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Form **990**.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

2009
Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010						
В	Check If	Please C Name of organization	D Employer identifi	cation number					
ε	pplicabl	use IRS VIRGINIA COMMONWEALTH UNIVERSITY							
Х	Addre	ess label or Louisian and the control of the contro							
一	Name chang	type D D	54-0	757884					
Ē	Initial	One District Control of the Control							
F	Termi	n- Specific 7.0.0 MR CM CD A CE CMD FEM	(804						
Η	⊸ated ∏Amen	ided tions Characteristic and ZID 4	G Gross receipts \$	20,543,831.					
\vdash	⊒return ∏Applio								
	tion pendi	F Name and address of principal officer PAUL P. JEZ	H(a) Is this a group r	Yes X No					
			for affiliates?						
_	-		-3 H(b) Are all affiliates in						
				list (see instructions)					
_		ite: ► WWW.VCUF.ORG forganization: X Corporation Trust Association Other ► L	H(c) Group exemption						
	orm o	 	ear of formation. 1917	M State of legal domicile: VA					
Г			DM MUE						
çe	1	Briefly describe the organization's mission or most significant activities TO SUPPO							
III N 7 Revenue 3 (@ @ Willing & Bovernance		EDUCATIONAL, SCIENTIFIC & CHARITABLE ACTIVITI							
ē	2	Check this box fithe organization discontinued its operations or disposed of r							
(g)	3	Number of voting members of the governing body (Part VI, line 1a)	3	22					
(3	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22					
200	5	Total number of employees (Part V, line 2a)	5	0					
	6	Total number of volunteers (estimate if necessary)	6	0					
(2)	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.					
0	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		0.					
H			Prior Year	Current Year					
(<u>@</u>	8	Contributions and grants (Part VIII, line 1h)	7,719,382.	4,956,962.					
Ç,	9	Program service revenue (Part VIII, line 2g)							
&	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	356,290.	405,276.					
78	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	281,663.	255,621.					
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,357,335.	5,617,859.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,437,992.	4,091,460.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)							
Ś	15	Salaries, other compensation, employee benefits (Part IX, Column (A), Ince-5-10)							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)RECEIVED							
ē	b	Total 6 and source assessed (Dark IV, and source (D), lond OS							
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 13124NOV 1 8 2010 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,137,622.	632,325.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,575,614.	4,723,785.					
	19	Revenue less expenses Subtract line 18 from line 12	781,721.	894,074.					
20		OGUEN, UI	Beginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	67,363,449.	71,379,790.					
Ass	21	Total liabilities (Part X, line 26)	23,563,556.	25,793,946.					
E SE	22	Net assets or fund balances Subtract line 21 from line 20	43,799,893	45,585,844.					
	art II	Signature Block	1 40,100,000	1 43,303,044.					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowled	dge and belief, it is true, correct,					
		and complete Diclaration of preparer (other than officer) is based on all information of which preparer has any knowl	edge						
8.0	_		111-10.	-10					
Sig		Signature of officer	Date						
He	-	PAUL P. JEZ, TREASURER							
		Type or print name and title	·						
_		Doto	Check if Prepa	rer's identifying number					
Paid Self- (see instructions)									
Pre	parer's	Firm's name (or M. JAMES HARTSON, JR. CPA	employed						
Use	Only	yours if self-employed). 1802 BAYBERRY COURT, SUITE 300	EIN ►						
		address, and	Dhana na 🕨 /	0041202 6000					
A.A	., 4b - 1	· · · · · · · · · · · · · · · · · · ·	Phone no. >	804)282-6000					
		IRS discuss this return with the preparer shown above? (see instructions)		X Yes No					
9320	001 02-	04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2009)					

Form	, 1 990 (2009).	VIRGINIA COMMO FOUNDATION	ONWEALTH UNIVERSITY	54-07	57884	Page 2
Pa	rt III Statem	ent of Program Service Acco	omplishments			
1	TO SUPPO		, SCIENTIFIC AND CHAR ERSITY AND RELATED ORG		IES OF	
2	the prior Form 9	• • • •	m services during the year which were not	listed on	Yes	X No
3	Did the organiza		ficant changes in how it conducts, any pro	ogram services?	Yes	X No
4	Describe the ex Section 501(c)(3	kempt purpose achievements for each 3) and 501(c)(4) organizations and sec	of the organization's three largest programation 4947(a)(1) trusts are required to reported if any, for each program service reported	t the amount of grants and		
4a		ORT VIRGINIA COMMONITHE MANAGEMENT OF	,785. including grants of \$ WEALTH UNIVERSITY AND INVESTED FUNDS AND TH		IZATIO	621.
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$		

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

(Expenses \$

) (Revenue \$

including grants of \$
\$ 4,723,785.

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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	Х	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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		<u>X</u>
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, Fart II	7_		<u>X</u>
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	_		77
	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?	40	v	
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X		v	
	as applicable	11	Х	
•	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		ŀ	
•	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		İ	
•	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? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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		1	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
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		<u> </u>
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	 	<u> </u>
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	900	(2000)
		rorm	33U ((2009)

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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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ŀ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ		
	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	ł		
	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	ļ		
	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	İ		
	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)			
а	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
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 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
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		х
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		х
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	Х	
		Form	990 (2009)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		1 1		_	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	14	1						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b	(4						
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming		:					
_	(gambling) winnings to prize winners?	1 1		1c	X					
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	. (7						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned to a second 2a or greater than 250 years may be required to a file this return.		-A N	2b						
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered.		•			v				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	eu by t	iis return?	3a 3b	 -	<u> </u>				
	la At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
h	If "Yes," enter the name of the foreign country BRITISH VIRGIN IS, CAYMA			4a	Х					
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign									
	Financial Accounts									
5a	ia Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X				
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders	arding	Prohibited							
	Tax Shelter Transaction?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anızatıon solicit	1						
	any contributions that were not tax deductible?			6a		_X_				
b	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).			1						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services	7a		х				
_	provided to the payor?									
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	iae rea	urod	7b	-					
C	to file Form 8282?	as req	uirea	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1,0						
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		al	1						
	benefit contract?			7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		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 re	quired?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganıza	ntions. Did the							
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	isiness holdings							
	at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?			9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter	١								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		\dashv						
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-						
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against	ı ıa		1						
5	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)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
					000	2009)				

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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

A. Governing Body and Management

sec	tion A. Governing Body and Management		_			-			
		1.	ı	م م ا	\dashv	Yes	_No_		
	Enter the number of voting members of the governing body	1a	<u>. </u>	22					
b	Enter the number of voting members that are independent	_1b_	L	22					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any otner						
_	officer, director, trustee, or key employee?			-	2		<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the	e aire	ct supervision				••		
_	of officers, directors or trustees, or key employees to a management company or other person?			-	3		<u>X</u>		
4									
5									
6									
7a		ember	s of the		_				
	governing body?	_			7a		<u>_x</u> _		
	Are any decisions of the governing body subject to approval by members, stockholders, or other per			-	7b		<u> </u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year						
	by the following				_				
	The governing body?				8a	X			
	Each committee with authority to act on behalf of the governing body?			-	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched	at the		_		••		
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> </u>		
sec.	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			1			
	Describe assessment on bossels benefit to be supplied to the first of			Г		Yes	No		
	Does the organization have local chapters, branches, or affiliates?		££.l4	F	10a		X		
Þ	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapt	ers, aπiliates,			į			
	and branches to ensure their operations are consistent with those of the organization?	مالة سامان	- f0		10b	v			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	lling tr	e torm?	-	11	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990					v			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	del en	0 500	-	12a	X			
D	Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?	ala giv	e rise	1.	12b	х			
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes "	describe	F	120	21			
·	in Schedule O how this is done	100,	describe		12c	х			
13	Does the organization have a written whistleblower policy?				13		Х		
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 approve	al by ii	ndenendent	<u> </u>	17				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	idoponidoni.						
а	The organization's CEO, Executive Director, or top management official				15a		Х		
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 arranger	ment v	vith a						
	taxable entity during the year?		· · -		16a		Х		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate	ts participation						
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization		•						
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE					-			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	r (501	c)(3)s only) ava	ılable fo	or				
	public inspection. Indicate how you make these available. Check all that apply								
	X Own website Another's website Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	of interest pol	icy, and	l fina	ncial			
	statements available to the public		,						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the org	anızatıc	n 🕨				
	ORGANIZATION - (804) 828-9292								
	700 WEST GRACE STREET, RICHMOND, VA 23284								
				- 1	Form	990 (2009)		

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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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours	(ct	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per week	ector						from the	from related organizations	other compensation
	WOOK	individual trustee or director	8		ļ	Highest compensated employee		organization	(W-2/1099-MISC)	from the
		rustee	Institutional trustee		8	mpen		(W-2/1099-MISC)		organization
		dualt	utrona	1	Key employee	est co	 ==			and related
		횰	la Str	Officer	Key	를	Former			organizations
PATRICIA A. WILKERSON										
PRESIDENT	1.00	X		X				0.	0.	0.
PAUL P. JEZ										
TREASURER	3.00	X		X				0.	0.	0.
JOHN B. ADAMS, JR.										
TRUSTEE	1.00	X						0.	0.	0.
THOMAS S. CAIN									_	_
TRUSTEE	1.00	Х						0.	0.	0.
JOSEE G. COVINGTON	4 00									
TRUSTEE	1.00	Х				-	<u> </u>	0.	0.	0.
HEATHER CHOE	1 00								_	_
TRUSTEE	1.00	X			 	- -		0.	0.	0.
ELIZABETH B. FREUND TRUSTEE	1.00	х						0.	0.	0.
THOMAS HAMILTON	1.00	Λ			-		┢		U.	<u> </u>
TRUSTEE	1.00	$ _{\mathbf{x}} $						0.	0.	0.
PATRICK HANLEY	1.00		-		-	 	┼-			•
TRUSTEE	1.00	x			1			0.	0.	0.
MARY JANE HOGUE						<u> </u>				
TRUSTEE	1.00	X						0.	0.	0.
LARRY MCKOY										
TRUSTEE	1.00	X						0.	0.	0.
ALEXANDER B. MCMURTRIE J										
TRUSTEE	1.00	X		L.	<u> </u>	_	<u> </u>	0.	0.	0.
CECIL C. MILLNER										_
TRUSTEE	1.00	X			<u> </u>	<u> </u>	ļ	0.	0.	0.
DAVID PHILLIPS	4 00									
TRUSTEE	1.00	X			-	-	-	0.	0.	0.
THOMAS P. ROHMAN	1 00	.							_	^
TRUSTEE SISSY SPACEK	1.00				-	\vdash	\vdash	0.	0.	0.
TRUSTEE	1.00	y	•	1				0.	0.	0.
JAMES B. THORSEN	1.00	<u> </u>	-	 -	\vdash	 - -	-	<u> </u>	<u></u>	<u></u>
TRUSTEE	1.00	x						0.	<u> </u>	0.
							_	·		Farry 000 (0000)

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Form **990** (2009)

Part VII Section A. Officers, Directors, Tr	l .	mplo	oyee			High	est	1		1		
(A) Name and title	(B) Average			(C Pos				(D) Reportable	(E) Reportable	(F) Estimated		ad.
name and title	hours	(c	heck				lv)	compensation	compensation		mount	
	per				<u> </u>	<u> </u>	,, 	from	from related		other	•
	week	liect						the	organizations	cor	npensa	tion
		50	stee			sated		organization	(W-2/1099-MISC)	i	from the	
		truste	af tru:		yee.	шрег		(W-2/1099-MISC)			ganızat	
		individual trustee or director	institutional trustee	a	Key employee	Highest compensated employee	<u> </u>				nd relat	
		를	ınst	Officer	Key	돌	Former			Org	ganızatı	Oris
JANE G. WATKINS								-				
TRUSTEE	1.00	X						0.	0		_	0.
JOHN THOMAS WEST, IV									-			
TRUSTEE	1.00	X		-				0.	0			0.
RONALD L. TILLETT												
VICE PRESIDENT	1.00	X		Х				0.	0			_0.
THOMAS C. BURKE												
SECRETARY	20.00	X		Х		_		0.	0	•		0.
MICHAEL EVANS												
TRUSTEE	1.00	X	_			—	-	0.	0	•		0.
DIANE LEOPOLD	1											•
TRUSTEE	1.00	X			-	 -		0.	0	•		0.
YOGI H. SIGH	1 00	۱,,		ļ	İ	İ	ļ		•			^
TRUSTEE	1.00	X	\vdash	-	-	 -	├	. 0.	0	+		0.
		\vdash	-	-			├			+		
		┼				╁╾╌	├-			-		
1b Total		٠	J			—	1	0.	0			0.
Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) w	ho re	•		- .1		
compensation from the organization						•		·	,			0
									-		Yes	No
3 Did the organization list any former office	r, director or tru	stee	e, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for	such individual									3		Х
4 For any individual listed on line 1a, is the s	sum of reportab	le c	omp	ensa	atior	n an	d otl	her compensation from	the organization			
and related organizations greater than \$15	50,000? If "Yes	, " сс	mpl	ete S	Sch	edul	e J f	for such individual		4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion t	from	any	y uni	relat	ed organization for serv	ices rendered to			
the organization? If "Yes, " complete Sche	dule J for such	pers	son						· .	5		_X_
Section B. Independent Contractors									-			
Complete this table for your five highest c	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comper	nsation	from	
the organization NONE											'0 \	
(A) Name and busines	s address							(B) Description of s	ervices		(C) ensatio	n
				-			\dashv			-		
							\dashv					
												
							\neg					
		_	_	_		_		· -				
								_				
2 Total number of independent contractors		not li	mite	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 in compensation from the organ	nization 🕨					0						
										Forn	n 990 (2009)

Program Service

5

Royalties

6 a Gross Rents

and sales expenses

VIRGINIA COMMONWEALTH UNIVERSITY FOUNDATION Statement of Revenue (A) (B) Total revenue Related or exempt function revenue 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4956962 similar amounts not included above 1f 90,234. g Noncash contributions included in lines 1a-1f \$_ 4956962 h Total. Add lines 1a-1f **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 374,262. other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 14,956,986 b Less cost or other basis

31,014.

31,014. c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events

14,925,972

а

Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

9 a Gross income from gaming activities See

and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory

Total revenue. See instructions

Miscellaneous Revenue 11 a ADMINISTRATIVE FEES **b MISCELLANEOUS**

d All other revenue e Total. Add lines 11a-11d **Business Code** 900099 191,459. 900099 64,162.

191,459. 64,162.

255,621.

405,276. Form 990 (2009)

0.

31,014.

Other Revenue

255,621.

5617859.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete include amounts reported on lines 6b, 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		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	4,091,460.	4,091,460.		
_	Grants and other assistance to individuals in	4,031,400.	4,031,400.		
2	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				
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)				-
а	Management				
b	Legal	226.	226.		
c	Accounting	23,850.	23,850.		
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	4,194.	4,194.	.	
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.)				
а	BAD DEBTS	372,172.	372,172.		
b	INVESTMENT EXPENSES	188,929.	188,929.		
С	BANK SERVICE CHARGES	17,038.	17,038.		
d	MISCELLANEOUS	11,385.	11,385.		
е	INSURANCE EXPENSE	8,765.	8,765.		
f	All other expenses	5,766.	5,766.		
25	Total functional expenses Add lines 1 through 24f	4,723,785.	4,723,785.	0.	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				

Form 990 (2009)
Part X | Balance Sheet

Par	t X	Balance Sheet				
	Ī			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		5,000.	1	5,000.
	2	Savings and temporary cash investments		12,570,431.	2	12,020,277.
	3	Pledges and grants receivable, net		6,851,560.	3	5,560,904.
	4	Accounts receivable, net		354,016.	4	487,751.
	5	Receivables from current and former officers, dire	ectors, trustees, key			
		employees, and highest compensated employees	Complete Part II			
		of Schedule L			_5	
	6	Receivables from other disqualified persons (as d	lefined under section			
		4958(f)(1)) and persons described in section 4958	3(c)(3)(B) Complete		:	
		Part II of Schedule L			6	·
ţs	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges	ı		9	
	10a	Land, buildings, and equipment cost or other	46.000	•		
		basis Complete Part VI of Schedule D	10a 16,890.			
	l	Less accumulated depreciation	16,890.	0.		0.
	11	Investments - publicly traded securities		24,611,967.	11	27,810,952.
	12	Investments - other securities See Part IV, line 1	22,928,104.	12	25,435,198.	
	13	Investments - program-related See Part IV, line 1	1	13		
	14	Intangible assets	40 271	14	E0 700	
	15	Other assets See Part IV, line 11	line 24)	42,371. 67,363,449.	15	59,708. 71,379,790.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	line 34)	47,983.	16 17	10,000.
	18	Grants payable	47,303.	18	10,000.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
w	21	Escrow or custodial account liability Complete P		21		
Liabilities	22	Payables to current and former officers, directors				
jg J		highest compensated employees, and disqualifie				
Ë		of Schedule L	,		22	
	23	Secured mortgages and notes payable to unrelat	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities Complete Part X of Schedule D		23,515,573.	25	25,783,946.
	26	Total liabilities. Add lines 17 through 25		23,563,556.	26	25,793,946.
		Organizations that follow SFAS 117, check her	re 🕨 🗓 and complete			
es	1	lines 27 through 29, and lines 33 and 34.		_		
auc	27	Unrestricted net assets		1,385,121.	27	2,107,174.
Bal	28	Temporarily restricted net assets		21,645,112.	_28	22,441,755.
힏	29	Permanently restricted net assets	20,769,660.	29	21,036,915.	
Ī		Organizations that do not follow SFAS 117, ch	eck here 🕨 📖 and			
ğ		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Asi	31	Paid-in or capital surplus, or land, building, or equ			31	
Šet	32	Retained earnings, endowment, accumulated inc	ome, or other funds	42 700 002	32	45 505 044
_	33	Total net assets or fund balances		43,799,893.	33	45,585,844.
	34	Total liabilities and net assets/fund balances		67,363,449.	34	71,379,790.

Form **990** (2009)

Form 990 (2009) FOUNDATION 54-0757884 Page 12

			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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	X	}
	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			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	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		Х
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	3h		

Form **990** (2009)

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.

2009

Open to Public Inspection

Name of the organization VIRGINIA COMMONWEALTH UNIVERSITY Employer identification number FOUNDATION 54-0757884 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 X 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 c Type III · Functionally integrated d ____ Type III - Other a L___ Type I __ Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (ı) Name of supported (vii) Amount of (ii) EIN organization in col. organization in col. (ı) listed in your organization in col. (i) organized in the U.S.? organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No No No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION

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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.)

Sec	ction A. Public Support					_					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
	Gifts, grants, contributions, and	(u) 2000	(6) 2000	(0) 2007	(0) 2000	(0) 2000					
•	membership fees received (Do not										
	include any "unusual grants ")	4,064,667.	7,801,985.	5,175,924.	7,719,382.	4,956,962.	29.718.920.				
2	Tax revenues levied for the organ-	4,004,007.		3,173,524.	_1,113,302,	3,000,002.	23,710,320,				
_	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
•	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	4,064,667.	7,801,985.	5,175,924.	7.719.382.	4,956,962.	29,718,920.				
	The portion of total contributions	4,004,007.	7.001,303.	3,173,324.	7,713,302,	4,550,502.	23,710,320.				
J	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)	1					5,647,015.				
6	Public support. Subtract line 5 from line 4						24 071 905				
_	ction B. Total Support	,			L	<u> </u>	24,074,505.				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
	Amounts from line 4	4.064.667.	7,801,985.	5,175,924.	7,719,382,	1	29.718.920.				
8	Gross income from interest,		,								
_	dividends, payments received on										
	securities loans, rents, royalties	1	ļ								
	and income from similar sources	1,414,704.	1,251,488.	1,137,905.	806,965.	374,262.	4,985,324.				
9	Net income from unrelated business		1,202,100,			0.1,2000	1,505,524.				
	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)	440.882.	472,827.	543.612.	281.663.	255,621.	1,994,605.				
11	Total support. Add lines 7 through 10				•		36,698,849.				
12	Gross receipts from related activities	. etc (see instructi	ons)			12					
	First five years. If the Form 990 is fo	•	•	d. fourth, or fifth ta	ax vear as a sectio						
	organization, check this box and sto	•	,	_,	,		ightharpoons				
Se	ction C. Computation of Pub	lic Support Pe	rcentage								
14	Public support percentage for 2009 ((line 6, column (f) d	ivided by line 11, c	olumn (f))		14	65.59 %				
15	Public support percentage from 2008	8 Schedule A, Part	II, line 14			15	70.24 %				
16a	a 33 1/3% support test - 2009. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or m	nore, check this box	k and				
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \mathbf{X}$				
ŀ	33 1/3% support test - 2008. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box				
	and stop here. The organization qua	lifies as a publicly	supported organiza	ation			ightharpoons				
178	a 10% -facts-and-circumstances tes	t - 2009.If the org	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,				
	and if the organization meets the "fac	cts-and-circumstar	ces" test, check th	nis box and stop h	nere. Explain in Pa	rt IV how the organ	ization				
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supported	d organization		▶□				
i	o 10% -facts-and-circumstances tes	st - 2008. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or				
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explair	n 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	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instructions	s 🕨 🗌				
					Sche	edule A (Form 990	or 990-E7) 2009				

Sch	edule A (Form 990 or 990-EZ) 2009			O 1: 500/	<u> </u>		Page 3
Pa	rt III Support Schedule for O	rganizations	Described in	Section 509(a	(2) (Complete only	rif you checked the bo	ox on line 9 of Part I)
	ction A. Public Support			T	T	1	
	endar 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 ")					ļ	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		_				
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			l			
6	Total. Add lines 1 through 5						
7 a	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)						
Sec	ction B. Total Support						
Cal	endar 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						
Ŀ	Unrelated business taxable income			<u> </u>			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)					-	
	Total support (Add lines 9, 10c, 11, and 12)		l		<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here	o Compand Da					_
	ction C. Computation of Publi		-			T T	
15	Public support percentage for 2009 (li	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	
16	Public support percentage from 2008				·	16	%
	ction D. Computation of Inves					T. 	
17	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from 2				٠٠ شويد	18	<u>%</u>
19	a 33 1/3% support tests - 2009. If the	-		•		•	1 / is not
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2008. If the	•			· ·	•	and ⊾ ┌──
^^	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	n did not check a	DOX ON line 14, 19	a, or 190, check t	nis dox and see if	ISTRUCTIONS	

Schedule A (Form 990 or 990-EZ) 2009

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.

2009
Open to Public Inspection

Name of the organization VIRGINIA COMMONWEALTH UNIVERSITY FOUNDATION

Employer identification number 5.4 - 0.757884

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s 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 v	vriting that the assets held in donor adv	used funds
	are the organization's property, subject to the organization's	=	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor as	<u> </u>	e used only
	for charitable purposes and not for the benefit of the donor o		•
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	leasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic 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 durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for
	conservation easements	 	
Pai	rt III Organizations Maintaining Collections of		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, no	·	
	treasures, or other similar assets held for public exhibition, ed		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i		
D	If the organization elected, as permitted under SFAS 116, to	•	· · ·
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	ce, 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 treation of the control of the con		ial gain, provide
	the following amounts required to be reported under SFAS 1	to relating to these items	> 2
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

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Par	t III Organizations Maintaining C		+ Historiaal Tr	20011500	or Other			5/884		
3	Using the organization's acquisition, accessing	on, and other record	s, cneck any of the	tollowing tha	t are a sigi	nificant u	se of its	collection	ı item:	3
	(check all that apply)		<u> </u>							
а	Public exhibition	d		hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co			_			se in Pai	t XIV		
5	During the year, did the organization solicit o				er sımılar a	ssets		_		,
	to be sold to raise funds rather than to be ma							_ Yes_	ㅗㅡ	No
Par	t IV Escrow and Custodial Arran		ete if organization ar	nswered "Yes	s" to Form	990, Par	t IV, line	9, or		
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custode	an or other intermed	lary for contribution	s or other as	sets not in	ncluded		_	_	_
	on Form 990, Part X?						L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table							
								Amount	i	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes		No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete r	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line 10					
		(a) Current year	(b) Prior year	(c) Two year	rs back (d	i) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	25,250,810.	31,040,229.							
b	Contributions	367,245.	661,270.		ĺ					
С	Net investment earnings, gains, and losses	2713955.	<5,131,162,							
d	Grants or scholarships						-	-		
	Other expenditures for facilities							1		
_	and programs	1089476.	1291943.	}						
f	Administrative expenses	57,965.	27,584.							
g	End of year balance	27,184,569.	25,250,810.							
2	Provide the estimated percentage of the year							<u> </u>		
a	Board designated or quasi-endowment		%							
ь	Permanent endowment ► 100.00	%	_′°							
		^~ %								
	Are there endowment funds not in the posse		ation that are held a	nd administe	ered for the	organiz:	ation			
Ou	by	oolon of the organiza		ina aanninace		o garne	20011	Г	Yes	No
	(i) unrelated organizations							3a(i)	163	X
	(ii) related organizations									X
h	If "Yes" to 3a(ii), are the related organizations	e lieted as required o	n Schedule D2					3a(ii)	\dashv	
	Describe in Part XIV the intended uses of the	•						30 1		
Par	rt VI Investments - Land, Building			Part Y line	10			,		
1.4.	Description of investment	(a) Cost or o		or other		cumulated	-	(d) Pool	L valu	
	Description of investment	basis (investr	1 ' '	(other)		eciation	.	(d) Bool	(value	3
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other		1	6,890.		16,89	0.			0.
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part							_	0.

Schedule D (Form 990) 2009 FOUNDATION			54-0757884 Page	3
Part VII Investments - Other Securities. Sec	e Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation end-of-year market value	
Financial derivatives	- ·			
Closely-held equity interests				
Other				
ALTERNATIVE INVESTMENTS -				
LIMITED PARTNERSHIP INTERESTS	20,906,925.	END-OF-YEAR	R MARKET VALUE	
WINSTON GLOBAL FUND	1,677,618.		R MARKET VALUE	
COMMONFUND INTERNATIONAL FUND	2,850,655.	END-OF-YEAR	R MARKET VALUE	
				_
				_
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. Se	25,435,198. ee Form 990, Part X, line 1			_
(a) Description of investment type	(b) Book value		Method of valuation end-of-year market value	
				_
				_
				_
				_
				_
T-4-1 (Cal (h) must soud Form 000 Part V and (D) line 10.)				_
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	15			_
	Description		(b) Book value	
				
				
Total. (Column (b) must equal Form 990, Part X, col (B) line			>	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25	(h) Amount		
		(b) Amount		
Federal income taxes		160.040		
LIFE ANNUITIES		162,842.		
DEPOSITS HELD FOR VCU		3,449,869.		
DEPOSITS HELD FOR VCU INTELLE	CTUAL	055 707		
PROPERTY FOUNDATION		855,707.		
DEPOSITS HELD FOR VCU ALUMNI	-	1 215 520		
ASSOCIATION		1,315,528.		
Total. (Column (b) must equal Form 990, Part X, col (B) line 2. FIN 48 Footnote In Part XIV, provide the text of the foo		5,783,946.	t reports the organization's liability for	—
uncertain tax positions under FIN 48 932053 02-01-10			Schedule D (Form 990) 200	
UZ-U I- IU			Conedule D (FUITI 330) 20	J

	dule D (Form 990) 2009 FOUNDATION	·			757884	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 9	990 to Audited Finar	icial St	tatement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		5,617	859.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		4,723	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			074.
4	Net unrealized gains (losses) on investments		4		2,424	
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7		<1,532,	,339.>
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9		891	877.
10	Excess or (deficit) for the year per audited financial statements. Combine line	es 3 and 9	10		1,785	951.
Par	t XII Reconciliation of Revenue per Audited Financial Sta	atements With Reve	nue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements			1	8,042	075.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a 2,42	<u>24,21</u>	6.		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	_2c				
đ	Other (Describe in Part XIV)	_2d				
е	Add lines 2a through 2d			2e	2,424	
3	Subtract line 2e from line 1			3	5,617,	859.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
C	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		-	5	<u>5,61</u> 7,	<u>.859.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial St	atements With Exp	enses	per Retur		
1	Total expenses and losses per audited financial statements			1	4,723	<u>,785.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	4,723	<u>,785.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
	Other (Describe in Part XIV)	<u>4b </u>				•
	Add lines 4a and 4b	10.1		4c	4 702	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIV Supplemental Information			5	4,723	785.
Com X, lın PAI	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9 e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Als RT V, LINE 4: THE VARIOUS ENDOWMENTS WE UNDATION AND ITS MISSION.	so complete this part to pr	ovide an	y addıtıonal	information	4, Part
ī					· <u>-</u>	

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, SCHEDULE (Form 990)

OMB No 1545-0047	2009	Open to Public
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Department of the Treasury Internal Revenue Service			► Attach to Form 990.	n 990.			Inspection
Name of the organization VIRGINIA C	COMMONWEALTH	LTH UNIVERSITY	ITY				Employer identification number 54-0757884
Part I General Information on Grants and Assistance	nd 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	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the selec	tion Yes X No
Describe in Part IV the organization's procedures for monitoring the use	ocedures for moni	toring the use of grant	of grant funds in the United States	States			
۱E۱	Governments an		e United States. C	omplete if the orga	Inization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one	\$5,000 Check this	box if no one recipier	it received more th	an \$5,000 Use Pa	rt IV and Schedule I-	recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	lal 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
VIDCINIA COMMONWEALTH INIVERSITY							THE FOUNDATION EXISTS SOLELY TO ASSIST
A WOO OFFICE MICH WITHWARD IN CLO							SUPPORT AND POSTER
FICHMOND VA 23284-3035	54-6001758	115	4 091 460.	0.			VIRGINIA COMMONWEALTH
				i			
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	nd government or	ganizations					

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

FOUNDATION

(f) Description of non-cash assistance 54-0757884 (e) Method of valuation (book, FMV, appraisal, other) 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 Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information DEPARTMENTS THE FOUNDATION MANAGES AND PROGRAMS THROUGHOUT THE UNIVERSITY WITH MAJOR EMPHASIS ON PROGRAMS THE NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA COMMONWEALTH UNIVERSITY (H) PURPOSE OF GRANT OR ASSISTANCE: THE FOUNDATION EXISTS SOLELY TO AND FOSTER VIRGINIA COMMONWEALTH UNIVERSITY IN ALL PROPER WAYS THAT FROM TIME TO TIME BE APPROVED BY THE TRUSTEES OF (d) Amount of non-cash assistance AND DISTRIBUTES CURRENT AND ENDOWMENT GIFTS FOR ALL SCHOOLS, (c) Amount of cash grant FOUNDATION WITH THE GUIDANCE OF THE UNIVERSITY. (b) Number of recipients COLUMN (H) (a) Type of grant or assistance PART II, LINE 1, SUPPORT, Schedule I (Form 990) 2009 ASSIST, Part III

Schedule I (Form 990) 2009

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FOR THE MONROE PARK CAMPUS.

932102 02-02-10

SCHEDULE M (Form 990)

Noncash Contributions

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

➤ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VIRGINIA COMMONWEALTH UNIVERSITY FOUNDATION

Employer identification number 54-0757884

Par	rt I Types of Property								
	.	(a)	(b)	(c)			(d)		
		Check if applicable	Number of contributions	Revenues rep Form 990, Part		Meti	nod of determ revenues	ınıng	
		арріісавіс	CONTRIBUTIONS	romi 990, rait	viii, iiile ig				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	17	90	,234.	QUOTED	MARKET	VAL	UES
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous			1					
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - O	ther							
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory							>	
20	Drugs and medical supplies								
21	Taxidermy							-	
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other)							
26	Other)							
27	Other)							
28	Other ()							
29	Number of Forms 8283 received by the	e organization durin	g the tax year for o	ontributions					
	for which the organization completed f	Form 8283, Part IV, I	Donee Acknowled	gment	29				·
								Yes	No
30a	During the year, did the organization re	eceive by contribution	on any property rep	oorted in Part I, I	nes 1-28 th	at it must hole	d for		
	at least three years from the date of th	e initial contribution	, and which is not	required to be us	sed for exer	npt purposes	for		
	the entire holding period?						30a	Ц	X
b	If "Yes," describe the arrangement in F	Part II							
31	Does the organization have a gift acce	ptance policy that re	equires the review	of any non-stand	dard contrib	utions?	31		_ X
32a	Does the organization hire or use third	parties or related or	ganizations to soli	cit, process, or s	ell noncash				
	contributions?						32a	<u> </u>	_X_
b	If "Yes," describe in Part II								
33	If the organization did not report reven	ues in column (c) fo	r a type of propert	y for which colur	nn (a) is che	ecked,			ĺ
	describe in Part II								<u> </u>

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

VIRGINIA COMMONWEALTH UNIVERSITY **FOUNDATION**

Employer identification number 54-0757884

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION DISTRIBUTES A COPY
OF THE FORM 990 TO ALL MEMBERS OF THE EXECUTIVE COMMITTEE AND MAKES IT
AVAILABLE FOR ALL OTHER BOARD MEMBERS PRIOR TO THE FORM BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES
OFFICERS, DIRECTORS AND KEY EMPLOYESS, ON AN ANNUAL BASIS, TO SIGN A
CONFLICT OF INTEREST STATEMENT AND TO DISCLOSE THE EXISTENCE OF ANY
CONFLICTS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION POSTS ITS CURRENT
AUDITED FINANCIAL STATEMENT AND FORM 990 ON ITS WEB SITE, EACH YEAR. IN
ADDITION, COPIES OF THE AUDITED FINANCIAL STATEMENTS ARE SENT
ELECTRONICALLY TO ALL DIRECTORS. IT IS THE POLICY OF THE ORGANIZATION TO
MAKE AVAILABLE COPIES OF FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND
CONFICT OF INTEREST INFORMATION AND OTHER DOCUMENTS TO THE PUBLIC.
FORM 990 PART XI - LINE 2(C)
THE ORGANIZATION HAS A FORMAL AUDIT COMMITTEE THAT MAINTAINS THIS
OVERSIGHT RESPONSIBILITY.

19291110 75909/ 76020000077