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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 07-01-2009 A For the 2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please University of Virginia Alumni Association use IRS label or 54-0485595 Address change Doing Business As E Telephone number print or type. See Name change (434) 243-9000 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 32,199,093 PO BOX 400314 Terminated tions. Amended return City or town, state or country, and ZIP + 4 Charlottesville, VA 22904 Application pending Name and address of principal officer Is this a group return for C Thomas Faulders III affiliates? 211 Emmet St S CHARLOTTESVILLE, VA 22903 H(b) Are all affiliates included? If "No," attach a list (see instructions) Group exemption number 🕨 Website: ► www.alumni.virginia.edu K Form of organization
✓ Corporation
✓ Trust
✓ Association
✓ Other ► L Year of formation 1838 M State of legal domicile VA Part I Summary Briefly describe the organization's mission or most significant activities To develop, strengthen, and utilize the bonds of interest, sympathy and affection existing between the University of Virginia and its alumnı and among the alumnı themselves Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 36 Number of independent voting members of the governing body (Part VI, line 1b) . . . 36 86 Total number of employees (Part V, line 2a) . . 1,200 Total number of volunteers (estimate if necessary) . 668,300 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b 26,216 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 29,345,335 26,232,449 Program service revenue (Part VIII, line 2g) . 5,035,863 4,715,706 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 909.496 871,791 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,018,970 309,864 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 36,309,664 32,129,810 14,599,459 30,769,488 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 4,188,405 4,160,434 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 393,117 ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 4,775,300 4,340,525 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 23,535,193 39,298,418 Revenue less expenses Subtract line 18 from line 12 . 12,774,471 -7,168,608 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 191,963,073 20 Total assets (Part X, line 16) . 170,318,517 21 Total liabilities (Part X, line 26) . 75,598,676 65,371,459 Net assets or fund balances Subtract line 21 from line 20 104,947,058 116,364,397 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 Sian 2011-04-21 Here Signature of officer DONNA R AREHART SECRETARY-TREASURER Type or print name and title Date Check if Preparer's identifying number Preparer's SCOTT SHERMAN KPMG 703-286-8398 (see instructions) Paid empolyed 🕨 🦵 Preparer's KPMG LLP Firm's name (or yours EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 1676 International Drive Phone no (703) 286-8000 McLean, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The purpose of the Association is to provide services to all alumni of the UVA. The Association seeks to create a strong and collaborative alumni engagement program that will enhance the UVA's ability to build and maintain ties with a diverse alumni community.

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									
	If "Yes," describe th	ese new services on S	chedule O							
3	Did the organization services?	cease conducting, or	make significar	it changes in how it co	nducts, any program	┌ Yes ┌ No				
	If "Yes," describe th	ese changes on Sched	ule O							
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 \$	31,719,115	ıncludıng grants of \$	30,769,488) (Revenue \$	536,838)				
	Grant Program - The As	ssociation disburses gifts, ra	sed and received,	and allocates funds to U Va	a and University-related organizat	ions				
4b	(Code) (Expenses \$	2,249,106	ıncludıng grants of \$) (Revenue \$	742,624)				
	Homecomings & Reunic faculty, etc	ons - The Association sponse	ors group activities	and events at other location	ons for the benefit of the alumni ar	nd U Va and sponsors awards to				
	(Code) (Expenses \$	1,331,043	ıncludıng grants of \$) (Revenue \$	632,450)				
	The Virginia Magazine - students	The Association publishes a	ı quarterly magazı	ne that is mailed as a hard	copy to parents, alumnı and facult	y, and as an electronic copy to				
	Other program serv	/ices (Describe in Sch	edule O) See a	also Additional Data fo	or Description					
	(Expenses \$	1,693,799 inc	luding grants o	of\$) (Revenue \$	302,147)				
4e	Total program serv	ice expenses ⊧ \$	36,993,06	3						
						Form 990 (2009)				

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		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		Νο
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, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school 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 United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> 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 U S? <i>If</i> "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	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 line 25	24a		No
Ь	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		Νο
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		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, 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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	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		No
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		No
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		No
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	Yes	
		F	orm 99 0	(2009)

art V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
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			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	_	V	
_	return?	3a 3b	Yes	
а	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	res	Νo
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			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		
	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	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			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			

CHARLOTTESVILLE, VA 229030446

(434) 243-9000

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

Se	ction A. Governing Body and Management			
		\longrightarrow	Yes	No
4-	Entantha number of until manning of the consumer hadro			
1a L	Enter the number of voting members of the governing body 1a 36 Enter the number of voting members that are independent 1b 36			
ь				
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		 N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		——— N о
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	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	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		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		
C ^	ction C. Disclosure	100		
17	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		MF M	D
	MA, MI, MN, MS, NH, NJ, NM, NY, C			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the DONNA AREHART ALUMNI HALL	e orga	nızatıor	.

Part VIII 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, and current key employees 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, 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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

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►5			
			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		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

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

4	Yes	
5		No

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146,661

Section B. Independent Contractors

individual .

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

(A)	(B)	(C)			
Name and business address	Description of services	Compensation			
THE LANE PRESS INCORPORATED PO BOX 130 BURLINGTON, VT 054020130	PRINTING	182,697			
ARAMARK SERVICE MASTER UNIVERSITY OF VIRGINIA CHARLOTTESVILLE, VA 22903	FACILITY MANAGEMENT	316,893			
CULPEPER STAR EXPONENT PO BOX 111 CULPEPER, VA 22701	PRINTING	209,457			
BRW Architects 112 Fourth Street NE Charlottesville, VA 22902	Architecture	214,653			
COMMUNITY COUNSELING SERVICE CTR L 3349 Hwy 138 Bldg C Ste D Wall, NJ 07719	Counseling	183,000			
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 ▶17					

Form 9								Page 9
Part \	<u>/1111</u>	Statement o	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
# # #	1a	Federated cam	paigns 1a					
<u>g</u> ig	ь	Membership du	es 1b	1,357,507				
S, G	c	Fundraising eve	ents 1c					
±g±	d	Related organiz	rations 1d					
E, E	e	Government grants	s (contributions) 1e					
tion " s	f	All other contribution	ons, gifts, grants, and 1f	24,874,942				
電影	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts		IIIIes ra-ri \$ _	,940,909		26 222 440			
ु ख	h	Total. Add lines	s 1a-1f	•	26,232,449			
e E				Business Code				
.ven	2a	UVA CONTRACTUA	L SERVICES	900,099	2,308,388	2,308,388		
2 <u>2</u>	Ь	GRANTS		900,099	58,000	58,000		
Š	d	ADMIN SVC FEE COMMISSIONS		900,099	536,838	536,838		
Š	e	ADVERTISING		900,099 541,700	133,054	133,054	F00 F36	
Ē	•	-	am service revenue	541,700	632,450 1,046,976	32,924 969,074	599,526 77,902	
Program Serwce Revenue	-				1,040,970	909,074	77,902	
	g		s 2a-2f		4,715,706			
	3		ome (including dividend ar amounts)	. =	941,074		-9,128	950,202
	4		stment of tax-exempt bond p	· · ·	0		,	,
	5	Royalties		▶	309,864			309,864
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O ther				
	b	Less cost or other basis and	69,283					
	c	sales expenses Gain or (loss)	-69,283					
	d		s)		-69,283			-69,283
	8a	Gross income f						
Other Revenue	ь	See Part IV, lin	luding reported on line 1c) le 18 a penses b					
ᅙ	c		loss) from fundraising e	events 🛏	0			
	9a		rom gaming activities ie 19 a					
	b c	Net income or (penses b (loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	b		oods sold b					
	С		(loss) from sales of inve		0			
	11a	Miscellaneou	s revenue	Business Code				
	b							
	c							
	d	All other reven	ue					
			s 11a-11d					
	12	Total revenue.	See Instructions	*	22 120 810	4 020 270	660,000	1 100 700
	J				32,129,810	4,038,278	668,300	1,190,783

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	other organizations must complete column (A) but are not required to bot include amounts reported on lines 6b, b, 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	30,769,488	30,769,488	general expenses	Скрепосо
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	2,731,171	2,297,699	355,330	78,142
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	328,059	164,674	145,566	17,819
9	Other employee benefits	392,265	305,650	71,256	15,359
10	Payroll taxes	209,696	167,924	27,107	14,665
11	Fees for services (non-employees)	·	,	·	<u> </u>
а	Management	0			
ь	Legal	93,912	60,462	33,450	0
c	Accounting	83,506	,	83,506	0
d	Lobbying	0		,	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	464,207	0	464,207	0
g	Other	0	_	,	<u></u> ,
12	Advertising and promotion	70,856	69,416	1,348	92
13	Office expenses	230,971	139,575	· · ·	21,476
14	Information technology	43,670	21,037	21,894	739
15	Royalties	0		,	
16	Occupancy	529,157	232,508	254,659	41,990
17	Travel	31,934	29,699	' 	493
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	359,442	190,287	134,951	34,204
23	Insurance	72,440	56,271	11,629	4,540
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	SPECIAL EVENTS	1,413,188	1,394,779	18,409	0
b	PRINTING AND PUBLICATIONS	942,242	883,524	5,540	53,178
c	UNRELATED BUSINESS INCOME TAX	5,000	0	5,000	0
d	ESTIMATED PAYMENT				
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	39,298,418	36,993,063	1,912,238	393,117
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		,,	-,- 3 -, 8	
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing				1			
	2	Savings and temporary cash investments			21,142,995	2	21,674,769		
	3	Pledges and grants receivable, net			4,900,684	3	5,441,205		
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and					
		Schedule L				5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and					
		Schedule L				6			
Assets	7	Notes and loans receivable, net			7				
8	8	Inventories for sale or use				8			
⋖	9	Prepaid expenses and deferred charges			143,284	9	101,856		
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	8,352,435					
	b	Less accumulated depreciation	10b	4,503,675	4,139,140	10c	3,848,760		
	11	Investments—publicly traded securities			41,961,294	11	48,104,046		
	12	Investments—other securities See Part IV, line 11			97,680,644	12	112,416,157		
	13	Investments—program-related See Part IV, line 11		13					
	14	Intangible assets	le assets						
	15	Other assets See Part IV, line 11			350,476	15	376,280		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			170,318,517	16	191,963,073		
	17	Accounts payable and accrued expenses .			613,920	17	962,963		
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
<u> ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ä		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			64,757,539	25	74,635,713		
	26	Total liabilities. Add lines 17 through 25			65,371,459	26	75,598,676		
S do		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	let e li	ines 27					
an	27	Unrestricted net assets			38,572,915	27	42,915,014		
Balance	28	Temporarily restricted net assets			43,133,797	28	46,644,303		
Σ	29	Permanently restricted net assets			23,240,346	29	26,805,080		
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete					
2		lines 30 through 34.							
	30	Capital stock or trust principal, or current funds		30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32			
Ř	33	Total net assets or fund balances			104,947,058	33	116,364,397		
_	34	Total liabilities and net assets/fund balances $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	170,318,517	34	191,963,073				

Part XI Financial Statements and Reporting

			Yes	No			
L	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes				
c	If "Yes," to 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? 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						
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		No			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits						

Form **990** (2009)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

The o	organi			e foundation because						1 400115		
1			-	on of churches, or as	•	_	•	-	. ,			
2	Ė		•	ın section 170(b)(1)				(-/(/(-/-				
3	Ė			perative hospital serv				170(b)(1)(A)(iii).			
4	Γ	A medi	cal research	organization operatery, and state						(A) (iii) . Ente	er the	
5	굣	An orga	anızatıon ope	rated for the benefit	of a college	or university	owned or op	erated by a	governmental	unıt describ	_ ed in	
	_			A)(iv). (Complete Pa								
6	<u> </u>			local government or	_							
7	ı	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	Г			described in section)(vi) (Com	olete Part II)				
9	Ė			t normally receives					utions, membe	rship fees, a	nd aross	
-	,			ties related to its ex								
		-		ss investment incom	•	-		•				
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e sect ion 50	9(a)(2). (Co	mplete Part	III)			
10	Γ	Anorga	anızatıon org	anızed and operated	exclusively	to test for pu	ıblıc safety S	ee section !	509(a)(4).			
11	Γ	one or i	more publicly	anized and operated y supported organiza pes the type of suppo b Type II	tions describ orting organiz	oed in sectio zation and co	n 509(a)(1)	or section 5 11e throug	09(a)(2) See h 11h	•	a)(3). Check	
e f g	Γ	other the section of the ocheck the Since A	nan foundatio 509(a)(2) rganization r his box	x, I certify that the con managers and other cerved a written decordance.	er than one o	r more publi rom the IRS	cly supported that it is a T	d organızatı ype I, Type	ons described II or Type III	in section 5	09(a)(1) or	
				ectly or indirectly co	ntrols, eithei	r alone or too	gether with p	ersons desc	ribed in (ii)		Yes No	
				, governing body of the	•				,	11g(i)	No	
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	ve?				11g(ii)	No	
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) ab	ove?			11g(iii)	No	
h		Provide	the followin	g information about t	the supported	d organizatio	n(s)					
(i) Name suppo organız		ne of (ii) (described on orted EIN lines 1-9 above			organızatı col (ı) lıst your gove	(iv) Is the organization in col (i) listed in your governing document?		tify the ion in your t?	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No		
											ļ	
	•											
Tota			1	I	1	1	1	1	1	I	1	

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.)

S	ection A. Public Support		<u> </u>	7 0. 0 0	.,			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	40,468,46	9 45,472,277	32,847,693	29,400,335	26,	232,449	174,421,223
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	40,468,46	9 45,472,277	32,847,693	29,400,335	26,	232,449	174,421,223
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							174,421,223
S	ection B. Total Support							
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	beginning in) A mounts from line 4	40,468,469	1,742,047	32,847,693	29,400,335	26,232,449		174,421,223
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar	736,316	1,742,047	1,008,923	920,063	941,074		5,348,423
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	5,075,860	1,662,492	3,857,832	5,035,863	5,0	025,570	20,657,617
11	Total support (Add lines 7 through 10)							200,427,263
12	Gross receipts from related activiti		·			12		6,819,990
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second,	third, fourth, or fi	fth tax year as a	501(c)(3) organız	ation, ▶
S	ection C. Computation of Pub							
14	Public Support Percentage for 2009			11 column (f))		14		87 025 %
15	Public Support Percentage for 2008	8 Schedule A, Pa	art II, line 14			15		89 270 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a public	ly supported organ	nization		•		► ✓
	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meeorganization	n qualifies as a p — 2009. If the org tion meets the "i	ublicly supported of anization did not c facts and circumst	organization heck a box on lin ances" test, chec	e 13, 16a, or 16t k this box and st	o and line op here. I	14 Explain	▶┌
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets th	ie "facts and circui	mstances" test, c	heck this box and	d stop he	re.	
18	Private Foundation If the organizat instructions	ion did not check	c a box on line 13,	16a, 16b, 17a or	17b, check this	box and s	еe	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493111003151

OMB No 1545-0047

Open to Public

Inspection

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.

Name of the organization Employer identification number

niversity of	f Virginia Alumni Association			0405505		
art I	Organizations Maintaining Donor A			0485595 or Accounts	s. Complet	e if th
	organization answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and	other accour	nts
Total	number at end of year					
Aggre	gate contributions to (during year)					
	gate grants from (during year)					
Aggre	gate value at end of year					
	ne organization inform all donors and donor adv are the organization's property, subject to the		nor adv	ısed	┌ Yes	Ги
used	he organization inform all grantees, donors, and only for charitable purposes and not for the ber rring impermissible private benefit				┌ Yes	┌ No
	Conservation Easements. Complete	if the organization answered "Yes"	to Forr	n 990, Part I'	V, line 7.	
Г Р Г Р	ose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space				•	a
	olete lines 2a-2d if the organization held a qual ment on the last day of the tax year	ified conservation contribution in the for	m of a c	onservation		
				Held at the	End of the	Year
Total	number of conservation easements		2a			
Total	acreage restricted by conservation easements		2b			
Numb	per of conservation easements on a certified his	storic structure included in (a)	2c			
Numb	per of conservation easements included in (c) a	cquired after 8/17/06	2d			
Numb	per of conservation easements modified, transfe	erred, released, extinguished, or termina	ted by th	ne organization	during	
Does	the organization have a written policy regarding cement of the conservation easements it holds	g the periodic monitoring, inspection, ha	mdling of	f violations, and	d 「Yes	┌ĸ
Staff	and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments d	uring the year	-	
A mou	unt of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ıts durın	g the year ► \$		
	each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ection		┌ Yes	┌ N
balan	rt XIV, describe how the organization reports c ce sheet, and include, if applicable, the text of rganization's accounting for conservation easer	the footnote to the organization's financi	•	•		
t III	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures "Yes" to Form 990, Part IV, line 8.	, or Ot	her Similar	Assets.	
art, h	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resea	rch in fu			٤,
histor	organization elected, as permitted under SFAS rical treasures, or other similar assets held for de the following amounts relating to these items	public exhibition, education, or research			•	
(i) _{Re}	evenues included in Form 990, Part VIII, line 1			► \$		
(ii) _A	ssets included in Form 990, Part X			► \$		
	organization received or held works of art, hist Ing amounts required to be reported under SFA		for finan			
Rever	nues included in Form 990, Part VIII, line 1			► \$		
Asset	ts included in Form 990, Part X			► \$		

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asu	res, or C	<u> the</u>	<u>r Simi</u>	lar A	<u>Asse</u>	ts (cc	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e fol	lowing tha	atare	e a sıgnıfıc	ant u	se of its	coll	ection	I	
а	Public exhibition		d	Γ	Loan or	exch	hange prog	rams					
b	Scholarly research		e	Γ	Other								
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	v further	the o	organization	ı's ex	empt p	urpos	e in		
	Part XIV	·			,		3		• •	•			
5	During the year, did the organization solicit								nılar		_	Yes	☐ No
Dar	assets to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to be sold to be								oc" to	Form			1 NO
Pai	Part IV, line 9, or reported an an						i aliswele	u i	es 10	rui II	1 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	ets	not			Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng t	able		_						
											A mou	nt	
c	Beginning balance							1c					
d	Additions during the year												
e	Distributions during the year 1e												
f	Ending balance												
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?								Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,											
Pai	t V Endowment Funds. Complete	f the organization	n ans	were	ed "Yes"	to I	Form 990	, Par	t IV, lıı	ne 1	0.		
		(a)Current Year	(b)Prioi	Year	(c) ⊤	wo Years Bad	k (d) Three Ye	ears Ba	ack (e	Four Y	ears Back
1a	Beginning of year balance	104,947,058		13	0,068,977								
b	Contributions	23,843,826		2	7,281,650								
c	Investment earnings or losses	19,074,343		-3	5,572,968								
d	Grants or scholarships	32,036,585		1	5,420,708								
e	Other expenditures for facilities and programs	535,752			1,409,893								
f	Administrative expenses												
q	End of year balance	115,292,890		10-	4,947,058								
2	Provide the estimated percentage of the yea	r end balance held a											
а	Board designated or quasi-endowment	37 000 % %											
ь	Permanent endowment ► 23 000 % %												
c	Term endowment ► 40 000 % %												
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat a	are held a	nd a	dministere	d for	the				
	organization by											Yes	No
	(i) unrelated organizations			•						_	Ba(i)		Νo
	(ii) related organizations									. 📙	Ba(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•		• _	3b		
4	Describe in Part XIV the intended uses of th					<u> </u>	V 1	10					
Par	t VI Investments—Land, Building	s, and Equipme	<u>nτ. 5</u>	1					T		. 1		
	Description of investment) Cost or of is (investm		(b)Cost or o basis (oth		(c) Acc depre	cumula eciatio		(d) Bo	ok value
1a l	and		•										
b i	Buildings		•				5,98	5,875		3,457	7,545		2,528,330
c l	easehold improvements												
d l	Equipment		•				1,130	5,630		661	1,244		475,386
е (Other						1,229	9,930		384	1,886		845,044
	.Add lines 1a-1e (Column (d) should equal Fo									>			

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		of valuation ear market value
Financial derivatives			
Closely-held equity interests Other			
PRIVATE EQUITY	26,273,721		F
LONG/SHORT EQUITY	36,454,960		F
REAL ESTATE	5,642,828		F
CREDIT	8,345,497		F
ABSOLUTE RETURN	13,945,112		F
RESOURCES	9,994,986		F
CASH AND ACCRUALS	11,759,053		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	112,416,157		
Part VIII Investments—Program Related. See		.3.	
(a) Description of investment type	(b) Book value		of valuation rear market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Description			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		
Federal Income Taxes	0		
RELATED ORGANIZATIONS	67,228,755		
OTHER LIABILITIES	403,770		
ANNUITY & LIFE OBLIGATIONS	3,534,201		
PAYABLE TO PRIME BROKER	36,955		
PAYABLE UNDER REPURCHASE AGREE	3,248,961		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	74,635,713		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	
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	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
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		
c	Recoveries of prior year grants		
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part		per F	Return
1	Total expenses and losses per audited financial statements	,	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
c 5		4c 5	

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

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

Ident if ier	Return Reference	Explanation
FIN 48 FOOTNOTE		The Association is required to recognize a tax position taken or expected to be taken on a tax return based on a 'more-likely than-not" threshold. This applies to positions taken or expected to be taken on a tax return. The Association does not believe its consolidated financial statements include any uncertain tax positions.
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V	The Association's endowments consist of approximately 3,010 individual funds established for a variety of purposes in furtherance of the association's 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 - Current year amount?

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DLN: 93493111003151 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public Inspection

Name of the organization	Employer identifi	Employer identification number						
University of Virginia Alumni As	ssociation					54-0485595		
Part I General Inform	nation on Grants	and Assistance				•		
	d to award the grants or rganization's procedur her Assistance to	or assistance? res for monitoring the us Governments and	e of grant funds in the U Organizations in			ganızatıon answered		
		ecipient that received) if additional space						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
University of VirginiaBox 400229 Charlottesville, VA 229044229	546001796	501(C)(3)	30,769,488				Provide assistance to the Unvirsity of Virginia t	
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations)	

art III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization answered "Yes" to Form 990, I	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.

Ident if ier	Return Reference	Explanation
U Va Fund	Schedule I, Part I	The UVa 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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DLN: 93493111003151

OMB No 1545-0047

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization University of Virginia Alumni Association **Employer identification number**

54-0485595

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> - </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des	_		1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executiv	e Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	nt?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
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
ь	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 Appayments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

C THOMAS FAULDERS (I) 250,000 35,150 22,036 23,500 9,585 340,271 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
CTHOMAS FAULDERS (i) 250,000 35,150 114,975 4,378 8,500 23,070 992 151,915 0	(A) Name		(B) Breakdown of					
C THOMAS FAULDERS (I) 250,000 35,150 22,036 23,500 9,585 340,271 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				incentive	reportable	Denents	(B)(I)-(D)	Form 990 or
III (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DONNA R AREHART	(1) (11)			11,000 0	10,616 0		=
WAYNE D CO ZART (1) 114,975	C THOMAS FAULDERS III			35,150 0	22,036 0	9,585 0	340,271 0	
	WAYNE D COZART	(1) (11)			8,500 0	992 0		

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	Ret urn Ref erence	Explanation
Schedule J Supplemental Information		Schedule J, Part I, Line 1 Health or Social Club Dues The Alumni Association pays for health club dues and social club dues for the following employees 1 Tom Faulders - Health Club \$0 Social Club Dues \$6,036 2 Donna Arehart - Health Club \$325 Social Club Dues \$2,500 3 Wayne Cozart - Health Club \$325 Social Club Dues \$0 4 Robert Viccellio - Health Club \$325 Social Club Dues \$0 5 Molly Bass - Health Club \$0 Social Club Dues \$2,500 Schedule J, Part I, Line 7 Incentive Compensation 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 employee's own performance level for the year, the percentage of goals met by the employee's department, and the percentage of goals met by the Alumni Association as a whole Each criteria is weighted based on the employee's 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.

Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization **Employer identification number** University of Virginia Alumni Association E4 040EE0E

Pa	rt I Types of Property				54-0485595			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	(d) determi enues	ning	
1	Art—Works of art	аррпсавіе						
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	335	1,867,038	FMV			
10	Securities—Closely held stock \cdot							
	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 .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► (Horses)	X	17	1,039,103				
	Other ► (Other)	X	28	34,768	FMV			
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29	-	I	6
20-	During the year did the evening		a hu aantuhutian anu nyana	utu ranartad in Dart I. linas	1 20 that it		Yes	No
Sua	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	a to be usea			NI -
	for exempt purposes for the enti					30a		No_
ь 31	If "Yes," describe the arrangemone. Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
52a	Does the organization hire or us contributions?	e third parti	es or related organizations		non-casn	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (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.

Ident if ier	Ret urn Reference	Explanation
32a	· · · · · · · · · · · · · · · · · · ·	The Alumni Association uses independent agents and brokers to sell and process gifts of securities

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 54-0485595

Name: University of Virginia Alumni Association

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DLN: 93493111003151

OMB No 1545-0047

2009

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

Attach to Form 990.

Supplemental Information to Form 990

Open to Public Inspection

Name of the organization

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

University of Virginia Alumni Association

Employer identification number

54-0485595

Identifier	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 11	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.

Identifier	Return Reference	Explanation
Disclosure	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
Other Program Services	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

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 officer's compensation and benefit package. The compensation committee contemporaneously documents the deliberation and decision in minutes before approving the compensation and benefit packages. 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.

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DLN: 93493111003151

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name or the organization University of Virginia Alumni Association				Employer ident	irication number
Shive say of Vilginia Addition Association				54-0485595	
Part I Identification of Disregarded Entities (Complete	e if the organization a	nswered "Yes" on	Form 990, Part IV	V, line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) nd-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete if th tax year.)	ne organization and	swered "Yes" on F	Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)	(f) htus Direct controlling (3)) entity
JEFFERSON SCHOLARS FOUNDATION					
112 Clarke Court	Scholarships	VA	501(c)(3)		7
Charlottesville, VA 22903 31-1755873	Scholarships	Vo	301(6)(3)		,
	•	•	•	•	•

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	Share of end asset		(h Disprop allocat	ortionate	Code amount II Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana partr	al or Iging
								Yes	No			Yes	No
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 34, 35, or 36.)		V	N.
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		-		
_	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b	Gift, grant, or capital contribution to other organization(s)		1b		No
	Gift, grant, or capital contribution from other organization(s)		1c		No
	Loans or loan guarantees to or for other organization(s)		1d		No
е	Loans or loan guarantees by other organization(s)		1e		No
f	Sale of assets to other organization(s)		1f		No
g	Purchase of assets from other organization(s)		1 g		No
h	Exchange of assets		1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		No_
j	Lease of facilities, equipment, or other assets from other organization(s)		1 j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I	Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n	Sharing of paid employees		1 n		No
o	Reimbursement paid to other organization for expenses		10		No
р	Reimbursement paid by other organization for expenses		1 p		No
q	O ther transfer of cash or property to other organization(s)		1 q		No
r	O ther 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 on who must complete this line, including covered relationships	and transaction thres	holds		
	(a)	(b)		(c)	
	Name of other organization	Transaction type(a-r)		t involve	ed
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			1		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(b) Primary activity Legal domicile (state or foreign country) (state or foreign partners section 501(c)(3) organizations? (c) (d) Are all Share of end-of-year assets		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		h) eral d lagin tner?	
			Yes	No		Yes	No		Yes	N
									+-	╁
										1
										+
										T
										1
									+-	t
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Additional Data

Software ID:

Software Version:

EIN: 54-0485595

Name: University of Virginia Alumni Association

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services			
(Code) (Expenses \$	1,693,799 including grants of \$) (Revenue \$	302,147)
Other program serv	vices			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours that apply) per							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
ALEXANDER B HUME BOARD OF MANAGERS	1 0	Х						0	0	0		
ALAN Y ROBERTS VICE-CHAIRMAN	1 0	Х						0	0	0		
ALEXANDRA ARRIAGA BOARD OF MANAGERS	1 0	х						0	0	0		
WILLIAM F BLUE JR BOARD OF MANAGERS	1 0	Х						0	0	0		
TERESA A BRYCE BOARD OF MANAGERS	1 0	Х						0	0	0		
DONNA L BYRD BOARD OF MANAGERS	1 0	Х						0	0	0		
ANN H TAYLOR BOARD OF MANAGERS	1 0	Х						0	0	0		
MARGARET H CHANG BOARD OF MANAGERS	1 0	Х						0	0	0		
ATIIM K BARBER BOARD OF MANAGERS	1 0	Х						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 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	Х						0	0	0		
VICTORIA D HARKER BOARD OF MANAGERS	1 0	Х						0	0	0		
GLYNN D KEY EX-OFFICIO BOARD OF MANAGERS	1 0	Х						0	0	0		
TIMOTHY G OSHEA BOARD OF MANAGERS	1 0	Х						0	0	0		
NOREEN L POULSON BOARD OF MANAGERS	1 0	Х						0	0	0		
RICHARD C KELLOGG JR BOARD OF MANAGERS	1 0	X						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	1 0	Х						0	0	0		
BYRON F MARCHANT BOARD OF MANAGERS	1 0	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per	Posi		C) (che	ck a ')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
DEANNE E MAYNARD BOARD OF MANAGERS	1 0	Х						0	0	0
STEPHEN A RIDDICK CHAIRMAN	1 0	х						0	0	0
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
OWEN D GRIFFIN JR BOARD OF MANAGERS	1 0	х						0	0	0
DONNA R AREHART SECRETARY/TREASURER	40 0			х				168,898	0	34,406
C THOMAS FAULDERS III PRESIDENT	40 0			х				307,186	0	33,085
WAYNE D COZART Vice President of Development	40 0					Х		127,853	0	24,062
MARY C BASS Director of Endowments	40 0					Х		111,917	0	22,165
ROBERT VICCELLIO Vice President of Communicatio	40 0					Х		114,696	0	32,943

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
UVA CONTRACTUAL SERVICES	900,099	2,308,388	2,308,388		
GRANTS	900,099	58,000	58,000		
ADMIN SVC FEE	900,099	536,838	536,838		
COMMISSIONS	900,099	133,054	133,054		
ADVERTISING	541,700	632,450	32,924	599,526	