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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	r, or tax year beginning 07-01-200	8 and ending 06-30-200)9	D Franksianid				
		plicable	Please	C Name of organization University of Virginia Alumni Associatio	on .		D Employer Ide	entification number			
☐ Add	lress cha	ange	use IRS label or	Doing Business As			54-0485595 E Telephone number				
∏ Nar	ne char	nge	print or type. See	Doing Business As			·				
Init	ıal retur	'n	Specific	Number and street (or P O box if mai	I is not delivered to street addre	ess) Room/suit	(434) 243-				
┌ Ter	mınatıoı	n	Instruc- tions.	PO BOX 400314			G Gross receip	ts \$ 36,320,231			
┌ Am	ended r	eturn		City or town, state or country, and ZIF	P + 4						
Г _{Арг}	lication	pending		Charlottesville, VA 22904							
			F Nan	ne and address of Principal Office	r	H/a) Ta b	his a group returr	. 6			
			СТНО	MAS FAULDERS III			nis a group returr iates?	⊤Yes ▽ No			
				1MET ST S OTTESVILLE,VA 22903							
Ta:	x-exem	pt status		(3) 4 (insert no)	<u> </u>	1 ' '	all affiliates includ	, ,			
1 W	ah cita		w alumnı vii		<u>'</u>	7	oup Exemption Nu	: See instructions) imber >			
, w	en site	=. F 77771	w alullilli vii	gilla edu		'(c)					
К Тур	e of org	anızatıon	Corporat	on trust association other 🕨		L Year of F	Formation 1838 M	State of legal domicile VA			
		_									
Ра	1			e organization's mission or most s	vianificant activities						
a)	1	•		hten, and utilize the bonds of inte	•	ion existing l	hetween the Univ	ersity of Virginia and			
ĕ				ong the alumni themselves	rest, sympathy and anect	ion existing i	between the only	ersity of Virginia and			
Governance											
ş	2	Check t	his box	ıf the organızatıon dıscontınued ıt	s operations or disposed o	of more than	25% of its asset	s			
	3	Number	of voting r	nembers of the governing body (P	art VI, line 1a)		. 3 _	36			
Activities &	1			dent voting members of the gover		b)	_	36			
Ħ	1			nployees (Part V, line 2a)			5 _	91			
Ę	1			lunteers (estimate if necessary)			6 _	1,400			
q.	1	_		ted business revenue from Part V	, , , , , , , , , , , , , , , , , , , ,		_	788,274			
	ь	Net unr	elated busi	ness taxable income from Form 9	90-1, line 34		7b	49,194			
		Camtuu	h	d anomato (Dont VIII dino din)	Pi	rior Year	Current Year				
ĕ	8			grants (Part VIII, line 1h)			32,011,597 5,525,513	29,345,335			
ren	10			revenue (Part VIII, line 2g) . ne (Part VIII, column (A), lines 3		•	978,647	909,496			
Rayen	11			art VIII, column (A), lines 5, 6d,			1,057,563	1,018,970			
	12		•	dd lines 8 through 11 (must equal		ne	2,007,000	1,010,0,0			
		12)					39,573,320	36,309,664			
	13			ır amounts paıd (Part IX, column (, ,,		30,597,441	14,599,459			
	14			r for members (Part IX, column (A				0			
82	15	Salarıe 10)	es, other co	empensation, employee benefits (F	Part IX, column (A), lines	5 –	3,770,045	4,160,434			
Š	16a	•	sional fund	raising fees (Part IX, column (A),	line 11e)			0			
Expenses	ь			penses, Part IX, column (D), line 25 400,							
Ш	17			Part IX, column (A), lines 11a-1	·		4,978,678	4,775,300			
	18	Total	expenses—	add lines 13–17 (must equal Pari	t IX, line 25, column (A))		39,346,164	23,535,193			
	19	Reven	ue less exp	enses Subtract line 18 from line	12		227,156	12,774,471			
<u> </u>						Begin	ning of Year	End of Year			
Net Assets or Fund Balances	20	Totala	assets (Par	t X, line 16)			236,790,829	170,318,517			
ASS B	21	Totall	ıabılıtıes (F	art X, line 26)			106,721,852	65,371,459			
2 E	22	Net as	sets or fun	d balances Subtract line 21 from		130,068,977	104,947,058				
	t II	Sign	ature Blo	ock			, ,	, ,			
		Under p	enalties of pe	nury, I declare that I have examined this	return, including accompanying	g schedules and	statements, and to	the best of my knowledge			
		and beli	ef, it is true, o	correct, and complete Declaration of prep	parer (other than officer) is base	ed on all inform I	ation of which prepai	er has any knowledge			
Plea Sign		Sign	ature of office	·r		201 Dat	.0-06-06				
Here							-				
			or print nam	T SECRETARY/TREASURER e and title							
		Droparar	'c h		Date	Check If	Preparer's PTIN	(See Gen Inst)			
Paid		Preparer signature		SHERMAN KPMG LLP 703-286-639		self- empolyed • [_				
Prepa	arer's	Firm's na	ame (or yours	S L KPMG LLP		Chipolycu F					
Use (ıf self-er	nployed), and ZIP + 4	<u> </u>			_ EIN ▶				
		auuress,	anu ZIP + 4	2100 Dominion Tower			Phone no 🕨 (7	757) 616-7000			
M 211	he ID	S dissire	e this ratio	Norfolk, VA 235103310 rn with the preparer shown above?	(See instructions)			✓ Yes No			
i i ay t	11/3	- uiocus	, o cino recu	ciic piepaiei siiowii above i	(See manachons)			, 100 j NO			

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

1	Briefly describe the organization's mission				
	The purpose of the Association is to provi engagement program that will enhance to				g and collaborative alumni
2	Did the organization undertake a the prior Form 990 or 990-EZ?		ervices during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new serv	vices on Schedule O			
3	Did the organization cease conduservices?		t changes in how it cond	ucts any program	┌ Yes ┌ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose ac Section 501(c)(3) and (4) organi others, the total expenses, and r	ızatıons and 4947(a)(1) t	trusts are required to re	port the amount of grants a	
4a	(Code) (Exper Grant Program-The Association disburs		including grants of \$ and allocates funds to U Va a	14,599,459) (Revenue \$ nd University-related organization) ns
4b	(Code) (Exper	nses \$ 2,371,864	ıncludıng grants of \$) (Revenue \$	1,137,016)
40	Homecomings & Reunions - The Assoc faculty, etc			, ,	• • •
4c	(Code) (Exper The Virginia Magazine - The Association students		including grants of \$) (Revenue \$	745,702) , and as an electronic copy to
4d	Other program services (Desci	ribe in Schedule O)			
	(Expenses \$ 2,770,	•	of\$) (Revenue \$	165,040)
4e	Total program service expense:	s \$ 21,309,07	1 Must equal Part IX, L		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		Νo
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 🗸	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, 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)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
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? <i>If "Yes," complete Schedule F, Part II</i>	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	Yes	
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	Yes	
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 VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	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			
	IV	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		Νο
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? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		Νo
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	Yes	
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		Νο
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	37		Νο

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	269			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	91			
b	If at least one is reported in 2a, did the organization file all required federal employn Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?				Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			שכ	162	
40	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	ry Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a	Yes	
ь	If "Yes," did the organization include with every solicitation an express statement th					
	were not tax deductible?			6b	Yes	
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 con more $^{\circ}$	trıbutı	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	7c		N
الد	file Form 8282?	7d		/6		IN O
u	The rest, indicate the number of Forms 6262 med during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		N o
	year?				<u> </u>	L 110
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	1	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

	Section	Α.	Governing	Body	and	Management
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				res	NO			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, desprocesses, or changes in Schedule O. See instructions.	scribe the circumstances,						
1a	Enter the number of voting members of the governing body 1a	36						
b	Enter the number of voting members that are independent 1b	36						
2	Did any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee?	·	2		Νο			
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?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders,	or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions year by the following	undertaken during the						
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			
b	If "Yes," does the organization have written policies and procedures governing the activity affiliates, and branches to ensure their operations are consistent with those of the organization.	. ,	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was must describe in Schedule O the process, if any, the organization uses to review the For	3	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, which organization's mailing address? If "Yes," provide the names and addresses in Scheduler and the content of		11		Νο			

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	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
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		Νο
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?	16b		

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AK, AZ, AR, CA, CO, DC, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, WA, WI
- 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. I another's website.
- 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

DONNA AREHART ALUMNI HALL CHARLOTTESVILLE, VA 229030446 (434) 243-9000

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				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Reportable compensation from the organization (W-		Reportable compensation from the organization (W-	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			Former Highest compensated employee Key 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
			-							
			+							
			-		\vdash		\vdash			
			+							
1b Total							►	878,898	3 C	130,827

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶6

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
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	Yes	
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		Νο

Section B. Independent Contractors

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
Gropen Inc 1144 East Market Street Charlottesville, VA 22902	GRAPHIC DESIGN	173,253
THE LANE PRESS INCORPORATED PO BOX 130 BURLINGTON, VT 054020130	PRINTING	873,427
ARAMARK SERVICE MASTER UNIVERSITY OF VIRGINIA CHARLOTTESVILLE, VA 22903	FACILITY MANAGEMENT	286,317
CULPEPER STAR EXPONENT PO BOX 111 CULPEPER, VA 22701	PRINTING	237,513
ARAMARK CAMPUS SERVICES UNIVERSITY OF VIRGINIA PO Box 4003 CHARLOTTESVILLE, VA 22903	CATERING	210,743
Total number of independent contractors (including those in 1) who rec from the organization		. 9

Statement of Revenue

					(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 car	npaigns 1a					
nts Lite	ь	Membership d	ues	1,173,666				
Contributions, gifts, grants and other similar amounts	с	Fundraising ev	1b vents 1c					
£ #	d	Related organ	ızatıons1d					
% E	e	Government grar	nts (contributions) 1e					
ution Yersi	f		tions, gifts, grants, and not included above	28,171,669				
きき	g	Noncash cont	1f ributions included in					
동물	9	lines 1a-1f \$						
•	h	Total (Add lin	es 1a-1f)		29,345,335			
				Business Code				
Ele	2a	UVA CONTRACTU	IAL SERVICES	900,099	2,307,033	2,307,033		
e ke	ь	GRANTS		900,099	58,000	58,000		
or GE	С	ADMIN SVC FEE		900,099	623,072	623,072		
rws	d	COMMISSIONS &	ROYALTIES	900,099	158,389	158,389		
3g	e	ADVERTISING		541,700	745,702	121,670	624,032	
Program Serwce Revenue	f	All other prog	ram service revenue		1,143,667	1,073,063	70,604	
Š	g	Total. Add line ► \$ 5,035,863	es 2a-2f					
	3		come (including divid	dends, ınterest				
		other sımılar a	amounts)	[920,063		93,638	826,425
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
					963,970			963,970
	5	Royalties .	() D = -1	(u) P = == == 1	963,970			963,970
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
		expenses Rental income						
	d	or (loss)	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	(II) O thei				
		from sales of assets other						
	ь	than inventory Less cost or	10,567					
	"	other basis and sales expenses	10,507					
	с	Gain or (loss)	-10,567					
	d	Net gain or (lo	oss)	. •	-10,567			-10,567
	8a		from fundraising					
ψ		\$						
Other Revenue		of contribution 1c) See Part	ns reported on line IV, line 18					
ě			le G ıf total exceeds					
r.			a					
the	b c		xpensesb ·(loss) from fundraisi	ng events	0			
0				>				
	9a	Gross income activities See	from gaming part IV, line 19					
		Complete Schelexceeds \$15,00						
		exceeds \$15,00	a	55,000				
	ь	Less directe	xpensesb	35,000				
	с	Net income or	(loss) from gaming a	activities 	55,000			55,000
	10a		f inventory, less lowances . a					
	ь	Less cost of						
	c		(loss) from sales of	inventory►	0			
		Miscellaneou		Business Code				
	11a							
	ь							
	С							
	d	All other reve	nue					
	e	Total. Add line		\$				
				0	26 200 661	4 244 227	700 074	4 004 000
	12	Total Revenue	e. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	36,309,664	4,341,227	788,274	1,834,828
		9c, 10c, and 1	l1e	►				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do ı	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	14,599,459	14,599,459					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	527,214	210,070	206,724	110,420			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	2,692,309	2,277,896		75,675			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	261,045	205,256	40,435	15,354			
9	Other employee benefits	467,292	348,161	89,267	29,864			
10	Payroll taxes	212,574	169,207	27,585	15,782			
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	103,922	34,910	69,012	0			
c	Accounting	95,911	8,330	87,581	0			
d	Lobbying	0						
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	520,660		520,660	0			
g	Other	31,885	31,885	0	0			
12	Advertising and promotion	95,790	90,522	5,268	0			
13	Office expenses	1,357,812	1,271,681	15,765	70,366			
14	Information technology	62,876	57,417	4,360	1,099			
15	Royalties	0						
16	Occupancy	342,283	151,672	151,478	39,133			
17	Travel	51,978	42,226	2,001	7,751			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0						
19	Conferences, conventions and meetings	0						
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	320,808	196,367	93,868	30,573			
23	Insurance	58,464	42,152	11,732	4,580			
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	UVA CONTRACTUAL SVCS AGREEMENT	133,141	101	133,040	0			
b	SPECIAL EVENTS (REUNIONS, ETC)	1,538,303	1,525,473	12,530	300			
c	PRINTING AND PUBLICATIONS	46,286	46,286	0	0			
d	UNRELATED BUSINESS INCOME TAX	15,181	0	15,181	0			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	23,535,193	21,309,071	1,825,225	400,897			
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							

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A)		(B)
	1	Cash—non-interest-bearing				Beginning of year	1	End of year
	2	Savings and temporary cash investments	•		• •	20,195,784		21,142,995
	3	Pledges and grants receivable, net				4.879.353		4.900.684
	4	Accounts receivable, net	•		•	1,010,000	4	1,000,001
	5	Receivables from current and former officers, directors, trustees	· ·	· · ·	· ·		-	
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			5			
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
2	9	Prepaid expenses and deferred charges				50,017	9	143,284
Assets	10a	Land, buildings, and equipment cost basis						
₹		zana, zanango, ana oquipmont coot zaoto	10a		8,269,893			
	b	Less accumulated depreciation Complete Part VI of	10ь		4,130,753	4,467,277	10-	4,139,140
	44	Schedule D	TOB		4, 130,733	69,073,702		41,961,294
	11 12		• •			137,790,910		97,680,644
	12	Investments—other securities See Part IV, line 11 $\it Complete Passing Schedule D$		137,790,910	12	97,000,044		
	13	Investments—program-related See Part IV, line 11 $\it Complete P of Schedule D$.			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		333,786	15	350,476		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				236,790,829		170,318,517
-	17	Accounts payable and accrued expenses .				543,692	17	613,920
	18	Grants payable		,	18	,		
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities					20	
<u>ن</u> ش	21	Escrow account liability Complete Part IV of Schedule D		_			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key		-				
æ		employees, highest compensated employees, and disqualified					1	
		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	106,178,160	25	64,757,539			
	26	Total liabilities. Add lines 17 through 25				106,721,852	26	65,371,459
ě		Organizations that follow SFAS 117, check here ▶ and comp through 29, and lines 33 and 34.	lete li	nes 27				
꾩	27	Unrestricted net assets				50,584,062	27	38,572,915
Balance	28	Temporarily restricted net assets				56,509,572	28	43,133,797
<u> </u>	29	Permanently restricted net assets				22,975,343	29	23,240,346
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d com	plete				
9	30	lines 30 through 34. Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
<u>ک</u>	32	Retained earnings, endowment, accumulated income, or other fu			32			
7 **	33	Total net assets or fund balances	iius			130,068,977	33	104,947,058
Net	33 34	Total liabilities and net assets/fund balances				236,790,829		170,318,517
	J-4	Total naviities and net assets/juliu balances				250,750,629	54	170,510,517
Pa	rt XI	Financial Statements and Reporting						

Dawl VI	Financial	Statements		Danastina
yarır XI	- Financiai	Statements	ana	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		Νο
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		

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization University of Virginia Alumni Association

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.

2008

Open to Public Inspection

		54-0485595										
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The d	organiz	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	170(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on describ	bed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a h	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	<u></u>	Anorganiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	rnmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	eral publ	с
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gr	oss
		receipts fro	m activities rel	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	() from bu	sinesses	3
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Γ	one or more	e publicly support describes the	and operated exclusively foorted organizations describe type of supporting organizations Type II c	d in section	on 509(a) omplete li	(1) or sec nes 11e t	tıon 509(a hrough 11	a)(2) See	Section 5		.Check
e	Γ	•	foundation man	rtify that the organization is agers and other than one or						-	-	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organ	zation <u>,</u>
		check this						6.1				Г
g		following pe		as the organization accepted	a any girt (or contrib	ution from	any or the	!			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	Νο
		(ii) a family	/ member of a p	erson described in (i) above	7					11g(No
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(Νο
h		Provide the	following inform	mation about the organizatio	ns the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	1	mount of
Supported (described on lines 1-9 organization in the organization organization in						sup	port?					
Organization above or IRC section col (i) listed in in col (i) of your col (i) organized (See Instructions)) your governing support? in the US?												
		document?										
					Yes	No	Yes	No	Yes	No		
												_

Total

Part II 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	ked the box o	11 IIIIe 5, 7, or	8 OF Part 1.)				
	ublic Support							
	endar 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 include any "unusual grants")	31,762,130	40,468,469	45,472,277	32,847,693		29,400,335	179,950,904
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	31,762,130	40,468,469	45,472,277	32,847,693		29,400,335	179,950,904
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							
6	(f) Public Support subtract line 5 from line 4							179,950,904
	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(0)	2008	(f) Total
7	A mounts from line 4	31,762,130	736,316	45,472,277	32,847,693		29,400,335	179,950,904
8	Gross income from interest, dividends,	,,	,	,,	,,			
Ü	payments received on securities loans, rents, royalties and income from similar sources	632,424	736,316	1,742,047	1,008,923		920,063	5,039,773
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)	965,378	5,075,860	1,662,492	3,857,832		5,035,863	16,597,425
11	Total Support (Add lines 7 through 10)							201,588,102
12	Gross receipts from related activities, etc	(See instruction	s)			12		9,630,879
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		89.267 %
15	Public Support Percentage for 2007 Sched		-	(.,,		15		92.417 %
16a	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as		•		1/3% or more,	<u> </u>	this box	▶ ▽
	33 1/3% Test - 2007. If the organization di box and stop here. The organization qualifi	es as a publicly :	supported organ	ızatıon	,		•	▶ □
17a	10% Facts and Circumstances Test - 2008.	•			•			
	more, and if the organization meets the "fac organization meets the "facts and circumst							w the ►
b	10% Facts and Circumstances Test - 2007.							
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	ımstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	•w ▶
	instructions		,	, ,	,		-	▶ □

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						
С	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						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (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

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

Employer identification number Name of the organization University of Virginia Alumni Association 54-0485595

Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi	sors in writing that the assets held in don	oradvised
	funds are the organization's property, subject to the		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other	☐ Yes ☐ No
Pa	t II Conservation Easements. Complete		o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure)	historically importantly land area
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ıfıed conservatıon contrıbutıon ın the form	of a conservation easement
	on the last as, or the tax year.		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a	• •	2d
3	Number of conservation easements modified, transfe		<u> </u>
•	the taxable year	rrea, released, extinguished, or terminate	a by the organization daring
4			
5	Number of states where property subject to conserva		strong and
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspe		
7	A mount of expenses incurred in monitoring, inspecti	3,	'
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	Tyes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes
Par	Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		- \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		▶ \$

Part	411 Organizations Maintaining Co	ollections of Art, I	Hist	tori	<u>cal Treasu</u>	ires, or Othe	<u>r Simila</u>	r Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any c	of the	e fol	lowing that ar	e a sıgnıfıcant u	se of its co	ollection	ו	
а	Public exhibition		d	Γ	Loan or exc	hange programs				
ь	Scholarly research		e	Г	Other					
c	Preservation for future generations			·						
	•	allastians and avalain	have	+6	. further the					
4	Provide a description of the organization's co Part XIV	ollections and explain	now	tne	y further the c	organization's ex	cempt purp	iose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than			,			nılar	Γ	Yes	┌ No
Par	Trust, Escrow and Custodial . Part IV, line 9, or reported an ar					ınızatıon answ	ered "Ye	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other intermedi	ary '	for c	ontributions (or other assets	not	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table					r			
								A mou	ınt	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/								
Pai	rt V Endowment Funds. Complete									
		(a)Current Year	(b)	Prior	Year (c)Tv	vo Years Back (d)	Three Years	Back (e)Four Y	ears Back
1a	Beginning of year balance	130,068,977								
b	Contributions	27,281,650								
C	Investment earnings or losses	-35,572,968								
d	Grants or scholarships	15,420,708								
e	Other expenditures for facilities and programs	1,409,893								
f	Administrative expenses									
g	End of year balance	104,947,058								
2	Provide the estimated percentage of the yea	r end balance held as								
а	Board designated or quasi-endowment 🕨	37 %								
ь	Permanent endowment 🕨 22 %									
С	Term endowment ► 41 %									
3a	Are there endowment funds not in the posse	ssion of the organizati	on t	hat a	are held and a	ıdmınıstered for	the			
	organization by	·							Yes	No
	(i) unrelated organizations							3a(i)		Νο
	(ii) related organizations							3a(ii)		No
	If "Yes" to 3a(II), are the related organization							3b		<u> </u>
4	Describe in Part XIV the intended uses of th					- 137 1 40				
Par	t VI Investments—Land, Building	s, and Equipment	t. Se		•		Ī	Т		
	Description of investment				Cost or other (s (investment)	(b)Cost or other basis (other)	(c) Depre	ciation	(d) Bo	ook value
1a	Land									
b I	Buildings					5,990,087	3,2	208,847		2,781,240
c I	Leasehold improvements									
d I	Equipment					993,673	į	558,017		435,656
e	Other					1,286,133	3	363,889		922,244
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, column	(B),	line	10(c).)					4,139,140
	·						Sched	lule D (F	Form 9	90) 2008

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		occion and or year market value
Closely-held equity interests		_
Other PRIVATE EQUITY	25,239,435	F
Other LONG/SHORT EQUITY	33,150,331	F
Other REAL ESTATE	4,983,889	F
Other CREDIT	9,451,736	F
Other ABSOLUTE RETURN	10,885,406	F
Other RESOURCES	7,305,813	F
Other CASH AND ACCRUALS	6,664,034	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	97,680,644	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13	·
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	. ▶	
Part IX Other Assets. See Form 990, Part X		
	scription	(b) Book value
NOTES RECEIVABLE & ACC INT		350,476
Total. (Column (b) should equal Form 990, Part X, col.(B) II		
Part X Other Liabilities. See Form 990, Pa (a) Description of Liability	(b) A mount	
Federal Income Taxes	(b) Amount	
RELATED ORGANIZATIONS	58,188,617	
OTHER LIABILITIES	305,335	
ANNUITY & LIFE OBLIGATIONS	3,684,603	
PAYABLE TO PRIME BROKER	26,668	
SECURITIES SHORT POSITIONS	2,413,356	
PAYABLE UNDER REPURCHASE AGREEMENT	138,960	
DEE GROEK REI GROHAGE AGREEFIENT	130,300	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	64 757 539	

1 -	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,309,664
2 -	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,535,193
3 [Excess or (deficit) for the year Subtract line 2 from line 1	3	12,774,471
4 [Net unrealized gains (losses) on investments	4	
5 [Donated services and use of facilities	5	
6]	Investment expenses	6	
7 ,	Prior period adjustments	7	
_	Other (Describe in Part XIV)	8	
9 -	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,774,471
Part 2		er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-38,000,129
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	-75,280,071
3	Subtract line 2e from line 1	3	37,279,942
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 -535,841		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-970,278
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	36,309,664
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per 1	
1 2	Total expenses and losses per audited financial statements	-	33,717,320
	Donated services and use of facilities		
	Prior year adjustments	1	
	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	10,283,531
3	Subtract line 2e from line 1	3	23,433,789
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 535,841		
	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	101,404
5			

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D FIN 48 FOOTNOTE	On July 1, 2007, the Association adopted the provisions of FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48) Fin 48 requires that a tax position be recognized based on a 'more-likely-than-not' threshold. This applies to positions taken or expected to be taken on a tax return. The implementation of FIN 48 did not have an impact on the Association's consolidated statements of financial position and activities. The Association does not believe its consolidated financial statements include any uncertain tax positions.
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V	The Associations endowments consist of approximately 2,700 individual funds established for a variety of purposes in furtherance of the Associations mission including both donor-restricted endowment funds, term endowments, and funds designated by the Board to function as endowments. The endowments support specific programs, scholarships, student activities, and University-related organizations.
Schedule D, Part XII, Line 2d		Change in value of trusts & annuities - (1,409,893) Revenues reported by JSF - (34,555,966) Change in value of swap reported by JSF - (1,666,331) Totals (37,632,190)
Schedule D, Part XIII, Line 4b		JSF Investment Expenses - (434,437)

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DLN: 93493130003240

2008

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

						Inspection
ame of the organization	a a a lation				Employer ider	ntification number
niversity of Virginia Alumni As	sociation				54-0485595	
Part I Fundraising Act	tivities. Complete	e if the oi	rganizat	on answered "Yes"	to Form 990. Part IV	'. line 17.
Indicate whether the organ	·				·	,
a Mail solicitations	nzation raised lunus	through ar	ny or the	_ `	on-government grants	
b Email solicitations				'	jovernment grants	
c Phone solicitations				g Special fundrais		
d In-person solicitations				g , opecial landia.	og cros	
2a Did the organization have a or key employees listed inb If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII st paid individuals or) or entity entities (f	in connec	tion with professional f	undraising activities? ents under which the fur	
		(iii)				
(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo contr	dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by) organization
	(ii) Activity	custo	dy or ol of	1	(or retained by)	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	custo contr contribu	dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	custo contr contribu	dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of utions?	1	(or retained by) fundraiser listed in	(or retained by)

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To (Add col	tal Eve (a) th	
₫	1		(event type)	(event type)	(total number)			
Revenue	2	Gross receipts						
Æ	_	contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
see	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
Ω	7	Other direct expenses						
Direct	8	Direct expense summary Add line	es 4 through 7 in columi	n (d)				
۵	9	Net income summary Combine lir	-					
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	ganızatıon answered ne 6a.	"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
ď	1	Gross revenue			55,000		5	5,000
——	2	Cash prizes			35,000			
Expenses	3	Non-cash prizes						
쭚								
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	┌ Yes		Yes100 %_ No			
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)			5	5,000
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	<u> </u>			
9	Ent	er the state(s) in which the organiza	ition operates gaming ac	tivities <u>VA</u>			Yes	No
a		the organization licensed to operate	gaming activities in eac	h of these states?		· 9a	Yes	<u> </u>
b	11	No," Explain						
		<u> </u>						
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated durin	g the tax year?	10a		No
11		es the organization operate gaming a	activities with nonmemb	ers?			Yes	
12	Is t	the organization a grantor, beneficial	ry or trustee of a trust o	r a member of a partners!	hip or other entity		1	
	forn	ned to administer charitable gaming	?			. 12		No.

								Yes	No
13	Indicate the	percentage of gar	ning activity operated in						
а	The organiza	ation's facility .			13a				
b	An outside f	acility			13b	100 %			
14	Provide the records	name and address	of the person who prepares the	organization's gaming/sp	ecıal event	s books and			
	Name 🟲	Donna Arehart							
	Address 🟲	PO Box 400314 Charlottesville,					-		
15a			ontract with a third party from w				15a		N o
b	If "Yes," ent	er the amount of g	aming revenue received by the	organization 🟲 \$		and the			
	amount of ga	amıng revenue reta	ined by the third party 🟲 \$						
c	If "Yes," ent	er name and addre	ss						
	Name 🟲								
	Address 🟲								
16	Gaming man	lager information							
	Name 🟲	Donna Arehart							
	Gaming man	lager compensatio	n ▶ \$	0					
	Description	of services provid	ed 🟲 Recordkeeping						
	Director/	/officer	Employee	Independen	t contracto	or			
17	Mandatory d	listributions							
а	-	·	der state law to make charitable	<u> </u>			17a	Yes	
b			ns required under state law dist	•	rganızatıon	s or spent		,	

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

OMB No 1545-0047

DLN: 93493130003240

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Name of the organization University of Virginia Alumni Association 54-0485595 General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is 1(a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (h) Purpose of grant **(b)** EIN (g) Description of ıfapplıcable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University of VirginiaPO Box 54-6001796 501(c)(3) 14,599,459 Provide assistance to 400229 the Unviersity of Charlottes ville, VA Virginia t 229044229 Enter total number of section 501(c)(3) and government

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
U Va Fund		The U Va Fund serves the University community with financial management and banking services, processing of donations and providing emergency loans and assistance to students

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As Filed Data -

DLN: 93493130003240

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name o	the organization	
University	of Virginia Alumni Association	í

Employer identification number

54-0485595

Рa	Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		, , ,	1b		
2	Did the organization require substantiation prior to in officers, directors, trustees, and the CEO/Executive		,	2		
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the		·			
	✓ Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o	,	•	7	Yes	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			•		N.o.

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DONNA R AREHART	(I) (II)	142,540 0	4,169 0	11,000 0	14,671 0	0	172,380 0	0 0
C THOMAS FAULDERS	(I) (II)	237,500 0	30,150 0	22,304 0	26,764 0	12,401 0	329,119 0	0 0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
INCENTIVE COMPENSATION	Schedule J, Part I, Line 7	The University of Virginia Alumni Association annually distributes incentives based on three criteria for the organization as a whole. The criteria is as follows, the employees own performance level for the year, the percentage of goals met by the employees department, and the percentage of goals met by the Alumni Association as a whole. Each criteria is weighted based on the employees level in the organization. The level of Vice Presidents receives an equal weighting in each of the criteria areas. The incentive plan is not a contractual obligation for any employee within the Alumni Association.

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Internal Revenue Service Name of the organization University of Virginia Alumni Association

Employer identification number

54-0485595

- 6	Types of Property	,		_				
		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d Method of d	- etermı	nıng	
		ıf applıcable		Form 990, Part VIII, line 1g	reven	ues		
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	258	1,104,996	FMV			
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 (describe <u>Horses</u>)	Х	18	2,172,300	appraisal			
26	Other (describe Other)	X	43	124,221	FMV			
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	· .	ar for contributions for	29			6
							Yes	No
30a	During the year, did the organization hold for at							
	least three years from the date			not required to be used for (exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part I	I					
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?							
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь 33	If "Yes", describe in Part II If the organization did not report	revenues ı	n Column (c) for a type of p	property for which Column (a	a) Is			
	checked, describe in Part II							

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 Schedule M, Line 32a The Alumni Association uses independent agents and brokers to 32a sell and process gifts of securities

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury

Supplemental Information to Form 990 ▶ Attach to Form 990. To be completed by organizations to provide additional information for

Internal Revenue Service Name of the organization

Employer identification number University of Virginia Alumni Association

responses to specific questions for the Form 990 or to provide any additional information.

54-0485595

ldentifier	Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Line 12	Annually, each member of the Board of Managers files with the Executive Director a "Conflict of Interest Disclosure Statement" In addition, this statement is filed by future members of the Board of Managers at the time of their election. A conflict or potential conflict of interest is considered to exist if the member or a member's dependent has any relationship, interest, or situation which might indicate a duality of loyalty or interest. If a conflict exists, the member is asked to identify the specific conflict. Any member of the board having a conflict of interest in connection with any matter before the Board shall so indicate at the time and shall not take part in any vote with respect to such matter. The Minutes of the meeting shall reflect any such disclosure and abstention from voting. If confidential information will be presented to, or discussed by, the member of the Board with the conflict will be expected to excuse himself/herself during that portion of the meeting.

ldentifier	Return Reference	Explanation
990 Review Process	Form 990, Part VI, Line 10	A copy of the Form 990 is provided to the Alumni Association's Board of Managers for review. In addition, the 990 has been reviewed by management and the Association's independent accounting firm KPMG. The return is further reviewed and discussed during the Audit Committee session of the Spring Board of Managers meeting. The 990 is filed subsequent to the completion of all levels of review.

ldentifier	Return Reference	Explanation						
Consolidated Financial Statements	Form 990, Part IV, Line 12	In accordance with GAAP, the Alumni Association of the University of Virginia is required to present and receive audited consolidated financial statements that represent the consolidated operating activities and financial position of the Association and the Jefferson Scholars Foundation, an affiliate of the Association						

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Line 19		The Association does not make its governing documents, conflict of interest policy or financial statements available to the public The Association does make its Form 990 and 990-T available to the public				

ldentifier	Return Reference	Explanation
Executive Compensation Process	Form 990, Part VI, Line 15	The Board of the Alumni Association includes an independent Compensation Committee that is charged with the review of the officers compensation and benefit package. Management and key official compensation is reviewed by the Association's President. Compensation reviews include the comparison of comparable data from similar organizations, and a compensation consultant is used during the process.

ldentifier	Return Reference	Explanation
Form 990, Part III, Other Program Services		Alumni Relations - the Association provides a broad depth of alumni programming including career services, specialized services for alumni interest groups, and alumni relations that are targeted to build a strong bond between the University of Virginia and its alumni

DLN: 93493130003240

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization **Employer identification number** University of Virginia Alumni Association 54-0485595 Part I Identification of Disregarded Entities (B) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity JEFFERSON SCHOLARS FOUNDATION

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions	with Related	Organizations
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Par	t V Transactions with Related Organizations						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 Du	ring the tax year, did the orgranization engage in any of the following transactio	ons with one or more related organizations listed in Parts II-	-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled en	ntity		1a	Yes		
b	Gift, grant, or capital contribution to other organization(s)						
c	Gift, grant, or capital contribution from other organization(s)			1c		No	
d	Loans or loan guarantees to or for other organization(s)		:	1d		No	
e	Loans or loan guarantees by other organization(s)			1e		No	
e	Sale of assets to other organization(s)		<u>.</u>	1f		No	
	Purchase of assets from other organization(s)		<u> </u>	1g		No	
	Exchange of assets			1h		No	
				1i		No	
•	ease of facilities, equipment, or other assets to other organization(s).		-				
j	_ease of facılıtıes, equipment, or other assets from other organization(s)			1j		No	
k	Performance of services or membership or fundraising solicitations for other or	rganızatıon(s)		1k		No	
1	Performance of services or membership or fundraising solicitations by other org	ganızatıon(s)		11		No	
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No	
n	Sharing of paid employees			1n		No	
0	Reimbursement paid to other organization for expenses		 	1o		No	
	Reimbursement paid by other organization for expenses			1p		No	
			-				
q	O ther transfer of cash or property to other organization(s)			1q		No	
	Other transfer of cash or property from other organization(s)			1r		No	
2	If the answer to any of the above is "Yes," see the instructions for information (hips and transaction thresholds				
	(A) Name of other organization(s)	(B) Transaction	(C) Amount Involved				
(1)	······	type(a-r)					
(-)							
(2)							
(3)							
(3)							
(4)							
/E\							

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a UVA CONTRACTUAL SERVICES	900,099	2,307,033	2,307,033		
b GRANTS	900,099	58,000	58,000		
c ADMIN SVC FEE	900,099	623,072	623,072		
d COMMISSIONS & ROYALTIES	900,099	158,389	158,389		
e ADVERTISING	541,700	745,702	121,670	624,032	

Software ID: Software Version:

EIN: 54-0485595

Name: University of Virginia Alumni Association

Form 990, Part VII - Section Aaa											
		(C) Position (check all that apply)								(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	
ALEXANDRA ARRIAGA , BOARD OF MANAGERS	1 0	Х						0	0	0	
WILLIAM F BLUE JR , BOARD OF MANAGERS	1 0	×						0	0	0	
TERESA A BRYCE , BOARD OF MANAGERS	1 0	×						0	0	0	
DONNA L BYRD , BOARD OF MANAGERS	1 0	×						0	0	0	
ANN H TAYLOR , BOARD OF MANAGERS	1 0	×						0	0	0	
MARGARET H CHANG , BOARD OF MANAGERS	1 0	×						0	0	0	
ATIIM K BARBER , BOARD OF MANAGERS	1 0	×						0	0	0	
WHITE L MATTHEWS III , BOARD OF MANAGERS	1 0	×						0	0	0	
STEPHEN S CRAWFORD , BOARD OF MANAGERS	1 0	х						0	0	0	
ELIZABETH P FOSTER , BOARD OF MANAGERS	1 0	х						0	0	0	
JOHN L CASTEEN III , EX-OFFICIO BOARD OF MANAGERS	1 0	х						0	0	0	
Lisa O Gardner , CHAIR	1 0	Х						0	0	0	
A LEXANDER B HUME , BOARD OF MANAGERS	1 0	х						0	0	0	
PETER M GRANT II , BOARD OF MANAGERS	1 0	Х						0	0	0	
CHRISTINE P GUSTAFSON , BOARD OF MANAGERS	1 0	×						0	0	0	
VICTORIA D HARKER , BOARD OF MANAGERS	1 0	×						0	0	0	
GLYNN D KEY , EX-OFFICIO BOARD OF MANAGERS	1 0	×						0	0	0	
TIMOTHY G OSHEA , BOARD OF MANAGERS	1 0	×						0	0	0	
NOREEN L POULSON, BOARD OF MANAGERS	1 0	х						0	0	0	
RICHARD C KELLOGG JR , BOARD OF MANAGERS	1 0	х						0	0	0	
BRYANT L STITH , BOARD OF MANAGERS	1 0	х						0	0	0	
MICHELE T TARBET , BOARD OF MANAGERS	1 0	х						0	0	0	
SANDRA W LEWIS , BOARD OF MANAGERS	1 0	Х						0	0	0	
Julie G Lynn , BOARD OF MANAGERS	10	Х						0	0	0	
BYRON F MARCHANT , BOARD OF MANAGERS	1 0	Х						0	0	0	
DEANNE E MAYNARD , BOARD OF MANAGERS	1 0	Х						0	0	0	
G Moffett Cochran , BOARD OF MANAGERS	1 0	Х						0	0	0	
Helen E Dragas , BOARD OF MANAGERS	1 0	Х						0	0	0	
STEPHEN A RIDDICK, VICE CHAIR	1 0	Х						0	0	0	
ALAN Y ROBERTS , BOARD OF MANAGERS	1 0	Х						0	0	0	

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)								(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	
REGINALD E RUTLEDGE JR , BOARD OF MANAGERS	1 0	Х						0	0	0	
TODD R SCHNUCK , BOARD OF MANAGERS	1 0	Х						0	0	0	
D FRENCH SLAUGHTER III , BOARD OF MANAGERS	1 0	Х						0	0	0	
E ARMISTEAD TALMAN MD , BOARD OF MANAGERS	1 0	Х						0	0	0	
MARY M WATSON, BOARD OF MANAGERS	1 0	Х						0	0	0	
PHOEBE L YANG , BOARD OF MANAGERS	1 0	Х						0	0	0	
Valerie S Kirkman , BOARD OF MANAGERS	1 0	Х						0	0	0	
David B MacFarlane , BOARD OF MANAGERS	1 0	Х						0	0	0	
Daniel H Mudd , BOARD OF MANAGERS	1 0	Χ						0	0	0	
Allen B Rider III , BOARD OF MANAGERS	1 0	Х						0	0	0	
DONNA RAREHART , SECRETARY/TREASURER	40 0			х				157,709	0	26,991	
C THOMAS FAULDERS , PRESIDENT	40 0			Х				289,954	0	39,165	
Wayne D Cozart , Vice President of Development	40 0					Х		116,126	0	11,763	
Mary C Bass , Director of Endowments	40 0					Х		107,794	0	14,799	
Robert Viccellio , Vice President of Communicatio	40 0					Х		106,985	0	23,776	
Ted Jeffries , Director of Development	40 0					Х		100,330	0	14,333	