impact

\$124K local tax revenue \$180K county tax revenue

\$512K state tax revenue

ANNUAL ECONOMIC IMPACT – DAILY OPERATIONS

43 JOBS created/ supported

\$4.9MM total economic impact

\$47K local tax revenue \$68K county tax revenue \$131K state tax revenue

ANNUAL ECONOMIC IMPACT – TOURNAMENTS + EVENTS

37 JOBS created/ supported

\$3.6MM total economic impact \$34K local tax revenue

\$50K county tax revenue \$97K state tax revenue

Karl Straus Outdoor Track

- 10,000 additional hotel room nights
- \$5 million total economic impact





First-class facilities are critical to the recruitment and retention of exceptional coaches and talented student-athletes.

Compliance with the Big South Conference minimum facility standards will allow UNC Asheville to host conference championships in baseball, soccer and track.

These athletic facilities will help generate new revenue through hosting competitions and events.



How to Get Involved

Multiple naming and sponsorship opportunities are available. Contact UNC Asheville Bulldogs Director of Athletics:

Janet R. Cone | 828-251-6922 | jcone@unca.edu

Visit www.landingpage.com for more information about the projects and capital campaign, and to invest in our future.



