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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	rthe 2	2008 ca	lendar yea		-2008 and ending 06-30-200	9				
3 Che	eck if ap	plicable	Please	C Name of organization WILLIAM & MARY BUSINESS SCH	OOL FOLINDATION		D Employer ider	ntification number		
– Add	lress ch	ange	use IRS label or		SOLITOONDATION		23-7079011			
— Nan	ne char	nge	print or	Doing Business As			E Telephone nui	mber		
– _{Initi}	ıal retur	'n	type. See Specific	Number and street (su D.O. have	£	\ D /t-	(757) 221-2	294		
_	minatio		Instruc- tions.	PO BOX 2220	f mail is not delivered to street addre	ess) Room/suite	G Gross receipts	\$ \$ 24,613,144		
_			tions.	Chi antania atata an arrinta	- J 7TD . 4					
_	ended r			City or town, state or country, ar WILLIAMSBURG, VA 23187	10 ZIP + 4					
Арр	lication	pending								
				ne and address of Principal O	fficer		s a group return			
				RT MOONEY X 2220		affilia	tes?	ΓYes Γ Nο		
				MSBURG,VA 23187		H(b) Are al	l affiliates included	d?		
Tax	x-exem	pt status	▽ 501(c)) (3) ◀ (insert no)	1) or 527			See instructions)		
W	eb site	e:► n/a				H(c) Grou	p Exemption Nun	nber 🟲		
∢ Тур∈	e of org	anızatıon	Corporat	ion trust association other	>	L Year of Fo	rmation 1972 M S	State of legal domicile VA		
Pai	rt I	Sumr								
	1	•		e organization's mission or me	-					
3		PROVI	DE SUPPO	RT FOR PUBLIC INSTITUTI	ON OF HIGHER EDUCATION					
sovemance										
<u>.</u>	2	Chackt	his hov C	if the organization discontinui	ed its operations or disposed o	of more than 2	5% of its assets			
e G			,		y (Part VI, line 1a)			48		
			-							
e L	1				overning body (Part VI, line 1	D)				
2	1			nployees (Part V, line 2a) .			5 _	0		
ACIIVIIIES &	1			lunteers (estimate if necessa			° _	0		
`				ness taxable income from For	rt VIII, line 12, column (C)	•	7a 7b	0		
	В	Net unit	erated busi	ness taxable income nom For	111 9 9 0 - 1 , 1111e 34	D.:				
	_	C + 1		dt- (Dt-)/TTT d-b-)		Pric	or Year	Current Year		
<u>a</u>	8			d grants (Part VIII, line 1h)		2,659,176	3,806,003			
Revenue	9			revenue (Part VIII, line 2g)			3,193,102	3,157,525		
₩	10			ne (Part VIII, column (A), line		1,856,278	97,764			
_	11		-	art VIII, column (A), lines 5,			170,371	0		
	12	10tair 12)	evenue—a	aa iines 8 through 11 (must e	qual Part VIII, column (A), lın	e	7,878,927	7,061,292		
	13	Grants	and simila	ar amounts paid (Part IX, colu	mn (A), lines 1-3)		10,494,441	4,249,629		
	14	Benefit	s paid to o	r for members (Part IX, colun	nn (A), line 4)			0		
	15	Salarıe	s, other co	ompensation, employee benef	ts (Part IX, column (A), lines	5 –				
Expenses		10)					2,517,482	2,132,852		
₹ I	16a	Profes	sional fund	raising fees (Part IX, column	(A), line 11e)			0		
<u>X</u>	b	(Total fu	ındraısıng ex	penses, Part IX, column (D), line 25	790,551)					
	17	Other	expenses ((Part IX, column (A), lines 11	3,817,218	3,074,700				
	18	Total e	xpenses—	add lines 13–17 (must equal	Part IX, line 25, column (A))		16,829,141	9,457,181		
	19	Revent	ue less exp	enses Subtract line 18 from	line 12		-8,950,214	-2,395,889		
68 68						Beginni	ing of Year	End of Year		
aete Sere	20	Totala	ıssets (Par	t X, line 16)			57,962,440	52,988,158		
net Assets or Fund Balances	21	Totall	ıabılıtıes (F	Part X, line 26)			365,679	691,571		
E E	22	Net as	sets or fun	d balances Subtract line 21 f	rom line 20		57,596,761	52,296,587		
Par	t II	Sign	ature Blo	ock			•			
					d this return, including accompanying					
nia-		l L		correct, and complete Declaration o	f preparer (other than officer) is base	1		r nas any knowledge		
Plea Sign		**** Signa	** ature of office	er		2010- Date	-05-05			
lere		[Date				
			BERT MOONE or print nam							
		P	<u>.</u>		Date	Chack if	Preparer's PTIN //	See Can Inst \		
3-1-1		Preparer' signature		TOPHER T BENNETT CPA		Check If self-	Preparer's PTIN (S	oce den Inst)		
Paid			<u>, </u>			empolyed 🕨 🦵				
_	arer's	Firm's na if self-em	me (or yours	GOODMAN & COMPANY			EIN ▶			
Use C	וחכ		and ZIP + 4	4510 COX ROAD SUITE 200						
				GLEN ALLEN, VA 230603394			Phone no 🕨 (80	4) 282-7636		
1av t	he IR	S discus	s this retu	rn with the preparer shown ab	ove? (See instructions)			✓ Yes No		

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
	To provide support for the expansion and the in Business	nprovement of public insti	tutions of higher learning,	specifically for the College of Wil	liam and Mary Mason School of
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?	gnıfıcant program ser	vices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?		changes in how it con	ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revenu	ns and 4947(a)(1) tr	usts are required to r	eport the amount of grants	
4a	(Code) (Expenses \$ EXECUTIVE MBA - 189 STUDENTS - SUPPORT William & Mary, books, cases, computer hard material educational support	WAS PROVIDED FOR PU	including grants of \$ BLIC INSTITUTION OF HIGI e students, student housir	1,660,291) (Revenue \$ HER EDUCATION Specifically stud ng & meals, student attended cor	2,459,041) lent tuition due to the College of iference fees and travel and other
4b	(Code) (Expenses \$ COLLEGE OF WILLIAM AND MARY MASON SCH degree granting academic programs, faculty	IOOL OF BUSINESS - SUPI			161,332) EDUCATION Funding supports the
4c	(Code) (Expenses \$ PROFESSIONAL SEMINARS - 19 PROGRAMS V PROGRAMS AND OTHER MATERIAL EDUCATION		including grants of \$ SUPPORT PROVIDED TO I	114) (Revenue \$ PUBLIC INSTITUTION OF HIGHER	426,231) EDUCATION FOR ACADEMIC
4d	Other program services (Describe in (Expenses \$	n Schedule O) including grants of:	\$) (Revenue \$)
4e	Total program service expenses \$	7,002,780	Must equal Part IX,	Line 25, column (B).	
	<u> </u>		·		

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

	rt V Statements Regarding Other IRS Filings and Tax Compliance			rayes
ΓŒ	Statements Regarding Other 1831 milys and 14x comphance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		163	140
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	122		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta			
C	gaming (gambling) winnings to prize winners?	1	c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return	0		
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	21	b	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by return?			No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>			110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financ		_	1
h	account)?		-	No
b	If "Yes," enter the name of the foreign country	<u></u>		
	Financial Accounts.	, a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	. 5	а	Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on? 51	ь	Νο
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Proj	hibited		
	Tax Shelter Transaction?	5	с	
6a	Did the organization solicit any contributions that were not tax deductible?	6	a	No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?		b	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	78	a	No
	more?	<u> </u>	i	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		b	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was refile Form 8282?	quired to 70	c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persobenefit contract?		e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		f	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	79	9	Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	71	h	No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization.	on, have		
	excess business holdings at any time during the	8	:	
9	year?		I	1
a		98		
ь		. 91		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations Enter			
а				
	Cross the mathematical (Denot not amount due or mad to other course)			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12-			_	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12	d	1
Đ	year			

Governance Management and Disclosure (Sections A. R. and Crequest information

Parcy	dovernance, management, and disclosure (Sections A, B, and C request information
	about policies not required by the Internal Revenue Code.)
Section	A. Governing Body and Management

								Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe th	ne circi	ımsta	nces,			
1a	Enter the number of voting members of the governing body	1a				48			
Ь	Enter the number of voting members that are independent	1b				47			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								No
5	Did the organization become aware during the year of a material diversion of the organization's assets?								Νo
6	Does the organization have members or stockholders?								Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								No
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r othe	r pers	ons?		7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	nderta	ken dı	uring	:he			
а	the governing body?						8a	Yes	
b	each committee with authority to act on behalf of the governing body?						8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?						9a		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o					,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			_			10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	•					11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	166		
		16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, ${\sf IL}$, ${\sf IN}$, ${\sf IA}$, ${\sf KS}$, ${\sf KY}$, ${\sf NC}$, ${\sf NM}$, ${\sf NJ}$, ${\sf NH}$, ${\sf NV}$, ${\sf NE}$, ${\sf MT}$, ${\sf MO}$, MS , MN , MI , MA , MD , ME , ND , OH , OK , OR , PA , RI , SC , SD , TN , TX , UT , VT , VA , WA , WV , WI , WY , LA , NY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Organization PO BOX 2220 WILLIAMSBURG, VA 23187 (757) 221-2294

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C) chec	:k al				4-5	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							Н				
							Н				
							\vdash				
							Ļ	62.400	N 0	0	
1b Total							<u> </u>	62,400		l "	
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	moi	re thar	1 \$1	00,000 ın reportabl	e		

compensation from the organization**▶**0

			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee							
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo				
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							
	ındıvıdual	4		Νo				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services							
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo				

Section B. Independent Contractors

from the organization .

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

(A) Name and business address	(B) Description of services	(C) Compensation
Fitting Group Corp 233 Fourth Avenue 11th Floor PITTSBURGH, PA 15222	ADVERTISING FOR NEW BUSINESS SCHOOL AND	340,703
2 Total number of independent contractors (including those in 1) who received more than	\$100,000 in compensation	_

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	paigns 1a			Revenue		312, 313, 01 314
数数	ь	Membership di						
호호	_		1b					
S, G	С	Fundraising ev	ents 1c					
焦ま	d	Related organi						
E.S.	e	Government grant	ts (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributi similar amounts no		3,806,003				
事品	g	Noncash contr	1f ibutions included in					
ŞΞ	9	lines 1a-1f \$						
O W	h		es 1a-1f)		3,806,003			
				Business Code				
e⊟	2a	EXEC MBA PROGE	RAM	611,600	2,459,041	2,459,041		
¥e.	ь	SEMINARS		611,710	426,231	426,231		
ၽ	c	FEES		611,710	161,332	161,332		
Š	d	other program rev	renue	611,710	110,921	110,921		
ja S	e			011,710	110,321	110,321		
Ē	f	Λ II -+- ·· ··						
Program Serwce Revenue	'	All other progra	am service revenue					
Ě	g	Total. Add line ► \$ 3,157,525	s 2a-2f					
	3		come (including divi	dends, interest				
		other sımılar aı	mounts)		508,307			508,307
	4	Income from inve	stment of tax-exempt bo	ond proceeds				
			·	•				
	5	Royalties .						
	c-	Carre Branks	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	"	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	17,141,309					
		from sales of assets other						
	ь	than inventory Less cost or	17,551,852					
		other basis and sales expenses						
	С	Gain or (loss)	-410,543					
	d	Net gain or (los	ss)	_	-410,543	-410,543		
	0-			. ▶				
ė.	8a	Gross income fevents (not inc	from fundraising luding					
Other Revenue		of contribution:	s reported on line					
उ >		1c) See Part I	V , line 18 e <i>G if total exceeds</i>					
æ		\$15,000						
Ā	ь	Less direct ex	pensesb					
₹	с	Net income or	loss) from fundraisi	ing events .				
	9a	Gross income t	from gaming	▶				
		activities See	part IV , line 19					
		Complete Sched exceeds \$15,00						
			a					
	b	Less direct ex	pensesb					
	c		(loss) from gaming a					
	10a	Gross sales of	Inventory loss	•				
		returns and all						
			а					
	b	_	oods sold b					
	С		(loss) from sales of					
		Miscellaneous	Revenue	Business Code				
	11a							
	Ь							
	С							
	d	All other reven	ue		Ţ			
	е	Total. Add line	s 11a-11d	\$				
	12		. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	7,061,292	2,746,982	0	508,307
		8c, 9c, 10c, and 1	1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do i	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 U.S. See Part IV, line 21	4,249,629	4,249,629							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	62,400		62,400						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	1,564,237	77,464		392,618					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	182,854	3,542	131,062	48,250					
9	Other employee benefits	202,777	6,444	146,906	49,427					
10	Payroll taxes	120,584	7,113	84,126	29,345					
11	Fees for services (non-employees)									
а	Management									
b	Legal	1,509	1,398	111						
c	Accounting	46,318	12,800	33,518						
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	441,884	441,884							
12	Advertising and promotion	220,622	218,693	1,929						
13	Office expenses	151,943	116,693	34,976	274					
14	Information technology	490,566	473,451	615	16,500					
15	Royalties									
16	Occupancy	37,058	6,000	31,058						
17	Travel	262,032	174,471	7,013	80,548					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings	1,366,769	1,175,225	17,955	173,589					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	14,631		14,631						
23	Insurance	3,395		3,395						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	BUSINESS MEALS	22,004	22,004							
ь	MEMBERSHIP FEES	11,469	11,469							
c	SPLIT INTRST AGRMNT FEE	2,500	2,500							
d	SUBMISSION FEES	2,000	2,000							
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	9,457,181	7,002,780	1,663,850	790,551					
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Part X	Balance	Sheet
	Balance	SHEET

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			540,016	1	2,389,472
	2	Savings and temporary cash investments			14,045,476	2	20,010,097
	3	Pledges and grants receivable, net			17,302,661	3	14,797,947
	4	Accounts receivable, net			262,069	4	223,533
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		or		5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ection 4958(f)(1			6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges			12,532	9	84,362
Assets	10a	Land, buildings, and equipment cost basis	10a	117,847			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	87,491	35,693	10c	30,356
	11	Investments—publicly traded securities			8,065,056	11	432,239
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	rt VII of			12	
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin		17,663,863	13	14,789,529	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		35,074	15	230,623	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			57,962,440	16	52,988,158
	17	Accounts payable and accrued expenses .			355,679	17	691,571
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>, 6</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		10,000	25	0	
	26	Total liabilities. Add lines 17 through 25			365,679	26	691,571
seo		Organizations that follow SFAS 117, check here ▶ ✓ and complethrough 29, and lines 33 and 34.	lete lines 27				
Balance	27	Unrestricted net assets			745,584	27	78,410
8 8	28	Temporarily restricted net assets			22,439,591	28	18,459,163
됟	29	Permanently restricted net assets	34,411,586	29	33,759,014		
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32	
Net	33	Total net assets or fund balances			57,596,761	33	52,296,587
_	34	Total liabilities and net assets/fund balances			57,962,440	34	52,988,158
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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 Act and OMB Circular A-133?	За		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493130006380

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

WILLIA	M & M/	ARY BUSINESS	SCHOOL FOUNDAT:	ION								
		.	f. D. L.I. 6		1.1	111 -			-707901			
	tΙ			harity Status (to be co					Instruct	ions)		
	rganiz			ation because it is (Please					/ A \ / ! \			
1	<u> </u>	•		urches, or association of ch			Section 1	rvn(p)(1)((A)(I).			
2	<u> </u>			ion 170(b)(1)(A)(ii). (Attac		•						
3	<u> </u>	•	•	e hospital service organizati			-		• •		•	
4	ı		-	zation operated in conjuncti	on with a l	hospital de	escribed ii	n Section :	170(Ь)(1)	(A)(iii). E	nter the	
	_		name, city, and									
5	 	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
	_			(Complete Part II)								
6	<u>_</u>	•	· -	overnment or governmental								
7	J	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	eral public	:
	_	described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)							
8	<u>_</u>		•	ed in Section 170(b)(1)(A)		•	•					
9	ı	_		ally receives (1) more than					•	· ·		SS
		•		ated to its exempt functions	-			, ,	•			
			-	estment income and unrelate			,			() from bu	sınesses	
	_		<u>=</u>	on after June 30, 1975 See					•			
10	<u>_</u>	=	-	and operated exclusively to	-		•				-	
11			•	and operated exclusively fo		, .			,	•		
				orted organizations describe type of supporting organiza						Section 5	U9(a)(3).	Спеск
		a T				- Function			'' d	Гтуре	III - Otl	ner
e	Γ	By checkin	 g this box, I cei	rtify that the organization is					one or mor	e disquali	ified pers	ons
		other than	foundation man	agers and other than one or	more publ	licly suppo	orted orga	nızatıons (described	ın sectior	1 509 (a)(1) or
_		section 50										
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	TypeIIo	r I ype III	supportir	ng organiz	ation,
g				as the organization accepted	d anv gift	or contribi	ution from	anv of the	1			'
•		following pe		.	, 5			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a famıly	/ member of a p	erson described in (i) above	7					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports					
					Γ		Г		1		1	
		ame of	(ii) EIN	(iii) Type of organization	` ′	s the	(v) Did y		l	s the	(vii) An	
(oorted nization		(described on lines 1-9 above or IRC section		ation in Iisted in	_	nization) of your		ation in rganized	supp	OIL
•	o i gaii			(See Instructions))		verning	supp			US?		
						ment?						
					Yes	No	Yes	No	Yes	No		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu tile box oi	1 lille 5, 7, 01	o of Part I.)				
	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	17 002 007	22 620 462	12 205 040	2 650 176		2 006 002	E0 202 200
	membership fees received (Do not	17,903,807	22,628,463	12,385,840	2,659,176		3,806,003	59,383,289
_	include any "unusual grants ") Tax revenues levied for the organization's							
2	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 line 1-3	17,903,807	22,628,463	12,385,840	2,659,176		3,806,003	59,383,289
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							26,653,932
	on line 1 that exceed 2% of the amount							20,000,502
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							32,729,357
	4							
	otal Support	(-) 2004	(L) 200F	(-) 2006	(-1) 2007	7-1	2000	/#\ T - b - l
	endar year (or fiscal year beginning in)	(a) 2004 17,903,807	(b) 2005 1,068,099	(c) 2006 12,385,840	(d) 2007 2,659,176	(e)	2008	(f) Total 59,383,289
7	A mounts from line 4	17,903,607	1,000,099	12,363,640	2,039,170		3,806,003	39,363,269
8	Gross income from interest, dividends, payments received on securities loans,							
	• • • • • • • • • • • • • • • • • • • •	449,395	1,068,099	1,600,819	1,239,049		508,307	4,865,669
	rents, royalties and income from similar sources							
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	596,774	440,660	145,967	170,371		110,921	1,464,693
	Part IV)							
11	Total Support (Add lines 7 through 10)					,		65,713,651
12	Gross receipts from related activities, etc	(See instruction:	s)			12		15,925,193
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, third	d, fourth, or fifth i	tax year as a 5	01(c)		
	organization, check this box and stop here							▶ ┌
<u>C</u> (omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıdı	ed by line 11 co	lumn (f))		14		49.810 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		44.610 %
16a	33 1/3% Test - 2008. If the organization did	d not check the h	ox on line 13 a	nd line 14 is 33	1/3% or more	check	this hox	
	and stop here. The organization qualifies as	a publicly supp	orted organizati	on	1,370 01 111010,		tills box	▶ ▽
ь	33 1/3% Test - 2007. If the organization did				5 is 33 1/3% o	r more	, check th	•
	box and stop here. The organization qualifie						•	► □
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	and lin	e 14 ıs 10	% or
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst			•		-		► □
Ь	10% Facts and Circumstances Test - 2007.	_						
	more, and if the organization meets the "fac							
18	the organization meets the "facts and circu Private Foundation. If the organization did							► I
10	instructions	not check the bo	.x on tille 13, 10	a, 100, 1/a 01 1	. / D, CHECK LINS	ысх а	11u 5ee	▶┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

Software ID: **Software Version:**

EIN: 23-7079011

Name: WILLIAM & MARY BUSINESS SCHOOL FOUNDATION

Form 990, Part VII - Section Aaa										
		Posit t	(C ion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
A MARSHALL ACUFF JR , BOARD MEMBER		x						0	0	0
BRUCE A AUGER , BOARD MEMBER		Х						0	0	0
JAMES W BRINKLEY , BOARD MEMBER		Х						0	0	0
STEPHEN R BYERS , BOARD MEMBER		Х						0	0	0
J EDWARD COLEMAN , BOARD MEMBER		×						0	0	0
ALEXANDER E DEAN , BOARD MEMBER		×						0	0	0
KATHLEEN DURDIN CPA , BOARD MEMBER		×						0	0	0
FRANCES C ENGORON , BOARD MEMBER		×						0	0	0
ROB W ESTES JR , BOARD MEMBER		Х						0	0	0
MICHAEL H FITZGERALD , BOARD MEMBER		×						0	0	0
THOMAS R FRANTZ ESQUIR , BOARD MEMBER		×						0	0	0
ERIC G FRIBERG , Chair		X		Х				0	0	0
FERDINAND A HAUSLEIN , BOARD MEMBER		×						0	0	0
VERNON LIRVIN , BOARD MEMBER		Х						0		
JAMES P KAPLAN , BOARD MEMBER		Х						0		
KATHI P LENTZSCH , BOARD MEMBER		X						0		
DANIEL J LUDEMAN , BOARD MEMBER		X						0		
WILLIAM P LYONS , BOARD MEMBER JEFFREY L MCWATERS , BOARD		X						0	0	0
MEMBER DONALD N PATTEN ESQUIR, BOARD		Х						0	0	0
MEMBER A CLAYTON PERFALL , BOARD		×						0	0	0
MEMBER C LARRY POPE , BOARD MEMBER		Х						0	0	0
LAWRENCE B PULLEY , BO ARD MEMBER (Ex-Officio		X						0	0	_
BARRY J SHARP , BOARD MEMBER		×						0	0	0
THADDEUS R SHELLY III , BOARD MEMBER		X						0	0	0
MARK R SHENKMAN , BOARD MEMBER		Х						0	0	0
JOYCE L SHIELDS , BOARD MEMBER		Х						0	0	0
NICHOLAS J ST GEORGE , BOARD MEMBER		Х						0	0	0
DAVID G STRUNCE , BOARD MEMBER		Х						0	0	0
EDWARD T TOKAR, BOARD MEMBER		Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C ion (d hat a	chec		I				(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
JAMES E UKROP , BOARD MEMBER		X						0	0	0	
PATRICK J WALSH , BOARD MEMBER		Х						0	0	0	
H THOMAS WATKINS III , BOARD MEMBER		×						0	0	0	
WILLIAM E WESTBROOK JR , BOARD MEMBER		×						0	0	0	
Daniel W Aston , BOARD MEMBER		Х						0	0	0	
K Dane Brooksher , BOARD MEMBER		X						0	0	0	
Colin G Campbell , BOARD MEMBER		X						0	0	0	
Michelle B Horn , BOARD MEMBER		Х						0	0	0	
Donald Lowman , BOARD MEMBER		Х						0	0	0	
Raymond A Mason , BOARD MEMBER		Х						0	0	0	
Gary M Pfeiffer , BOARD MEMBER		Х						0	0	0	
Jeff Rogatz , BO A RD MEMBER		Х						0	0	0	
Paul C Saville , BOARD MEMBER		Х						0	0	0	
Craig R Smith , BOARD MEMBER		Х						0	0	0	
K Dane Snowden , BOARD MEMBER		Х						0	0	0	
Mike Stakias , BOARD MEMBER		Х						0	0	0	
J ROBERT MOONEY , TREASURER	20 00			Х				62,400	0	0	
Taylor Reveley , Board member (Ex- Officio				х				0	0	0	

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Employer identification number Name of the organization WILLIAM & MARY BUSINESS SCHOOL FOUNDATION 23-7079011 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 Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? 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 pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located

- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, 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.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Schedule D (Form 990) 2008

Part	IIII Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treasuı</u>	res, or Othe	<u>r Similar A</u>	ssets	(continued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e foll	owing that are	a sıgnıfıcant u	se of its colle	ction	
а	☐ Public exhibition d ☐ Loan or exchange programs								
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how	, the	/ further the oi	raanization's ex	cempt purpose	ın	
-	Part XIV	meetions and explain			, , , , , , , , , , , , , , , , , , , ,	.gamzacion o o			
5	During the year, did the organization solicit o						nılar	_	_
Daw	assets to be sold to raise funds rather than t							┌ Yes	
Раг	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					nization answ	ered Yes t	o Form	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other assets	not	┌ Yes	Г№
ь	If "Yes," explain why in Part XIV and comple	te the following table	•						
							А	mount	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?			<u> </u>	•	┌ Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV								
Par			ans	<u>w</u> ere	ed "Yes" to F	<u>orm</u> 990, Par	t IV, line 10		
		(a)Current Year	(b)) Prior	Year (c)Tw	o Years Back (d)	Three Years Back	(e) Fou	r Years Back
1a	Beginning of year balance	39,018,356							
b	Contributions	91,765							
c	Investment earnings or losses	-2,634,847							
d	Grants or scholarships								
е	Other expenditures for facilities and programs	2,417,249							
f	Administrative expenses								
q	End of year balance	34,058,025							
2	Provide the estimated percentage of the year								
- a	Board designated or quasi-endowment	1 000 %	•						
_									
Ь	remanent endowment P								
С 2-	Term endowment Are there endowment funds not in the posses	solon of the organizat	t	ha+ -	era bald and a	dministered for	th a		
3a	organization by	sion of the organizat	נוסוו נ	iiata	ire neid and ac	immstered for	trie	Ye	s No
	(i) unrelated organizations						3a	ı(i)	No
	(ii) related organizations						3a	(ii)	Νο
b	If "Yes" to 3a(11), are the related organization	•						3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments—Land, Buildings	, and Equipmen	ıt. Se		<u> </u>	<u> </u>	T		
	Description of investment				Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciat	ion (d)) Book value
1a l	and						¬		
b E	Buildings		•						
c l	easehold improvements		•						
d E	Equipment		•			117,847	87	,491	30,356
	Other		•				▶		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
nancial derivatives and other financial products		
osely-held equity interests		
her		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨		
art VIII Investments—Program Related. Se	e Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
/ıllıam and Mary ınvestment trust - school of busıness		·
ool	14,789,529	
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)	14,789,529	
Part IX Other Assets. See Form 990, Part X, I		
(a) Descri	ption	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. See Form 990, Part		
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
	+	
	+	
otal. (Column (b) should equal Form 990, Part X, col (B) line 25)		

1			
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,061,292
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,457,181
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,395,889
4	Net unrealized gains (losses) on investments	4	-2,885,838
5	Donated services and use of facilities	5	1,420
_	Investment expenses	6	
	Prior period adjustments	7	
_	Other (Describe in Part XIV)	8	-19,867
	Total adjustments (net) Add lines 4 - 8	9	-2,904,285
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-5,300,174
Part			<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	4,157,007
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-2,904,285
3	Subtract line 2e from line 1	3	7,061,292
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,061,292
Part >		per	
1	Total expenses and losses per audited financial statements	1	9,457,181
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,457,181
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,457,181

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
1 '	Endowment Funds	To support a public institution of higher education, The College of William and Mary Mason School of Business, in accordance with the intent of the donors
	1	PART XI, LINE 8 - CHANGE IN VALUE OF TRUST AGREEMENT

Schedule I (Form 990)

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

OMB No 1545-0047

2008

DLN: 93493130006380

2000

Department of the Treasury Internal Revenue Service

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

Inspection

VILLIAM & MARY BUSINESS SC	- 4001 - 60111101						
	CHOOLIOONDAT	10 N				23-7079011	
Part I General Inform	ation on Grant	s and Assistance				•	
Does the organization main the selection criteria used to Describe in Part IV the org	to award the grants	or assistance?					. 🔽 Yes 🗆
Form 990, Part IV Part IV and Scheo	', line 21 for any dule I-1 if additio	recipient that rece	nd Organizations inved more than \$5,00	00. Check this box i		ceived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF WILLIAM AND MARYPO BOX 8795 WILLIAMSBURG, VA 231878795	54-6001718		1,580,535				EXECUTIVE MBA PROGRAM STUDENTS tuition
COLLEGE OF WILLIAM AND MARYPO BOX 8795 WILLIAMSBURG, VA 231878795	54-6001718		56,100				BOARD OF VISITORS SUPPORT
COLLEGE OF WILLIAM AND MARYPO BOX 8795 WILLIAMSBURG, VA 231878795	54-6001718		24,003				PARKING DECALS AND RESERVED PARKING SPACES
COLLEGE OF WILLIAM AND MARYPO BOX 8795 WILLIAMSBURG, VA 231878795	54-6001718		2,528,789				ALAN B MILLER HALL CONSTRUCTION COSTS
COLLEGE OF WILLIAM AND MARYPO BOX 8795 WILLIAMSBURG, VA 231878795	54-6001718		11,367				EQUIPMENT
cOLLEGE OF WILLIAM AND MARYPO BOX 8795 wILLIAMSBURG, VA 231878795	54-6001718		12,763				STUDENT RESEARCH GRANTS
cOLLEGE OF WILLIAM AND MARYPO BOX 8795 wILLIAMSBURG, VA 231878795	54-6001718		17,572				STUDENT SCHOLARSHIPS
cOLLEGE OF WILLIAM AND MARYPO BOX 8795 wILLIAMSBURG, VA 231878795	54-6001718		18,500				FACULTY RESEARCH GRANTS
	on 501(c)(3) and g						

Enter total number of other organizations . . .

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The use and amounts of the grants and scholarships are determined by the fund donor The University administers the scholarships and makes the selctions according to the donor's criteria. The Foundation then reimburses the College. The College is audited by the Auditor of Public Accounts.

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization WILLIAM & MARY BUSINESS SCHOOL FOUNDATION **Employer identification number**

23-7079011

Pa	rt I Types of Property			<u> </u>				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	nıng	
1	Art—Works of art			<u> </u>				
	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							
	Intellectual property							
	Securities—Publicly traded .	X	16	3,412,238	FAIR VALUE			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	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 .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	CRAT- TOKAR							
25	Other (describe TRUST)	l x	1	139.029	Fair value			
	Other (describe)			,				
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete			ar for contributions for	29			
	Acknowledgement		•					
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of		•	not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme					24	,	
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or use contributions?				non-cash	32a		Νo
	If "Yes", describe in Part II If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	i) is			
	checked, describe in Part II							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation							
Method for Determining Number of Contributors	Part I, Column (b)	NUMBER OF CONTRIBUTORS STANDS FOR THE NUMBER OF INDIVIDUALS WHO GAVE THE NON-CASH CONTRIBUTION							
	_								

Employer identification number

23-7079011

OMB No 1545-0047

OMB No 1545-004

2008

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization
WILLIAM & MARY BUSINESS SCHOOL FOUNDATION

 Identifier
 Return Reference
 Explanation

 Form 990, Part VI, Section A, line 10
 The 990 is reviewed by the controller then it is reviewed and signed by the treasurer

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Employees and officers paid by the College of William and Mary are required to complete the Virginia Statement of Economic Interest each year

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section B, line 15		The officers and employees of the Organization are paid via The College of William and Mary/State of Virginia The Foundation adheres to the compensation practices of the State of Virginia and it reimburses the College/State for its payroll. The process was last undertaken for each person in 2009. The only officer or trustee compensated for their service to the Organization was the Treasurer.	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Copies are provided upon request and for inspection at the office of the organization

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2C		the board ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT, THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR

ldentifier	Return Reference	Explanation
Form 990, Part 1, Line 4	Independent voting board members	The only member who lacks independence is the treasurer, who abstains from voting on matters in which he would lack independence

ldentifier	Return Reference	Explanation
1	signature authority over a foreign account	the organization is beneficiary of a grantor trust that has invested in hedge funds for which FORM TD F 90-22 1 has been filed