EXTENDED TO 11/15/2010 SEE CP211A ATTACHED

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.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning and ending**

| | | |
|---|---|---|
| B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending | Please use IRS label or print or type. See Specific Instructions. C Name of organization: TRUST U/A PHILIP F DUPONT FBO UNIVERSITY OF VIRGINIA 001028-002 | D Employer identification number: 51-6014960 |
| | Doing Business As | |
| | Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: WILM TRUST CO, 1100 NORTH MARKET ST | E Telephone number: (302)651-1126 |
| | City or town, state or country, and ZIP + 4: WILMINGTON, DE 19890-0900 | G Gross receipts $ 9,979,988. |
| | F Name and address of principal officer: WILM TRUST 1100 MARKET ST, WILMINGTON , DE 19890-0900 | H(a) Is this a group return for affiliates? ☐ Yes ☒ No |
| | | H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) |

I Tax-exempt status: ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

H(c) Group exemption number ▶

K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶ L Year of formation: 1972 M State of legal domicile: DE

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: FURTHERING THE GOALS AND OBJECTIVES OF THE UNIVERSITY OF VIRGINIA

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 1 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 1 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | <7,106.> |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | | |
| 9 | Program service revenue (Part VIII, line 2g) | | |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <13,205,845.> | 3,664,511. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 120. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <13,205,845.> | 3,664,631. |
| **Expenses** | | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5,066,808. | 4,873,085. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 649,828. | 512,804. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,361,723. | 1,000,581. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 7,078,359. | 6,386,470. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | <20,284,204.> | <2,721,839.> |
| **Net Assets or Fund Balances** | | **Beginning of Current Year** | **End of Year** |
| 20 | Total assets (Part X, line 16) | 72,478,921. | 70,136,151. |
| 21 | Total liabilities (Part X, line 26) | | |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 72,478,921. | 70,136,151. |

RECEIVED NOV 15 2010 OGDEN, UT

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Peter M. Hyde, officer wilm trust (trustee) 9 November 2010
Signature of officer — Date

▶ WILM TRUST, TRUSTEE
Type or print name and title

| | | | | |
|---|---|---|---|---|
| **Paid Preparer's Use Only** | Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | | EIN ▶ | |
| | | | Phone no. ▶ | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SCANNED DEC 02 2010

**Part III | Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

TO FULFILL THE STATED DESIRE OF THE LATE PHILIP F DUPONT EXPRESSED ON 1/21/1927 - TO PAY OVER INCOME TO UNIVERSITY OF VIRGINIA FOR SCHOLARSHIPS FOR POOR AND WORTHY STUDENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 4,873,085. including grants of $ 4,873,085. ) (Revenue $ )

UNIVERSITY OF VIRGINIA P O BOX 9012 CHARLOTTESVILLE, VA 22906

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e **Total program service expenses** ▶ $ 4,873,085.

## 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 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 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | | X |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | | | |
| | • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | | | |
| | • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.* | 12 | | X |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A Yes: ; No: X | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | | X |
| 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 | | X |
| 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 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | X |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25* | 24a | | X |
| 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* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35 | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | X | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | 1a | 0 | | | |
| 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 to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | 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: | | | | | |
| a | 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: | | | | | |
| a | 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 lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body ... 1a: 1 | | | |
| b | Enter the number of voting members that are independent ... 1b: 1 | | | |
| 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? | 2 | | X |
| 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? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | X |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| 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 | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| 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

17 List the states with which a copy of this Form 990 is required to be filed ▶DE

18 Section 6104 requires an organization to make its Forms 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 [X] Another's website [X] 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

WILMINGTON TRUST COMPANY - (302)651-1126
1100 NORTH MARKET STREET, WILMINGTON, DE 19890-0001

## 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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| WILMINGTON TRUST COMPANY<br>TRUSTEE | 2.50 | | X | | | | | 0. | 0. | 0. |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Total** ▶ | | | | | | | | 0. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable 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 J for such individual* | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | X |

**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. NONE

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2 a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f ▶ | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 2424166. | | | 2,424,166. |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | 120. | | | 120. |
| | | (i) Real / (ii) Personal | | | | |
| | 6 a Gross Rents | | | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) ▶ | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities: 7,555,702. / (ii) Other: | | | | |
| | b Less: cost or other basis and sales expenses | (i) Securities: 6,315,357. / (ii) Other: | | | | |
| | c Gain or (loss) | (i) Securities: 1,240,345. / (ii) Other: | | | | |
| | d Net gain or (loss) ▶ | | 1240345. | | | 1,240,345. |
| | 8 a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | a | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11 a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d ▶ | | | | | |
| | 12 Total revenue. See instructions. ▶ | | 3664631. | 0. | 0. | 3,664,631. |

## 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 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 | 4,873,085. | 4,873,085. | | |
| 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 | 512,804. | | 512,804. | |
| 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 | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 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.) | | | | |
| a INVESTMENT INTEREST K-1 | 276,006. | | 276,006. | |
| b INTEREST EXPENSE | 130,349. | | 130,349. | |
| c OTHER DEDUCTIONS - K-1 | 72,153. | | 72,153. | |
| d FOREIGN TAXES PAID - K- | 39,947. | | 39,947. | |
| e MANAGEMENT FEE | 11,500. | | 11,500. | |
| f All other expenses | 470,626. | | 470,626. | |
| 25 **Total functional expenses.** Add lines 1 through 24f | 6,386,470. | 4,873,085. | 1,513,385. | 0. |
| 26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 512,174. | 2 | 4,014,343. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a | | | |
| | b | Less: accumulated depreciation — 10b | | 10c | |
| | 11 | Investments - publicly traded securities | 71,966,747. | 11 | 66,121,808. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 72,478,921. | 16 | 70,136,151. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 0. | 26 | 0. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | | 27 | |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ [X] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | 72,437,453. | 30 | 70,106,055. |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | 41,468. | 32 | 30,096. |
| | 33 | Total net assets or fund balances | 72,478,921. | 33 | 70,136,151. |
| | 34 | Total liabilities and net assets/fund balances | 72,478,921. | 34 | 70,136,151. |

Form 990 (2009)

932011 02-04-10

## Part XI Financial Statements and Reporting

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] Other ____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| 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? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization TRUST U/A PHILIP F DUPONT FBO UNIVERSITY OF VIRGINIA 001028-002

Employer identification number 51-6014960

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I   b ☐ Type II   c ☐ Type III - Functionally integrated   d ☒ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | | X |
| (ii) A family member of a person described in (i) above? | 11g(ii) | | X |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | X |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? Yes | No | (v) Did you notify the organization in col. (i) of your support? Yes | No | (vi) Is the organization in col. (i) organized in the U.S.? Yes | No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| UNIVERSITY OF VIRGINIA | 54-6001796 | 2 | X | | X | | X | | 4873085. |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | 4,873,085. |

**Part II** Support Schedule for Organizations Described in Sections 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.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, 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 Part IV.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

**Part III | Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, 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 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2009.** 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 ▶ ☐

b **33 1/3% support tests - 2008.** 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Schedule D** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
**2009**
Open to Public Inspection

Name of the organization TRUST U/A PHILIP F DUPONT FBO UNIVERSITY OF VIRGINIA 001028-002

Employer identification number 51-6014960

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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.

b 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 ▶ $ ______

2 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:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | | Amount |
|---|---|---|
| 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 Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ______%

b Permanent endowment ▶ ______%

c Term endowment ▶ ______%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 0. |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | | |

**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.** (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶ | |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 3,664,631. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 6,386,470. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | <2,721,839.> |
| 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 | |
| 8 | Other (Describe in Part XIV.) | 8 | 379,069. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 379,069. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | <2,342,770.> |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PARTNERSHIP PENDING PURCHASE: 200000.

ESTIMATED TAXES REFUNDED: 189121.

TRUST EQUITY ADJUSTMENT: -10052.

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: TRUST U/A PHILIP F DUPONT FBO UNIVERSITY OF VIRGINIA 001028-002

**Employer identification number** 51-6014960

**Part I** **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIVERSITY OF VIRGINIA<br>P O BOX 9012<br>CHARLOTTESVILLE, VA 22906 | 54-6001796 | 170(B)(1)(A) | 4,873,084. | 0. | | | TO FURTHER THE GOALS OF THE UNIVERSITY OF VIRGINIA |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2009**

932101 02-02-10

TRUST U/A PHILIP F DUPONT FBO UNIVERSITY OF VIRGINIA 001028-002 51-6014960

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

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

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

SCHEDULE I, PART I, LINE 2: CORRESPONDENCE AND MEETINGS ARE USED FOR THIS PURPOSE TO ASCERTAIN THAT FUNDS ARE ONLY BEING SPENT FOR SCHOLARSHIPS AS INTENDED BY PHILIP DUPONT

**SCHEDULE O** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990.**

OMB No. 1545-0047
**2009**
**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| TRUST U/A PHILIP F DUPONT FBO UNIVERSITY OF VIRGINIA 001028-002 | 51-6014960 |

FORM 990, PART VI, SECTION B, LINE 11: THE PROCESS IS TO HAVE A KNOWLEDGEABLE OFFICER OF THE TRUSTEE ORGANIZATION (WILMINGTON TRUST) REVIEW AND ANALYZE THE SUBJECT TAX RETURN BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ONGOING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS ACHIEVED BY WIDESPREAD EDUCATIONAL EFFORTS AND THE INTERNAL AUDITING DEPARTMENT OF THE WILMINGTON TRUST COMPANY, WHICH IS THE TRUSTEE, PERFORMING ALL SUCH DUTIES OF THE FILER OF THIS FORM 990

FORM 990, PART VI, SECTION B, LINE 15: RATES ARE SET ACCORDING TO STANDARD RATE SCHEDULES FREQUENTLY ANALYZED, REVIEWED, DISCUSSED AMONG MANGAGEMENT LEADERS OF THE WILMINGTON TRUST COMPANY (TRUSTEE OF THE FILER OF THIS FORM 990) AND CHANGED AS NEEDED FOR WELL DOCUMENTED REASONS

FORM 990, PART VI, SECTION C, LINE 18: THE FORMS 1023 990 AND 990T ARE ALL WIDELY DISSEMINATED OVER THE WORLD WIDE WEB BY WWW.GUIDESTAR.ORG AND OTHER SUCH SERVICES AND ALSO PROVIDED UPON REQUEST TO ANY CITIZEN WHO REQUESTS THEM DIRECTLY FROM THE TRUSTEE (WILMINGTON TRUST)

FORM 990, PART VI, SECTION C, LINE 19: THE TRUSTEE OF THE 990 FILER IS THE WILMINGTON TRUST COMPANY, WHICH HAS THIS RESPONSIBILITY AND PUBLISHES THE RELEVANT DETAILS OF THOSE POLICIES IN ITS ANNUAL REPORT TO SHAREHOLDERS, WHICH IS HIGHLY REGULATED UNDER THE SARBANES OXLEY FEDERAL ACT IMPOSING RIGOROUS CONTROLS OVER SUCH MATTERS.  IN ADDITION, AN ASSORTMENT OF FEDERAL AND STATE BANKING EXAMINERS ROUTINELY EXAMINE COMPLIANCE WITH SUCH MATTERS.

**SCHEDULE O**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990.**

OMB No. 1545-0047
**2009**
**Open to Public Inspection**

| Name of the organization | Employer identification number |
| --- | --- |
| TRUST U/A PHILIP F DUPONT FBO UNIVERSITY OF VIRGINIA 001028-002 | 51-6014960 |

THE GOVERNING DOCUMENTS THAT MORE PARTICULARLY PERTAIN TO THE FILER OF THIS FORM 990 (AS DISTINCT FROM THE TRUSTEE) ARE PUBLISHED ON THE SAME INTERNET WEB SITES THAT PUBLISH THE FORM 990, SUCH AS WWW.GUIDESTAR.ORG

# Form 990pf page eleven Part X balance sheet supporting details attachment

**Accounts: 001028-002,001028-006,001028-010 University Virginia Charity Trust**
**As of Date 12/31/2009**

| Description | CUSIP | Quantity | Market Value | % MV | Price | Federal Tax Cost | Unrealized Gain/Loss |
|---|---|---|---|---|---|---|---|
| FEDERAL STREET MULTI-STRATEGY OFFSHORE FUND, LTD. | 99N787-FS2 | | 1,676,132 07 | 2 54 | | 2,000,000.00 | (323,867 93) |
| ISHARES TRUST MSCI EAFE INDEX FUND | 464287-465 | 140,021 0000 | 7,740,360 88 | 11 71 | 55.2800 | 6,844,354 20 | 896,006 68 |
| ISHARES TRUST S&P 600 INDEX FUND | 464287-804 | 17,212.0000 | 941,840 64 | 1 42 | 54.7200 | 822,072 66 | 119,767 98 |
| LIMITED PARTNERSHIP PENDING PURCHASE CAPITAL CALL SETTLEMENTS | 99B738-401 | | 200,000.00 | 0.30 | | 200,000.00 | 0.00 |
| VANGUARD EMERGING MARKETS ETF | 922042-858 | 112,017 0000 | 4,592,697.00 | 6 95 | 41 0000 | 3,783,167 63 | 809,529 37 |
| VANGUARD HIGH YIELD CORP ADM | 922031-760 | 213,072 9910 | 1,165,509 26 | 1 76 | 5 4700 | 920,475.32 | 245,033 94 |
| WILMINGTON GLOBAL EQUITY INDEX FUND SELECT LP (DISTRIBUTION CLASS) | 99Y496-682 | | 17,769,416 16 | 26.88 | | 15,683,869 74 | 2,085,546 42 |
| less basis adjustment dated 3/10/2010 for year 2009 | | | | | | (1,941,964 78) | |
| WILMINGTON GLOBAL HEDGE FUND SELECT LP | 99Y496-104 | | 12,471,274.78 | 18 87 | | 12,355,714 48 | 115,560 30 |
| less basis adjustment dated 3/10/2010 for year 2009 | | | | | | (251,602 08) | |
| less sale in late 2009 recorded 1/4/2010 | 7,104,112 40 | << revised basis | | | | (5,000,000 00) | |
| WILMINGTON HEDGE FUND II SELECT LP | 99Y496-419 | | 6,080,630 26 | 9.20 | | 7,164,369 54 | (1,083,739 28) |
| less basis adjustment dated 3/10/2010 for year 2009 | | | | | | (880,858 74) | |
| less sale in late 2009 recorded 1/4/2010 | 4,283,510 80 | << revised basis | | | | (2,000,000 00) | |
| WILMINGTON PRIME MM FUND W CLASS | 829600-000 | 3,224,298.6200 | 3,224,298.62 | 4 88 | 1 0000 | 3,224,298 62 | 0 00 |
| WILMINGTON REAL ASSET FUND SELECT LLC (DISTRIBUTION CLASS) | 99Y496-849 | | 9,209,239.58 | 13 93 | | 9,122,144.97 | 87,094.61 |
| less basis adjustment dated 3/10/2010 for year 2009 | 8,482,452.66 | << revised basis | | | | (639,692 31) | |
| WILMINGTON REAL ESTATE MANAGERS FUND SELECT LLC | 99Y496-898 | | 533,802 11 | 0 81 | | 855,393 11 | (321,591 00) |
| less basis adjustment dated 3/10/2010 for year 2009 | 800,383 37 | << revised basis | | | | (55,009 74) | |
| WILMINGTON TRUST CO DEPOSIT SWEEP | 822200-000 | 250,000 0000 | 250,000.00 | 0 38 | 1 0000 | 250,000 00 | 0.00 |
| WILMINGTON TRUST FSB DEPOSIT SWEEP | 822300-000 | 250,000.0000 | 250,000 00 | 0 38 | 1 0000 | 250,000 00 | 0 00 |
| **TOTAL □Principal Portfolios - U.S. Dollar** | | **4,206,621.6110** | **66,105,201.36** | **100.00** | | **52,706,732.62** | **2,629,341.09** |
| WILMINGTON TRUST CO. DEPOSIT SWEEP | 822200-000 | 154,599 9500 | 154,599.95 | 100 00 | 1 0000 | 154,599 95 | 0.00 |
| **TOTAL □Income Portfolios - U.S. Dollar** | | **154,599.9500** | **154,599.95** | **100.00** | | **154,599.95** | **0.00** |
| **TOTAL □001028-002** | | **4,361,221.5610** | **66,259,801.31** | **100.00** | | **52,861,332.57** | **2,629,341.09** |
| ALCOA INC SR UNSECURED DTD 2/23/2007 5 72% 2/23/2019 | 013817-AP6 | 100,000 0000 | 96,683 00 | 0 75 | 96.6830 | 96,654 00 | 29 00 |
| AMERICAN EXPRESS CO NOTE 4.875% 07/15/2013 | 025816-AQ2 | 100,000.0000 | 104,338 00 | 0.81 | 104 3380 | 103,683.00 | 655.00 |
| AMERICAN HONDA FINANCE Ser MTN DTD 4/2/2008 4 625% 4/2/2013 | 02666Q-B69 | 200,000 0000 | 205,490 00 | 1.60 | 102.7450 | 203,247 00 | 2,243.00 |
| ANADARKO PETROLEUM CORP DTD 3/5/2009 8 7% 3/15/2019 | 032511-BC0 | 100,000 0000 | 124,392 00 | 0 97 | 124 3920 | 116,984 00 | 7,408 00 |

# Form 990pf page eleven Part X balance sheet supporting details attachment

**Accounts: 001028-002,001028-006,001028-010 University Virginia Charity Trust**
**As of Date 12/31/2009**

| Description | CUSIP | Quantity | Market Value | % MV | Price | Federal Tax Cost | Unrealized Gain/Loss |
|---|---|---|---|---|---|---|---|
| AT&T BROADBAND CORP NOTE DTD 11/18/2002 8 375% 3/15/2013 | 00209T-AA3 | 271,000 0000 | 312,381 70 | 2.43 | 115.2700 | 252,645 48 | 59,736 22 |
| BANK OF NEW YORK MELLON Ser MTN DTD 11/1/2007 4 95% 11/1/2012 | 06406H-BE8 | 110,000 0000 | 118,467 80 | 0 92 | 107 6980 | 105,823.80 | 12,644 00 |
| BANK ONE CORP SUB DEBENTURE NOTE DTD 4/29/1997 8% 4/29/2027 | 059438-AK7 | 100,000 0000 | 120,976 00 | 0.94 | 120 9760 | 120,821 00 | 155 00 |
| BLACKROCK INC Ser 2 DTD 12/10/2009 5% 12/10/2019 | 09247X-AE1 | 100,000 0000 | 98,268 00 | 0.76 | 98.2680 | 100,023 00 | (1,755 00) |
| CALIFORNIA ST BUILD AMERICA BONDS TAXABLE VAR PURP DTD 4/28/2009 7 5% 4/1/2034 | 13063A-5E0 | 125,000 0000 | 121,326 25 | 0 94 | 97 0610 | 132,311 25 | (10,985 00) |
| CISCO SYSTEMS INC NOTE DTD 2/22/2006 5 5% 2/22/2016 | 17275R-AC6 | 150,000.0000 | 164,685 00 | 1 28 | 109 7900 | 150,328 50 | 14,356 50 |
| CSX CORP DEBENTURE 7.9% 05/01/2017 | 126408-BL6 | 459,000 0000 | 531,696.42 | 4.13 | 115.8380 | 482,968.98 | 48,727 44 |
| DEVON FINANCING CORP ULC DTD 10/3/2001 6 875% 9/30/2011 | 25179S-AC4 | 75,000 0000 | 81,474 00 | 0.63 | 108 6320 | 79,685.25 | 1,788 75 |
| ELECTRONIC DATA SYSTEMS DTD 10/12/1999 7 45% 10/15/2029 | 285659-AF5 | 100,000.0000 | 118,330 00 | 0 92 | 118 3300 | 124,911 00 | (6,581 00) |
| FEDERAL HOME LOAN BANK BOND 5.75% 05/15/2012 | 3133MN-VV0 | 100,000 0000 | 109,844 00 | 0 85 | 109 8440 | 109,123 90 | 720 10 |
| FEDERAL HOME LOAN BANK BOND DTD 6/22/2007 5 5% 8/13/2014 | 3133XL-JP9 | 500,000 0000 | 560,940 00 | 4 36 | 112.1880 | 537,686 30 | 23,253.70 |
| FEDERAL HOME LOAN BANK BOND Ser 1 DTD 5/2/2007 4 875% 5/17/2017 | 3133XK-QX6 | 460,000 0000 | 491,914 80 | 3 82 | 106 9380 | 436,113 58 | 55,801 22 |
| FEDERAL HOME LOAN BANK DTD 11/1/2006 4.875% 11/18/2011 | 3133XH-PH9 | 500,000 0000 | 534,065 00 | 4.15 | 106.8130 | 491,300 00 | 42,765.00 |
| FEDERAL HOME LOAN MORTGAGE NOTE 6 25% 07/15/2032 | 3134A4-KX1 | 140,000 0000 | 162,531.60 | 1 26 | 116 0940 | 150,165 54 | 12,366 06 |
| FEDERAL NATIONAL MORTG ASSOC NOTES DTD 3/8/2007 4 75% 3/12/2010 | 31359M-5Z2 | 500,000 0000 | 504,530 00 | 3 92 | 100.9060 | 493,954 00 | 10,576 00 |
| FEDERAL NATIONAL MORTGAGE ASSOCIATION NOTE 6% 05/15/2011 | 31359M-JH7 | 100,000 0000 | 107,063.00 | 0 83 | 107 0630 | 99,035 16 | 8,027 84 |
| FEDERAL NATIONAL MORTGAGE ASSOCIATION NOTE 5 5% 03/15/2011 | 31359M-HK2 | 100,000 0000 | 105,688.00 | 0 82 | 105 6880 | 96,367 20 | 9,320 80 |
| FEDERAL NATIONAL MORTGAGE ASSOCIATION DTD 4/16/2007 5% 5/11/2017 | 31359M-7X5 | 350,000.0000 | 380,187.50 | 2.95 | 108 6250 | 375,673 15 | 4,514 35 |
| FEDERAL NATIONAL MORTGAGE ASSOCIATION DTD 1/12/2007 5% 2/13/2017 | 31359M-4D2 | 200,000.0000 | 217,126 00 | 1 69 | 108 5630 | 202,729 40 | 14,396 60 |
| FEDERAL NATIONAL MORTGAGE ASSOCIATION NOTE 7.25% 05/15/2030 | 31359M-FP3 | 50,000 0000 | 63,937.50 | 0 50 | 127.8750 | 71,467 85 | (7,530.35) |
| FEDERAL NATIONAL MORTGAGE ASSOCIATION DTD 10/9/2009 1% 11/23/2011 | 31398A-ZN5 | 100,000.0000 | 99,781 00 | 0.78 | 99.7810 | 99,561.10 | 219.90 |
| FIRST UNION CORPORATION SUB DTD 8/1/1996 8/1/2026 | 337358-BH7 | 250,000 0000 | 271,190.00 | 2 11 | 108 4760 | 268,977 50 | 2,212.50 |
| FNMA POOL # 256639 DTD 2/1/2007 5 00% 2/1/2027 | 31371N-BG9 | 110,081 8618 | 113,917 53 | 0 89 | 103.4844 | 107,295 40 | 6,622.13 |

# Form 990pf page eleven Part X balance sheet supporting details attachment

**Accounts: 001028-002,001028-006,001028-010 University Virginia Charity Trust**

**As of Date 12/31/2009**

| Description | CUSIP | Quantity | Market Value | % MV | Price | Federal Tax Cost | Unrealized Gain/Loss |
|---|---|---|---|---|---|---|---|
| FNMA POOL #629603 5.5% 02/01/2017 | 31389M-NU7 | 44,056 9450 | 46,844 92 | 0 36 | 106.3281 | 44,456 20 | 2,388.72 |
| GENERAL ELEC CAP CORP Ser A DTD 11/16/2009 3.75% 11/14/2014 | 36962G-4G6 | 100,000 0000 | 99,825 00 | 0 78 | 99 8250 | 99,604.00 | 221.00 |
| GOLDMAN SACHS GROUP INC DTD 2/5/2009 7.5% 2/15/2019 | 38141E-A25 | 150,000.0000 | 174,870 00 | 1.36 | 116 5800 | 163,275 50 | 11,594 50 |
| ILLINOIS POWER CO DTD 10/23/2008 9 75% 11/15/2018 | 452092-CX5 | 100,000.0000 | 124,347 00 | 0.97 | 124.3470 | 125,477 00 | (1,130.00) |
| INGERSOLL RAND CO MEDIUM TERM NOTE BOOK ENTRY 6 015% 02/15/2028 | 45686X-CF8 | 300,000 0000 | 320,442 00 | 2.49 | 106 8140 | 309,000 00 | 11,442.00 |
| KRAFT FOODS INC DTD 12/12/2007 6.125% 2/1/2018 | 50075N-AU8 | 150,000 0000 | 157,731 00 | 1.23 | 105.1540 | 153,408 00 | 4,323 00 |
| MARATHON OIL CORP BOND 6 8% 03/15/2032 | 565849-AB2 | 78,000.0000 | 82,714 32 | 0 64 | 106.0440 | 84,405.36 | (1,691 04) |
| MERCK & CO INC NOTE 4 375% 02/15/2013 | 589331-AH0 | 65,000 0000 | 68,430.70 | 0.53 | 105 2780 | 63,382 15 | 5,048.55 |
| METLIFE INC NOTE DTD 6/23/2005 5% 6/15/2015 | 59156R-AN8 | 50,000.0000 | 52,589 00 | 0.41 | 105.1780 | 51,703.50 | 885.50 |
| MORGAN STANLEY SUB NOTE 4 75% 04/01/2014 | 61748A-AE6 | 350,000 0000 | 352,012 50 | 2.73 | 100.5750 | 325,871 00 | 26,141 50 |
| NEVADA POWER CO GENL REF MORTGAGE Ser A DTD 12/1/2001 8 25% 6/1/2011 | 641423-AZ1 | 200,000 0000 | 216,190 00 | 1.68 | 108.0950 | 217,980.00 | (1,790 00) |
| NORFOLK SOUTHERN CORP NOTE DTD 9/17/2004 5.257% 9/17/2014 | 655844-AU2 | 250,000.0000 | 267,805 00 | 2.08 | 107.1220 | 259,055 00 | 8,750 00 |
| OKLAHOMA GAS & ELECTRIC CO SENIOR NOTE 6.65% 07/15/2027 | 678858-AZ4 | 180,000.0000 | 189,747 00 | 1 47 | 105 4150 | 203,544 00 | (13,797 00) |
| PECO ENERGY CO 1ST REF MORT DTD 9/23/2002 4.75% 10/1/2012 | 693304-AD9 | 110,000 0000 | 117,299 60 | 0.91 | 106.6360 | 108,526.00 | 8,773 60 |
| SWISS BANK CORP NY SUB NOTE 7.375% 06/15/2017 | 87083K-AM4 | 100,000 0000 | 105,052.00 | 0 82 | 105.0520 | 119,906.00 | (14,854 00) |
| TEXTRON FINANCIAL CORP NOTE Ser MTN DTD 2/3/2006 5.125% 2/3/2011 | 88319Q-J20 | 100,000 0000 | 100,949 00 | 0.78 | 100.9490 | 93,627 00 | 7,322 00 |
| TEXTRON INC DTD 9/17/2009 6 2% 3/15/2015 | 883203-BP5 | 100,000 0000 | 104,083 00 | 0.81 | 104 0830 | 100,977 00 | 3,106.00 |
| TIME WARNER ENTERTAINMENT CO L P SR DEB 8 375% 03/15/2023 | 88731E-AF7 | 200,000 0000 | 236,918.00 | 1 84 | 118 4590 | 233,082 00 | 3,836 00 |
| TYCO ELECTRONICS GROUP S COMPANY GUARNT DTD 4/1/2008 6% 10/1/2012 | 902133-AE7 | 100,000 0000 | 106,100 00 | 0 82 | 106.1000 | 103,798.00 | 2,302 00 |
| U S TREASURY BONDS 7 5% 11/15/2016 | 912810-DX3 | 100,000.0000 | 126,023.00 | 0.98 | 126.0230 | 125,109 38 | 913.62 |
| U S STATES TREASURY BONDS DTD 2/15/1996 6% 2/15/2026 | 912810-EW4 | 100,000 0000 | 116,984 00 | 0 91 | 116 9840 | 119,635 06 | (2,651 06) |
| U S TREASURY BONDS 8 125% 08/15/2019 | 912810-ED6 | 200,000 0000 | 269,188.00 | 2 09 | 134 5940 | 251,484 38 | 17,703 62 |
| U S TREASURY NOTES DTD 2/15/2009 2 75% 2/15/2019 | 912828-KD1 | 150,000 0000 | 138,094.50 | 1.07 | 92 0630 | 151,746 69 | (13,652 19) |
| U S TREASURY NOTES DTD 4/30/2009 2 625% 4/30/2016 | 912828-KR0 | 500,000 0000 | 484,490 00 | 3.76 | 96.8980 | 497,500.00 | (13,010 00) |

# Form 990pf page eleven Part X balance sheet supporting details attachment

**Accounts: 001028-002,001028-006,001028-010 University Virginia Charity Trust**

**As of Date 12/31/2009**

| Description | CUSIP | Quantity | Market Value | % MV | Price | Federal Tax Cost | Unrealized Gain/Loss |
|---|---|---|---|---|---|---|---|
| U S TREASURY NOTES SER B DTD 2/15/02 4.875% 02/15/2012 | 912827-7L0 | 461,000.0000 | 496,045 22 | 3 85 | 107 6020 | 477,319 65 | 18,725 57 |
| U S TREASURY NOTES SER B DTD 2/15/2006 4 5% 2/15/2016 | 912828-EW6 | 200,000 0000 | 215,734.00 | 1 68 | 107 8670 | 220,429 69 | (4,695 69) |
| U S TREASURY NOTES SER E DTD 11/15/02 4% 11/15/2012 | 912828-AP5 | 350,000 0000 | 373,870 00 | 2 90 | 106 8200 | 348,921 88 | 24,948.12 |
| U S TREASURY NOTES SER F DTD 3/31/2006 4.75% 3/31/2011 | 912828-FA3 | 100,000.0000 | 104,906 00 | 0.82 | 104.9060 | 99,496.09 | 5,409 91 |
| U S TREASURY NOTES SER P DTD 10/15/2005 4.25% 10/15/2010 | 912828-EJ5 | 200,000.0000 | 205,984 00 | 1 60 | 102.9920 | 195,937 50 | 10,046 50 |
| U S TREASURY NOTES Ser F DTD 11/15/2004 4.25% 11/15/2014 | 912828-DC1 | 100,000.0000 | 107,719.00 | 0.84 | 107.7190 | 100,625 00 | 7,094.00 |
| UNITED STATES TREASURY BOND DTD 2/15/99 5.25% 02/15/2029 | 912810-FG8 | 100,000 0000 | 108,344.00 | 0.84 | 108 3440 | 106,562 50 | 1,781 50 |
| UNITED STATES TREASURY BOND 5 375% 02/15/2031 | 912810-FP8 | 400,000 0000 | 442,000 00 | 3 43 | 110 5000 | 439,453.13 | 2,546 87 |
| VERIZON NJ INC DEBENTURE SER A 5 875% 01/17/2012 | 92344U-AA3 | 100,000 0000 | 106,544 00 | 0 83 | 106 5440 | 107,507 00 | (963 00) |
| VULCAN MATERIALS DTD 12/11/2007 12/15/2010 | 929160-AH2 | 150,000.0000 | 149,830 50 | 1 16 | 99 8870 | 149,812.50 | 18 00 |
| WELLS FARGO CORP NOTE 5 125% 09/01/2012 | 949746-CL3 | 150,000 0000 | 157,714 50 | 1 23 | 105 1430 | 147,565 50 | 10,149 00 |
| WELLS FARGO FINANCIAL NOTE 5.5% 08/01/2012 | 94975C-AL1 | 200,000 0000 | 214,066 00 | 1 66 | 107 0330 | 227,930 00 | (13,864 00) |
| WESTPAC BANKING CORP DTD 11/19/2009 4 875% 11/19/2019 | 961214-BK8 | 100,000 0000 | 98,701 00 | 0 77 | 98 7010 | 100,305 00 | (1,604 00) |
| WILMINGTON TRUST CO. DEPOSIT SWEEP | 822200-000 | 110,465.7200 | 110,465.72 | 0.86 | 1 0000 | 110,465 72 | 0 00 |
| **TOTAL □Principal Portfolios - U.S. Dollar** | | **11,948,604.5268** | **12,871,877.58** | **100.00** | | **12,448,420.72** | **423,456.86** |
| **TOTAL □001028-006** | | **11,948,604.5268** | **12,871,877.58** | **100.00** | | **12,448,420.72** | **423,456.86** |
| CAMDEN PARTNERS STRATEGIC FUND III LIMITED PARTNERSHIP | 99H563-118 | | 9,575,291.00 | 91 67 | | 8,240,061.37 | 1,335,229.63 |
| less basis adjustments for year 2009 still in process | 3,843,671 37 | << revised basis | | | | (4,396,390 00) | |
| CAMDEN PARTNERS STRATEGIC FUND IV, L.P. | 99M750-AN7 | | 698,318.00 | 6 69 | | 738,667.00 | (40,349 00) |
| CAMDEN PRIVATE CAPITAL III A | 99N764-IE9 | | 171,719 00 | 1 64 | | 219,081 00 | (47,362 00) |
| **TOTAL □Principal Portfolios - U.S. Dollar** | | **0.0000** | **10,445,328.00** | **100.00** | | **4,801,419.37** | **1,247,518.63** |
| WILMINGTON PRIME MM FUND W CLASS | 829600-000 | 24,978.8200 | 24,978 82 | 100 00 | 1 0000 | 24,978 82 | 0 00 |
| **TOTAL □Income Portfolios - U.S. Dollar** | | **24,978.8200** | **24,978.82** | **100.00** | | **24,978.82** | **0.00** |
| **TOTAL □001028-010** | | **24,978.8200** | **10,470,306.82** | **100.00** | | **4,826,398.19** | **1,247,518.63** |
| **TOTAL ALL ACCOUNTS ALL PORTFOLIOS** | | | | | | **$70,136,151** | |