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DLN: 93493136052482

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

Terminated Amended return Application pending F Name and address of principal officer DR RAYMOND D SMOOT JR 90 2 PRICES FORK ROD STE 4000 BLACKSBURG, VA 24061 T Tax-exempt status F 501(c)(3)		
Total process As	tion number	
Temperated charge Number and street (or P O box of mail a not delivered to street address) Room/suite (54.0) 231-5751		
## Programmated return Page Page		
Application pending For Name and address of principal officer DR RAYMOND D SMOOT IR 902 PRICES FORK ROAD STE 4000 BLACKSBURG, VA. 24061 I Tax-exampt status		
Application pending F Name and address of principal officer DR RAYMOND D SNO OFT IR 90 2 PRICES FORK ROAD STE 4000 H(b) Are all affiliates included? If 'No,' attach a list (see in H(c)) Website: > MWW VTF VT EDU K Form of organization		
F Name and address of principal officer DR AV MOND D SMOOT IN SOUTH Principal officer DR AV MOND D SMOOT IN SOUTH Principal officer DR AV MOND D SMOOT IN SOUTH Principal officer DR AV MOND D SMOOT IN SOUTH Principal officer Principal officer DR AV MOND D SMOOT IN SOUTH Principal officer	13,666	
DR RAYMOND D SMOOT IR 902 PRICES FORK ROAD STE 4000 BLACKSBURG, VA 24061 IT have exempt status		
POLYTECHNIC INSTITUTE AND STATE 4000 Total number of individuals employed in calendar year 2010 (Part VI, line 1a) Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Part VIII, column (C), line 12 c Net are unrelated business taxable income from Form 990-T, line 34 c Net inverse net income (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), line 1-10, 110-211 c Net revenue (Part VII, column (A), line 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VIII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, column (A), lines 1-10, 110-211 c Net revenue (Part VII, colu	es V No	
Tax-exempt status Solicy	┌ Yes ┌ No	
Tax-exempt status		
Website: ► WWW VTF VT EDU		
Name State		
Briefly describe the organization's mission or most significant activities The FOUNDATION RECEIVES, MANAGES, AND DISBURSES PRIVATE GIFTS IN SUPPORT OF PROGRAMS AT POLYTECHNIC INSTITUTE AND STATE UNIVERSITY (VIRGINIA TECH) 2 Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)		
1 Briefly describe the organization's mission or most significant activities THE FOUNDATION RECEIVES, MANAGES, AND DISBURSES PRIVATE GIFTS IN SUPPORT OF PROGRAMS AT POLYTECHNIC INSTITUTE AND STATE UNIVERSITY (VIRGINIA TECH) 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets and under organization discontinued its operations or disposed of more than 25% of its net assets and under organization discontinued its operations or disposed of more than 25% of its net assets and under organization discontinued its operations or disposed of more than 25% of its net assets and under organization discontinued its operations or disposed of more than 25% of its net assets and under the control of the contr	f legal domicile VA	
THE FOUNDATION RECEIVES, MANAGES, AND DISBURSES PRIVATE GIFTS IN SUPPORT OF PROGRAMS AT POLYTECHNIC INSTITUTE AND STATE UNIVERSITY (VIRGINIA TECH) 2		
POLYTECHNIC INSTITUTE AND STATE UNIVERSITY (VIRGINIA TECH)	VIRGINIA	
3 Number of voting members of the governing body (Part VI, line 1a)		
3 Number of voting members of the governing body (Part VI, line 1a)		
3 Number of voting members of the governing body (Part VI, line 1a)		
3 Number of voting members of the governing body (Part VI, line 1a)		
7a Total unrelated business revenue from Part VIII, column (C), line 12 76 76 76 76 76 76 76 7	35	
7a 7ca 1	34	
7a 7ca 1	118	
B Net unrelated business taxable income from Form 990-T, line 34 Tob	35	
Prior Year Cure	1,864,488	
### 8	rent Year	
Program service revenue (Part VIII, line 2g)	101,159,266	
11	18,803,955	
11	15,698,027	
12)	4,082,470	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120.742.710	
14 Benefits paid to or for members (Part IX, column (A), line 4)	22,105,224	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	0	
16a Professional fundraising fees (Part IX, column (A), line 11e)		
17	2,389,158	
17	0	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 93,731,429 19 Revenue less expenses Subtract line 18 from line 12		
19 Revenue less expenses Subtract line 18 from line 12	66,349,546	
Beginning of Current Year En	90,843,928	
The cost of fund buildings bublished in the 22 months and 1 months and	· · · · · · · · · · · · · · · · · · ·	
The cost of fund buildings bublished in the 22 months and 1 months and	d of Year —————	
The case of fair a parameter superior in the 22 months and 1 months an	1,132,039,543	
The case of fair a parameter superior in the 22 months and 1 months an	305,398,240	
Signature Block	826,641,303	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	et of my	
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which knowledge.		
2012-05-08		
Sign Signature of officer Date		
Raymond D Smoot Jr CEO Type or print name and title		
Chealt if solf		
preparer's name employed F		
Paid Firm's name FKPMG LLP Firm's El	.N •	
Phone no	o • (757) 616-	
Norfolk, VA 235102674		

Par	Statement of Program Check if Schedule O contain				/
1	Briefly describe the organization's	mission			
INST	EIVE, INVEST AND MANAGE PRIV, FITUTE AND STATE UNIVERSITY (FARE OF THE UNIVERSITY				
2	Did the organization undertake any the prior Form 990 or 990-EZ? . If "Yes," describe these new service				Yes 🔽 No
3	·		t abangas in bowit so	ndusts any program	
3	Did the organization cease conduct services?	= :	_		Yes 🗸 No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achie Section 501(c)(3) and 501(c)(4) or allocations to others, the total expe	ganızatıons and sectio	n 4947(a)(1) trusts a	are required to report the amour	
4a	(Code) (Expenses	5 \$ 78,894,657	ıncludıng grants of \$	22,105,224) (Revenue \$	16,879,125)
	VIRGINIA TECH FOUNDATION SUPPORTS I AND AGGRESSIVELY MANAGING ITS ASSET FINANCIAL ASSISTANCE TO STUDENTS, AE PROJECTS, PROVIDES SEED CAPITAL FOR INFORMATION, SEE SCHEDULE O	S TO SUPPLEMENT STATE A DITTIONAL OPERATING SUPP	PPROPRIATIONS, TUITION, PORT TO COLLEGES AND D	, AND OTHER SOURCES OF FUNDS TH EPARTMENTS, ASSISTS IN THE FUNDIN	E FOUNDATION PROVIDES IG OF MAJOR BUILDING
4b	(Code) (Expenses	- ¢	ıncludıng grants of \$) (Revenue \$)
40	(Code) (Expenses	, ф	including grants or \$) (Revenue \$,
4 c	(Code) (Expenses	5 \$	including grants of \$) (Revenue \$)
	7				
	Other program services (Describe	e in Schedule O)			
	(Expenses \$	including grants of	\$) (Revenue \$)
	Total program service expenses►\$				

	•		
Part IV	Checklist of I	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	Yes	
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 quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
c	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.	11c	Yes	
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Parts I and IV	14b	Yes	
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? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV .	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? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 $\textcircled{5}$	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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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 Ma	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	Yes	
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	Yes	
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)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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 990	(2010)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 277			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	1 65	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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	Yes	
b	If "Yes," enter the name of the foreign country ▶SZ,SG			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	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).			
а	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	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
}	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		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
-	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h-	If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schedule O	11h		i

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.

Check if Schedule O contains a response to any question in this Part VI										. 모	
---	--	--	--	--	--	--	--	--	--	-----	--

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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	
b	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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	Yes	
	ection C. Disclosure	100	1 65	
17	List the States with which a copy of this Form 990 is required to be filed►VA			
18				
_0	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 DRRAYMOND DSMOOT JR 902 Prices Fork Rd Suite 4000 BLACKSBURG, VA 24061 (540) 231-5751

<u>Part VIII</u> 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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and Title	(B) A verage hours	Posi t	tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee or director				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 Additional Data Table											
				<u> </u>	<u> </u>						

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

(A) Name and Title	(B) A verage hours		(ition that a			ıll		Rep	(D) ortable ensation	(E) Reportable compensation	n a	(F) Estima	ated
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	m the ration (W- 9-MISC)	from related organizations (W- 2/1099- MISC)	;	compens from f rganizat relat organiza	the Ion and ed
See Additional Data Table													
						+							
						1							
						+					_		
						-							
1b Sub-Total	<u> </u>			٠.	٠.	٠	▶						
c Total from continuation sheets	to Part VII, Sec	tion A				Þ							
d Total (add lines 1b and 1c) .							F		957,006	1,127,62	23	!	544,406
2 Total number of individuals (inc \$100,000 in reportable comper					ted	above) who	receive	d more tha	n			
												Yes	No
3 Did the organization list any foi on line 1a? <i>If</i> "Yes," complete Sc					ey e	mploy •	ee, o	r hıghes	t compens	ated employee	3		No
4 For any individual listed on line organization and related organization and related organization.											4	Yes	
5 Did any person listed on line 1a services rendered to the organi		-				-		_		r individual for •	5		No
Section B. Independent Cor	tractors												
1 Complete this table for your five \$100,000 of compensation from	e highest comper		ndep	ende	ent o	contra	ctors	that rec	eived more	than			
	(A) me and business ad								Descr	(B) uption of services		(C Comper	
EDC 1660 HUGUENOT RD	and basiness du								CONSTRUCT		+		,332,012

(A) Name and business address	(B) Description of services	(C) Compensation
EDC 1660 HUGUENOT RD MIDLOTHIAN, VA 23113	CONSTRUCTION SERVICE	1,332,012
THOMAS KOONTZ ARCHITECT PC 1660 HUGUENOT RD MIDLOTHIAN, VA 23113	ARCHITECTURAL SVCS	1,242,897
MTS SYSTEMS CORPORATION PO BOX 1450 MINNEAPOLIS, MN 55485	CONSTRUCTION SERVICE	900,000
EVENSONBEST LLC 641 AVE OF AMERICAS 6TH FL NEW YORK, NY 10011	CONTRACT FURNITURE	857,562
SHANSKA USA BUILDING INC 1633 LITTLETON RD PARSIPPANY, NJ 07054	CONSTRUCTION SERVICE	804,498
2 Total number of independent contractors (including but not limited to those list \$100,000 in compensation from the organization ►34	ted above) who received more than	

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
Do no	ot 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	22,105,224	22,105,224		<u> </u>
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	318,100		318,100	
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	682,389	159,996	522,393	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	174,122	13,692	160,430	
9	Other employee benefits	341,260	38,598	302,662	_
10	Payroll taxes	873,287	56,775	816,512	
а	Fees for services (non-employees) Management	0			
ь	Legal	62,142	55,618	6,524	
С	Accounting	91,120		91,120	
d	Lobbying	272,118	272,118		_
e	Professional fundraising services See Part IV, line 17	0	,		
f	Investment management fees	1,677,458	1,677,458		
g	Other	1,700,604	1,269,680	45,353	385,571
12	Advertising and promotion	410,397	376,266	1,445	32,686
13	Office expenses	2,803,691	1,965,866	91,352	746,473
14	Information technology	360,344	112,599	 	211,978
15	Royalties	0			
16	Occupancy	640,436	518,438	934	121,064
17	Travel	2,824,001	2,175,233	t	614,687
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	2,173,233	34,001	014,007
19	Conferences, conventions, and meetings	187,206	177,748	4,736	4,722
20	Interest	1,931,221	1,927,683	3,538	-,
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	681,020	671,589	9,431	
23	Insurance	310,185	249,380	 	1,138
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	·			
а	UNIV OPERATING SUPPORT	22,470,044	18,828,970	4,593	3,636,481
b	UNIV SALARY/WAGE BENEFITS	11,948,053	11,287,877		660,176
c	UNIVERSITY SPONSORED RESEARCH	4,026,010	3,996,010		30,000
d	MEALS & ENTERTAINMENT	2,900,861	2,307,247	13,533	580,081
е	NON-MONETARY PROGR SUPPORT	1,995,880	1,974,629		21,251
f	All other expenses	9,056,755	6,675,963	1,121,385	1,259,407
25	Total functional expenses. Add lines 1 through 24f	90,843,928	78,894,657	3,643,556	8,305,715
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2010)

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			20,629,941	2	24,141,415
	3	Pledges and grants receivable, net			68, 150, 150	3	80,914,124
	4	Accounts receivable, net			1,764,647	4	5,382,022
	5	Receivables from current and former officers, directors, truste highest compensated employees $$ Complete Part II of	es, ke	y employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$, and contributing sponsoring organizations of section $501(c)(9)$ voluntary employeganizations (see instructions)	emplo	yers, and			
Assets		Schedule L				6	
	7	Notes and loans receivable, net			84,479,685	7	117,629,200
	8	Inventories for sale or use			1,950,349	8	2,105,932
	9	Prepaid expenses and deferred charges			3,384,198	9	3,286,993
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	10a	138,009,862			
	b	Less accumulated depreciation	10b	33,787,505	102,952,794	10 c	104,222,357
	11	Investments—publicly traded securities			239,921,185	11	232,360,195
	12	Investments—other securities See Part IV, line 11			432,805,590	12	470,597,685
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			51,291	14	56,761
	15	Other assets See Part IV, line 11			44,705,339	15	91,342,859
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	1,000,795,169	16	1,132,039,543		
	17	Accounts payable and accrued expenses .			2,716,202	17	4,293,666
	18	Grants payable		18			
	19	Deferred revenue		16,897,084	19	11,056,564	
_	20	Tax-exempt bond liabilities			106,565,000	20	107,980,000
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Sched	ule D			21	
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .		69,720,019	23	80,934,115
	24	Unsecured notes and loans payable to unrelated third parties			14,065,947	24	3,022,013
	25	Other liabilities Complete Part X of Schedule D $$. $$. $$.			86,698,384	25	98,111,882
	26	Total liabilities. Add lines 17 through 25			296,662,636	26	305,398,240
->		Organizations that follow SFAS 117, check here ▶ 🔽 and con	plete	lines 27			
Balances		through 29, and lines 33 and 34.					
lar	27	Unrestricted net assets			92,077,219	27	123,393,480
æ	28	Temporarily restricted net assets			284,280,009	28	334,035,104
Fund	29	Permanently restricted net assets			327,775,305	29	369,212,719
Ŧ		Organizations that do not follow SFAS 117, check here ▶ ☐ a	nd co	mplete			
ē		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	funds			32	
Net	33	Total net assets or fund balances			704,132,533	33	826,641,303
	34	Total liabilities and net assets/fund balances		1,000,795,169	34	1,132,039,543	

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		139.7	743,71
2	Total expenses (must equal Part IX, column (A), line 25)	2			343,92
3	Revenue less expenses Subtract line 2 from line 1	3			 399,79
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		704,1	132,53
5	Other changes in net assets or fund balances (explain in Schedule O)	5		73,6	508,98
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		826,6	541,30
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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 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 its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i	- Issued	20	163	
u	on a separate basis, consolidated basis, or both	ssueu			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493136052482

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization VIRGINIA TECH FOUNDATION INC

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.

Inspection **Employer identification number**

54-0721690 Reason for Public Charity Status (All organizations must complete this part.) See instructions

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

2	ı	A scho	ol described	in section 1/0(b)(1	.)(A)(II). (At	tach Schedi	ule E)						
3	\sqcap	A hospi	tal or a coo	perative hospital sei	rvice organiz	ation descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).				
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(:	1)(A)(i	ii). Ent	er the	
5	Γ	An orga	ınızatıon op	erated for the benefit	t of a college	or universi	ty owned or o	perated by a	government	al unit d	describ	ed in	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)								
5	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).				
7	<u> </u>	describ	ed ın	at normally receives A)(vi) (Complete P		l part of its	support from	a governme	ntal unit or fr	om the	genera	l public	:
3	\Box			described in section	•	Al(vi) (Con	nnlete Part II)					
9	<u></u>								outions mem	hershin	fees a	and aro	55
An organization that normally receives (1) more than 331/3% 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 331/3% of										-			
				oss investment inco	•	_							
			_	janization after June				-		,	= 4011		
0	Г			ganized and operated									
1	Γ	one or r	nore publicl	ganized and operated ly supported organiza bes the type of supp	atıons descri	ıbed ın secti	ion 509(a)(1)	orsection	509(a)(2) Se				
			Type I	b Type II			- Functional			i [.	Type II	II - Otl	ner
f		section If the o check t Since A	509(a)(2) rganızatıon hıs box ugust 17, 2	on managers and oth received a written de 2006, has the organi	etermination	from the IR	S that it is a 7	Гуре I, Туре	≘ II or⊤ype I				
			g persons?	rectly or indirectly c	ontrols aithe	aralone ort	ogether with i	narenne dae	cribed in (ii)			Yes	No
				governing body of th				Jersons des	cribed iii (ii)	ſ	11g(i)		140
				er of a person descri		_	_						
				led entity of a persoi			bove?				11g(ii) 11g(iii)		
1				ng information about						L		<u>/ </u>	L
•		1101140	the followin	ig illiorillation about	the Supporte	a organizat	1011(3)						
s	(i) Name uppoi ganiz	of ted			organızatı col (ı) lıst your gove	(iv) Is the organization in col (i) listed in your governing		cify the on in your t?	(vi) Is the organizat col (i) org in the U	e ion in anized		(vii) A mount of support	
	•			(see	docume	11117							
				instructions))	Yes	No	Yes	No	Yes	No			
									<u> </u>				
							1		1				
									1				
st a L		I		1	i e	I	1	1	1	1	I		

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. II d	ne organization	ialis to quality t	inder the tests	iistea below, pi	ease con	ipiete i	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	<u>, </u>						
Car	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do	78,470,36	91,577,712	65,143,270	86,945,252	101.	159,266	423,295,865
	not include any "unusual				55,510,202			,,
_	grants ")							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit							
	to the organization without							
_	charge	70.470.20	01 577 713	CE 142 270	06.045.252	101	150.266	422 205 065
4	Total. Add lines 1 through 3	78,470,36	91,577,712	65,143,270	86,945,252	101,	159,266	423,295,865
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							20,667,805
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5							402,628,060
	from line 4 ection B. Total Support							
	endar year (or fiscal year							
Cui	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	.0	(f) Total
7	A mounts from line 4	78,470,365	91,577,712	65,143,270	86,945,252	101,159,266		423,295,865
8	Gross income from interest,							
	dividends, payments received							
	on securities loans, rents,	24,601,872	22,076,533	22,292,418	22,778,841	23,3	85,828	115,135,492
	royalties and income from							
_	similar sources Net income from unrelated							
9	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of						16,051	16,051
	capital assets (Explain in Part							•
11	IV) Total support (Add lines 7							
11	through 10)							538,447,408
12	Gross receipts from related activi	ities, etc (See ins	structions)	•		12		72,054,548
13	First Five Years If the Form 990 is	s for the organiza	tion's first, second	l, third, fourth, or	fıfth tax vear as a	501(c)(3	organiz	zation.
	check this box and stop here	_	•		,		_	▶ □
	ection C. Computation of Pu			d d = - l (6))				
14	Public Support Percentage for 20	•		11 column (f))		14		74 776 %
15	Public Support Percentage for 20	09 Schedule A, P	art II, line 14			15		75 030 %
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more,	check t	
	and stop here. The organization qu					77 4/20/ -		▶ ▼
D	33 1/3% support test—2009. If the box and stop here. The organization				sa, and line 15 is	33 1/3% 0	r more,	check this ▶
17a	10%-facts-and-circumstances tes				ne 13 16a or 16	b and line	14	-1
	is 10% or more, and if the organiz							
	in Part IV how the organization m							ted
	organization							▶ ┌
b	10%-facts-and-circumstances tes							
	15 is 10% or more, and if the organization							
	Explain in Part IV how the organize supported organization	cation meets the	iacts and circums	cances test The	e organization qua	iiiies as a	publicly	▶ □
18	Private Foundation If the organization	ation did not chec	k a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and s	ee	F 1
	instructions			, , 0 0 , _ , a 0	. 2. 2, 511551 (1115	unu 3		▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493136052482

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

exempt funtion activities

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part ILB. Do not complete Part ILB.

f th	the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, ection 501(c)(4), (5), or (6) organizations Complete Part III			oxy Tax), th	nen
	nme of the organization RGINIA TECH FOUNDATION INC	Employer ide		ation numbe	er
Pai	t I-A Complete if the organization is exempt under section 501(c) or is a			ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in P	art IV			
2	Political expenditures	▶	\$		
3	Volunteer hours				
Pa	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	F	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			┌ Yes	┌ No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organization is exempt under section 501(c) excep	t section 50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function	activities 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section	n 527			

Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) an	d filed Form 5768	(election
	Check If the filing organization belongs to			
<u>B</u>	Check I if the filing organization checked bo Limits on Lobbying & (The term "expenditures" means an		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	272,118	
c	Total lobbying expenditures (add lines 1a and 1	b)	272,118	
d	Other exempt purpose expenditures		90,571,810	
е	Total exempt purpose expenditures (add lines 1	90,843,928		
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expend	litures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_c	Total lobbying expenditures	172,674	238,803	179,154	272,118	862,749
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

che	edule C (Form 990 or 990-EZ) 2010				Pί	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm	5768	3
		(;	a)		(b)	
		Yes	No	, F	Amoun	it
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			-		
	Mailings to members, legislators, or the public?		\vdash	+-		
			 	+-		
e	Publications, or published or broadcast statements?			+-		
f	Grants to other organizations for lobbying purposes?			₩		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>	₩		
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV		 	\vdash		
j	Total lines 1c through 1i			+-		
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		I			
	If "Yes," enter the amount of any tax incurred under section 4912			┨		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		I			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01/6	1(5)			
	501(c)(6).	J)10-	<u>,,,,,</u>			
			_	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		- L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
² aı	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11

Identifier | Return Reference | Explanation

Part IV Supplemental Information

Also, complete this part for any additional information

5 Taxable amount of lobbying and political expenditures (see instructions)

5

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136052482

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Open to Public

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

	me of the organization GINIA TECH FOUNDATION INC			loyer identifica	ation num	ber
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99			0721690 or Accounts	. Compl	ete if the
		(a) Donor advised funds		b) Funds and	other acco	ounts
	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
ļ	Aggregate value at end of year					
;	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		onor advi	sed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
Pa I	t II Conservation Easements. Complete	ıf the organization answered "Yes"	to Forn	າ 990, Part I'	√, lıne 7.	
· <u>!</u>	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat. Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year.	on or pleasure)	a certifie	d historic struc	•	rea
	casement on the last day of the tax year			Held at the	End of the	ne Year
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
} - -	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conservations the organization have a written policy regarding	ation easement is located ►g the periodic monitoring, inspection, ha			d	_
	enforcement of the conservation easements it holds?				│ Yes	∏ No
,	Staff and volunteer hours devoted to monitoring, insp					
,	Amount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line $2170(h)(4)(B)(i)$ and $170(h)(4)(B)(i)$?		•	j tile year 🖛 \$	┌ Yes	
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financi				
ar	Organizations Maintaining Collection Complete if the organization answered '		, or Otl	ner Similar	Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue staten for public exhibition, education or resea	arch in fu			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		74,764
	(ii) Assets included in Form 990, Part X			► \$	4,	580,010
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		for finan			
a	Revenues included in Form 990, Part VIII, line 1			► \$		
	·					

b Assets included in Form 990, Part X

Par	t III Organizations Maintaining Co	llections of Art	, His	toric	al Trea	sures, or (Othe	r Similar As	sets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	ne follo	_	_			tion	
а	▼ Public exhibition		d	Г	Loan or	exchange prog	grams	5		
b	▼ Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explai	ın hov	w they	further t	he organızatıo	n's e	xempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part o	of the	organızat	ion's collectio	n?		┌ Yes	✓ No
Pai	TEXT Escrow and Custodial Arrang Part IV, line 9, or reported an an						ed "\	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						sets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	and complete the	follow	/ıng ta	ble					
								Ar	nount	
С	Beginning balance						1 c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	f the organization	ans	were	d "Yes"	to Form 990	, Pa	· · · · · · · · · · · · · · · · · · ·		
		(a)Current Year	(b	Prior \	'ear	(c)Two Years Ba	ck	(d)Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	460,538,071		415,	169,940	487,801,	082			
b	Contributions	37,354,365		19,	917,552	20,903,	589			
c	Investment earnings or losses	98,932,118		59,	258,316	-21,549,	.303			
d	Grants or scholarships	21,585,427		21,	332,322	19,583,	704			
e	Other expenditures for facilities and programs	11,885,017			385,567	45,963,				
f	Administrative expenses	7,153,726			089,848	6,438,	-			
g	End of year balance	556,200,384		460,	538,071	415,169,	940			
2	Provide the estimated percentage of the yea	r end balance held a	ıs							
а	Board designated or quasi-endowment 🕨	2 930 %								
b	Permanent endowment 🕨 40 080 %									
c	Term endowment ► 56 990 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held aı	nd administer	ed for	the		
	organization by							2	Yes	No
	(i) unrelated organizations(ii) related organizations							3a		No No
ь	If "Yes" to 3a(II), are the related organization									1
4	Describe in Part XIV the intended uses of th	•					-			<u>-L</u>
Pai	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	rm 990	, Part X, line	10.			
	Description of investment				Cost or othe (investme			(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					0 24,54	1,143			24,541,143
b	Buildings					0 92,98	2,054	27,421,892	2 (55,560,162
c	Leasehold improvements					0 65	0,576	302,583	3	347,993
d	Equipment					0 6,27	0,073	3,668,54	5	2,601,528
е	Other					0 13,56	6,016	2,394,48!	5 :	11,171,531

104,222,357

Part VII Investments—Other Securities. See I	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
(1)Financial derivatives		Cost of end of	year market value
(2)Closely-held equity interests			
(3)Other			
(A) PARTNERSHIP INVESTMENTS	383,701,087		F
(B) INVESTMENTS IN SUBSIDIARIES	31,444,023		С
(C) REAL ESTATE INVESTMENTS	25,707,883		F
(D) MORTGAGES RECEIVABLE	2,410,999		F
(E) OTHER INVESTMENTS	27,333,693		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	470,597,685		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		1.6.1.1
(a) Description of investment type	(b) Book value		d of valuation - year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip	tion		(b) Book value
(1) DIRECT FIN LEASE INVESTMENTS			25,855,663
(2) IRREVO TRUST HELD BY OTHERS			8,899,470
(3) COLLECTION ITEMS			4,580,010
(4) DUE FROM SUBSIDIARIES			5,525,911
(5) BOND DEBT COST OF ISSUANCE			1,348,215
(6) TRUST INVESTMENT RECEIVABLE			45,133,590
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:			91,342,859
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
AGENCY DEPOSITS HELD IN TRUST	65,366,638		
TRUST PAYMENT LIABILITIES	19,609,191		
THIRD PARTY TRUST OBLIGATIONS	7,624,372		
ANNUITY OBLIGATIONS	5,511,681		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	98,111,882		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts
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
Par	EXII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
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)	
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)	
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
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	
C	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete th	

Identifier	Return Reference	Explanation
COLLECTIONS OF ART	SCHEDULE D, PART III, LINE 4	VINTAGE AND OTHER COLLECTION ITEMS ARE USED TO SUPPORT THE EDUCATIONAL AND RESEARCH MISSION OF VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 3,020 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS THE INTENT IS THAT THE PRINCIPAL OF THE ORIGINAL GIFT CAN BE USED TO PROVIDE A PERPETUAL STREAM OF FINANCIAL SUPPORT TO A PROGRAM, SCHOLARSHIP OR PROFESSORSHIP AT VIRGINIA TECH NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS
INCOME TAXES	SCHEDULE D, PART X	THE INTERNAL REVENUE SERVICE HAS RULED THAT VTF AND VTREF QUALIFY UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND ARE, THEREFORE, NOT GENERALLY SUBJECT TO INCOME TAXES UNDER PRESENT TAX LAWS HOWEVER, VTCRC AND HRF ARE TAXABLE CORPORATIONS INCOME TAXES FOR VTCRC AND HRF ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN THE CHANGE IN NET ASSETS IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE FOUNDATION HAS ANALYZED FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AND NO RESERVES FOR UNCERTAIN TAX POSITIONS, NOR INTEREST AND PENALTIES, HAVE BEEN RECORDED IN THESE CONSOLIDATED FINANCIAL STATEMENTS THE ONLY PERIODS SUBJECT TO EXAMINATION ARE THE 2008

DLN: 93493136052482

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

ntema	al Revenue Service					Inspect ion
	ne of the organization				Employer iden	tification number
/IR	GINIA TECH FOUNDATION INC				54-0721690	
Pa	art I General Information	on on Activiti	es Outside tl	he United States. C		zation answered
	"Yes" to Form 990, Pa				omplete il the organi	zation anowered
1	For grantmakers. Does the	organization r	naıntaın record	s to substantiate the	amount of the grants	or
	assistance, the grantees' el	igibility for the	grants or assis	stance, and the selecti	ion criteria used to av	<i>y</i> ard
	the grants or assistance? .					☐ Yes ☐ No
2	For grantmakers. Describe in P United States	art V the organiz	zatıon's proceduı	es for monitoring the use	e of grant funds outside	the
3	Activites per Region (Use Part	: V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	expenditures for region/investments in region
	Europe (Including Iceland and Greenland)	1	0	Program Services	RENT	282,45
	Central America and the Caribbean			Investments		168,088,93
			 		 	

168,371,393

168,371,393

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
			 I		,		
					,		
,			·		,		
,			 I		1		
-			 I		,		
			ı		,		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	▽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	굣	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	✓	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Γ	Yes	▽	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID: Software Version:

EIN: 54-0721690

Name: VIRGINIA TECH FOUNDATION INC

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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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

OMB No 1545-0047

2010

DLN: 93493136052482

pen to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
VIRGINIA TECH FOUNDATION INC

Employer identification number

VIRGINIA TECH FOUNDATIO	NINC					54-0721690	
Part I General Inform	nation on Grants	and Assistance				'	
	d to award the grants rganization's procedu ner Assistance to	or assistance?	e of grant funds in the l	Jnited States the United States		organization answere	d "Yes" to
	itional space is ne	recipient that received eded					UUU. Part II can be
1 (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
(1) VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY150 STUDENT SERVICES BUILDING BLACKSBURG, VA 24061	54-6001805	501(C)(3)	22,105,224				SCHOLARSHIPS
2 Enter total number of sect							▶ 1
3 Enter total number of othe	er organizations					<u> </u>	0

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

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

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

Identifier	Return Reference	Explanation
SCHOLARSHIPS	SCHEDULE I, PART I, LINE 2	THE FOUNDATION MAKES GRANTS TO PROVIDE SCHOLARSHIPS TO STUDENTS OF VIRGINIA POLYTECHNIC
		INSTITUTE AND STATE UNIVERSITY (VIRGINIA TECH)

Schedule I (Form 990) 2010

Compensation Information

DLN: 93493136052482

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** VIRGINIA TECH FOUNDATION INC 54-0721690 Part Ouestions Regarding Compensation

				Yes	Νο		
1 a	Check the appropriate box(es) if the organization provided any of to 990, Part VII, Section A, line 1a Complete Part III to provide as						
	First-class or charter travel House	sing allowance or residence for personal use					
		nents for business use of personal residence					
	<u> </u>	th or social club dues or initiation fees					
	Discretionary spending account Pers	onal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization fol reimbursement orprovision of all the expenses described above?	TOURS II I DO LITTE	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization uses to es organization's CEO/Executive Director Check all that apply	tablish the compensation of the					
		en employment contract					
		pensation survey or study					
	Form 990 of other organizations	roval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Sec or a related organization	tion A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-control payment from	the organization or a related organization?	4a		Νo		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
C	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the app	licable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete	ines 5-9.					
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	ne 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, line 1a, did the compensation contingent on the net earnings of	ne organization pay or accrue any					
а	The organization?		6a		No		
b	Any related organization?		6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did to payments not described in lines 5 and 6? If "Yes," describe in Pa		7		No		
8	Were any amounts reported in Form 990, Part VII, paid or accure subject to the initial contract exception described in Regs section Part III		8		No		
9	If "Yes" to line 8, did the organization also follow the rebuttable p section 53 4958-6(c)?	resumption procedure described in Regulations	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DR CHARLES W STEGER	(I) (II)	0 496,688	0 24,834	0 20,000	0 282,113	0 9,920	0 8 3 3 ,5 5 5	j
(2) DR RAYMOND D SMOOT JR	(1) (11)	279,840 0	0	0	36,879	1,381	318,100	J
(3) M DWIGHT SHELTON JR	(I) (II)	0 275,966	0	0	0 11,560	0 9,322	0 0 296,848	
(4) DR ELIZABETH A FLANAGAN	(ı) (ıı)	0 300,135	0	0 10,000	0 30,883	0 9,434	0 4 350,452	
(5) DAN WARD	(I) (II)	123,333	0	0	16,196 0		156,728)
(6) JIM FLOWERS	(I) (II)	129,500 0	0	0	16,767	17,728 0	163,995	,
(7) KEVIN SULLIVAN	(I) (II)	127,000	0	0	16,800	17,200 0	161,000	,
(8) JOE MEREDITH	(I) (II)	178,000 0	0	0	23,286		212,350	
(9)			1			1		
(10)			1	(1		
(11)		1	1			1		
(12)			1		†			
(13)		+	1		+		 	
(14)	 '	+			+			
(15)	 '	+			+			
(16)	 '	+		<u> </u>	+		+	

Schedule J (Form 990) 2010 Page **3**

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

	Identifier	Return Reference	Explanation
--	------------	------------------	-------------

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493136052482

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

VIRGINIA TECH FOUNDATION INC

Bond Issues

Employer identification number

54-0721690

	Olfre Bolla 188468															
(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d)			(d) Date Issued	(e) Issue P	Issue Price (f) Description of Purpose			(g) Def	(g) Defeased		ssuer fina		Pool ancing			
										Yes	No	Yes	No	Yes	No	
A	ECONOMIC DEV AUTHORITY OF MONTGOMERY COUNTY VA	54-1643441	613741BN6	08-26-2010	57,123	,909 C	CONSTRUCTION				X		х		х	
В	IDA MONTGOMERY COUNTY VA	54-1643441	613755bj5	08-25-2005	49,830		2005 FACILITIES TO SUPPORT THE UNI				X		Х		х	
c	IDA MONTGOMERY COUNTY VA	54-1643441	0061375P4	02-12-2009	73,380			FACILITIES DRT VA	5 TO		х		х		Х	
_																
P	art III Proceeds															
						١		E	3	С			D			
1	A mount of bonds retired						0 0		0							
2	A mount of bonds legally defea	sed					0 0		0							
3	3 Total proceeds of issue					57,123,	3,909 49,830,000		73,380,000)				
4	4 Gross proceeds in reserve funds						0		0	0						
5	5 Capitalized interest from proceeds						0		0	0						
6	6 Proceeds in refunding escrow					48,147,	,100		31,320,000	24,480,000			,			
7	Issuance costs from proceeds	;				501,	809		188,741		5	515,259				
8	Credit enhancement from proc	eeds					0		0	0						
9	Working capital expenditures from proceeds						0 0		0			,				
10	Capital expenditures from pro	ceeds				8,475,	5,000 18,321,259		48,384,741							
11	Other spent proceeds	O ther spent proceeds					0 0		0		,					
12	Other unspent proceeds	Other unspent proceeds					0 0		0							
13	Year of substantial completion	Year of substantial completion		20	07	7 2007		2010								
					Yes	No		Yes	No	Yes		No	Yes		No	
14	Were the bonds issued as part	t of a current refund	ling issue?		Х			Х		Х						
15	15 Were the bonds issued as part of an advance refunding issue?					Х			Х			Х				
16	16 Has the final allocation of proceeds been made?				Х			Х		Х						
Does the organization maintain adequate books and records to support the final allocation of proceeds?					х			Х		Х						
Part III Private Business Use																
						4			В		С			D		
					Yes	No		Yes	No	Yes		No	Yes		No	
					1											

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Х

Х

Part III Private Business Use (Continued)

		Α			В	С			D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		×		×		
b	re there any research agreements that may result in private business use of bond- anced property?		×		×		×		
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		х		×			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		
6	Total of lines 4 and 5	0 %		0 %			0 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		×		×			

Part IV Arbitrage

		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
			X		X		X		
2	Is the bond issue a variable rate issue?		Х	Х		Х			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
			X		X	X			
b	Name of provider	MORGAN KEEG				MORGAN KEEG			
С	Term of hedge		0		0		2		
d	Was the hedge superintegrated?		х		х		х		
е	Was a hedge terminated?		х		х	х			
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
ь	Name of provider								
С	Term of GIC		0		0		0		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		х		х		X		
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х		
6	Did the bond issue qualify for an exception to rebate?	х		х		Х			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

DLN: 93493136052482

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

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.

NonCash Contributions

Name of the organization VIRGINIA TECH FOUNDATION INC

Employer identification number

					54-0721690			
Pa	Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts		ontribut	ion
1	Art—Works of art	Х	6	72,907	FM∨			
2	Art—Historical treasures			,				
3	Art—Fractional interests							
4	Books and publications	Х		357	FM∨			
5	Clothing and household							
good		X		56,089				
6	Cars and other vehicles .	Х	3	32,150	FMV			
	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded	Х	230	8,033,608	FMV			
10	Securities—Closely held stock	Х	3	39,031	FMV			
	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	4	1,478,500	FMV			
16	Real estate—Commercial			·				
17	Real estate—Other							
18	Collectibles	Х	3	1,500	FMV			
19	Food inventory	Х	9	36,265	FMV			
20	Drugs and medical supplies							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other►(<u>LIVESTOCK</u>)	Х	42	498,844	FMV			
26	Other►(<u>EQUIPMENT</u>)	Х	21	783,356				
27	Other►(<u>SOFTWARE</u>)	Х	3	1,298,382	FMV			
28	Other►(<u>MISC</u>)	Х	44	950,591	FMV			
29	Number of Forms 8283 received by for which the organization complete				29			22
					,		Yes	No
30a	During the year, did the organization							
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	eriod?			30a		No
	If "Yes," describe the arrangement						V	
31	Does the organization have a gift a	cceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493136052482

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Name of the organization
VIRGINIA TECH FOUNDATION INC

Employer identification number

54-0721690

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	PART III, LINE 4A	IN ADDITION, THE FOUNDATION MANAGES VIRGINIA TECH'S ENDOWMENT, THROUGH WHICH DONORS TO THE UNIVERSITY MAKE A SIGNIFICANT DIFFERENCE TO THE FACULTY AND STUDENTS THE FOUNDATION IS ALSO A RESPONSIBLE CORPORATE CITIZEN AS SUCH, THE FOUNDATION DEPLOYS CAPITAL IN WAYS THAT SERVE THE INTERESTS NOT ONLY OF THE UNIVERSITY, BUT ALSO OF ITS REGION REVIEW OF FORM 990 PART VI, LINE 11B MANAGEMENT AND THE FOUNDATION ACCOUNTING STAFF PROVIDE THE NECESSARY FINANCIAL AND OTHER INFORMATION TO THE FOUNDATION'S INDEPENDENT THIRD PARTY TAX CONSULTANTS THE TAX CONSULTANTS REVIEW AND COMPILE THE INFORMATION INTO THE 990 AND 990T FORMS AND PROVIDE A DRAFT TO MANAGEMENT MANAGEMENT AND THE ASSOCIATE VICE PRESIDENT AND CONTROLLER PERFORM A DETAILED REVIEW OF THE FORM PRIOR TO FORWARDING IT TO THE CEO FOR REVIEW THE CEO THEN REVIEWS THE FORMS ANY ISSUES AFTER THESE REVIEWS ARE COMMUNICATED BACK TO THE THIRD PARTY TAX CONSULTANTS ANY ISSUES ARE CORRECTED AND ADDRESSED BY BOTH PARTIES TWO WEEKS PRIOR TO THE FILING DEADLINE THE FORMS ARE MAILED TO ALL MEMBERS OF THE FOUNDATION BOARD OF DIRECTORS IF THERE ARE NO COMMENTS OR ISSUES THAT COULD NOT BE RESOLVED, THE CHIEF EXECUTIVE OFFICER THEN SIGNS THE TRANSMITTAL FORM TO PERMIT THE ELECTRONIC FILING, AS REQUIRED BY THE IRS, ON BEHALF OF THE FOUNDATION DISCLOSURE OF THE 990 AND 990T WILL BE MADE IN FULL COMPLIANCE WITH THE REQUIREMENTS ESTABLISHED BY THE IRS

Identifier Return Reference	Explanation
CONFLICT OF INTEREST POLICY PART VI, LINE 12C	THE VIRGINIA TECH FOUNDATION, INC HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES EACH MEMBER (FOUNDATION BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES (RESPONSIBLE PERSONS)) TO COMPLETE AN ANNUAL STATEMENT SETTING FORTH ANY AND ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST THAT OCCURRED DURING THE PAST FISCAL YEAR IN ADDITION TO THE STATEMENT AN ANNUAL COMPLIANCE QUESTIONNAIRE MUST BE COMPLETED AND SUBMITTED BY EACH MEMBER ALSO, IF A CONFLICT SHOULD ARISE THAT WAS NOT PREVIOUSLY DISCLOSED IN THE ANNUAL STATEMENT OR THE QUESTIONNAIRE, A STATEMENT MUST BE SUBMITTED TO THE VIRGINIA TECH FOUNDATION DISCLOSING THE FACTS OF THE SITUATION THE EXECUTIVE COMMITTEE OF THE FOUNDATION REVIEWS THE QUESTIONNAIRES AND STATEMENTS AND WILL DETERMINE IF A CONFLICT DOES ACTUALLY EXIST THE EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER TO AUTHORIZE APPROVE OR RATIFY THE ARRANGEMENT/TRANSACTION BASED SOLELY ON WHETHER IT IS IN THE BEST INTERESTS OF THE FOUNDATION IN PERFORMING ITS MISSION

ldentifier	Return Reference	Explanation
COMPENSATION PRACTICES	PART VI, LINE 15	SALARY AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER/SECRETARY-TREASURER ARE RECOMMENDED BY THE UNIVERSITY PRESIDENT AND APPROVED BY THE FOUNDATIONS BOARD OF DIRECTORS COMPARATIVE SALARY AND BENEFITS INFORMATION IS PROVIDED TO THE BOARD FOR ITS CONSIDERATION IN MAKING SALARY ADJUSTMENTS AND ESTABLISHING BENEFIT PROGRAMS SOME OF THE WAYS THAT COMPENSATION IS DETERMINED TO BE COMPETITIVE ARE 990'S OF COMPARATIVE INSTITUTIONS ARE REVIEWED TO COMPREHEND WHAT SALARIES ARE BEING OFFERED IN THESE INSTITUTIONS DURING 2007, CLARK CONSULTING INC WAS CONTRACTED TO REVIEW THE REASONABLENESS OF THE CURRENT COMPENSATION AND BENEFITS PACKAGE FOR THE CEO THE STUDY CONCLUDED THAT THE TOTAL COMPENSATION PACKAGE WAS REASONABLE AND THAT THE FOUNDATION'S PROCESS FOR ESTABLISHING COMPENSATION WAS IN ACCORDANCE WITH THE REQUIREMENTS OF THE INTERMEDIATE SANCTIONS REGULATIONS ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE NEEDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS THE DECISIONS MADE BY THE BOARD OF DIRECTORS ARE DOCUMENTED IN THE MINUTES THE CEO/SECRETARY-TREASURER THEN APPROVES THE COMPENSATION FOR THE OTHER KEY POSITIONS OF THE FOUNDATION AND THAT COMPENSATION IS INCLUDED IN THE BOARD APPROVED ANNUAL OPERATING BUDGET IT IS THE FOUNDATION'S POLICY TO PROVIDE SALARY AND BENEFITS AS CLOSE AS PRACTIBLE TO THOSE PROVIDED TO UNIVERSITY EMPLOYEES COMPARATIVE DATA INCLUDING UNIVERSITY AVERAGES FOR SIMILAR POSITIONS IS USED IN ESTABLISHING AND ADJUSTING SALARIES MERIT ADJUSTMENTS BACH YEAR

Identifier	Return Reference	Explanation
JOINT VENTURE	PART VI, LINE 16B	THE FOUNDATION ADOPTED A JOINT VENTURE POLICY AFTER YEAR-END ON SEPTEMBER 1, 2009 THE POLICY REQUIRES THAT THE FOUNDATION EVALUATE ITS PARTICIPATION IN JOINT VENTURE AGREEMENTS UNDER FEDERAL TAX LAW AND TAKE STEPS TO SAFEGUARD THE FOUNDATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS AVAILABILITY	· '	THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ANY SUCH REQUESTS WOULD BE CONSIDERED ON A CASE BY CASE BASIS

Identifier	Return Reference		Explanation
OTHER CHANGE IN	PART IX, LINE 5	UNREALIZED GAIN ON INVESTMENTS	\$68,679,588 PRIOR PERIOD
NET ASSETS		ADJUSTMENT	4,929,392 TOTAL \$73,608,980

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047

DLN: 93493136052482

2010

Open to Public Inspection

name	ОТ	tne	organization
VIRGIN	IA T	ECH	FOUNDATION INC

Employer identification number

54-0721690

Part I	dentification of Disregarded Entities (Complete if the organization answered	"Yes" on Form 990, Part IV, line 33.)
--------	--	---------------------------------------

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RIVER COURSE LLC 902 PRICES FORK RD SUITE 4000 Blacksburg, VA 24061 06-1654343	GOLF COURSE	VA	1,054,400	12,090,796	NA
(2) VA TECH BUS TECH CENTER LLC 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA 24061 54-0567560	BUS ASSIST	VA	194,308	41,698	NA
(3) VT TECHNOLOGY ASSETS LLC 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA 24061 54-0721690	INFO TECH	VA	934,449	1,739,685	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 status (if section 501(c)(3))	(f) Direct controlling entity	Section 51 contr organi	12(b)(13) olled
						Yes	No
(1) VIRGINIA TECH REAL ESTATE FOUNDATION IN							
902 PRICES FORK RD SUITE 4000	PROPERTY MGMT	VA	501(c)(3)	11a Type I		Yes	
Blacksburg, VA 24061 54-1528809							
(2) VIRGINIA POLYTECHNIC AND STATE UNIVERSIT							
201 SOUTHGATE CENTER	UNIVERSITY	VA	501(c)(3)	2			No
BLACKSBURG, VA 24061 54-6001805							
(3) THE FERRARI FOUNDATION							
902 PRICES FORK RD SUITE 4000	EUROPEAN STUD	SZ				Yes	
BLACKSBURG, VA 24061							

Part III			able as a Partnei treated as a partn		on answered	l "Yes" on Form 9	990, Part I\	/, line 34
		(c)	 (e)	 	(h)	(i)	(j)	

(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	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging	(k) Percentage ownership
							Yes	No		Yes	No	
(1) HOTEL ROANOKE LLC 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-1702473	HOTEL OPERATI	VA										
Down TV Tales (C						Carralata (tilaa						00 D TV

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

	3	<u>'</u>		,	<u> </u>		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

No

Sche	edule R (Form 990) 2010		Pε	age
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	<u></u>
1 D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			Т
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
C	Gift, grant, or capital contribution from other organization(s)	1c	Yes	П
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
е	Loans or loan guarantees by other organization(s)	1e		\Box
f	Sale of assets to other organization(s)	1f		┰
g	Purchase of assets from other organization(s)	1 g		\Box
h	Exchange of assets	1h		T
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		T
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	T
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	1	
n	Sharing of paid employees	1n		T
o	Reimbursement paid to other organization for expenses	10	Yes	T
р	Reimbursement paid by other organization for expenses	1р	Yes	
				T
q	O ther transfer of cash or property to other organization(s)	1q	t	╈

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 thresholds

r Other transfer of cash or property from other organization(s)

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) VIRGINIA TECH CORPORATE RESEARCH CENTER	I	378,763	
(2) VIRGINIA TECH CORPORATE RESEARCH CENTER	А	744,207	
(3) VIRGINIA TECH REAL ESTATE FOUNDATION	А	343,835	
(4) VIRGINIA TECH CORPORATE RESEARCH CENTER	А	151,509	
(5) VIRGINIA TECH REAL ESTATE FOUNDATION	А	156,520	
(6)			

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	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	all ners non c)(3) ations?	(e) Share of end-of-year assets		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or anaging artner?	
			Yes	No		Yes	No		Yes	No	
										-	
										-	
			\vdash							\vdash	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: **Software Version:**

EIN: 54-0721690

Name: VIRGINIA TECH FOUNDATION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership					
VIRGINIA TECH CORPORATE RESEARCH CENTER 1715 PRATT DRIVE SUITE 1000 BLACKSBURG, VA24060 54-1324469	RENTAL	VA	NA	C CORP	5,176,348	16,805,627	100 000 %					
HR FOUNDATION INC 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-1702474	PROPERTY MGMT	VA	NA	C CORP	0							
THE RGW CHARITABLE REMAINDER UNITRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6492420	INVESTMENT	VA	NA	TRUST	0 111,76		97 000 %					
JEP JR CRAT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6403575	INVESTMENT	VA	NA	TRUST	0	190,906	85 000 %					
CW AND DS S CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 77-6249740	INVESTMENT	VA	NA	TRUST	0	93,541	81 000 %					
WFN CHARITABLE REMAINDER UNITRUST #1 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6475647	INVESTMENT	VA	NA	TRUST	0	87,824	79 000 %					
MCH JR CHARITABLE REMAINDER UNITRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6220559	INVESTMENT	VA	NA	TRUST	0	3,299,769	76 000 %					
GW & LW D CRUT #1 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6353731	INVESTMENT	VA	NA	TRUST	0	131,193	75 000 %					
LA H CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 58-6359919	INVESTMENT	VA	NA	TRUST	0	1,759,727	72 000 %					
IRF CHARITABLE REMAINDER UNITRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 77-6218116	INVESTMENT	VA	NA	TRUST	0	62,902	72 000 %					
ASC JR & M G C CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6412683	INVESTMENT	VA	NA	TRUST	0	78,380	71 000 %					
RGW 2008 - RWM CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA 24061 77-6278147	INVESTMENT	VA	NA	TRUST	0	35,787	70 000 %					
RGW 2008 - SSW CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA 24061 77-6274680	INVESTMENT	VA	NA	TRUST	0	35,738	70 000 %					
CAW CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 77-6217228	INVESTMENT	VA	NA	TRUST	0	473,949	70 000 %					
CTG CHARITABLE REMAINDER UNITRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6446271	INVESTMENT	VA	NA	TRUST	0	61,089	70 000 %					
CAC III CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6353768	INVESTMENT	VA	NA	TRUST	0	635,954	69 000 %					
RB & AMW G CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 52-7038678	INVESTMENT	VA	NA	TRUST	0	66,633	68 000 %					
G & MB D CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6380142	INVESTMENT	VA	NA	TRUST	0	84,602	66 000 %					
LCA JR CRAT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6436841	INVESTMENT	VA	NA	TRUST	0	82,346	65 000 %					
EHT III AND MPT CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 77-6244606	INVESTMENT	VA	NA	TRUST	0	104,068	63 000 %					

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WP & ML G CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6438510	INVESTMENT	VA	NA	TRUST	0	71,876	62 000 %				
RES CHARITABLE REMAINDER UNITRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 52-7006086	INVESTMENT	VA	NA	TRUST	0	67,864	62 000 %				
PMD CHARITABLE REMAINDER UNITRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 77-6217231	INVESTMENT	VA	NA	TRUST	0	48,423	62 000 %				
LSF CHARITABLE REMAINDER UNITRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6364255	INVESTMENT	VA	NA	TRUST	0	138,476	60 000 %				
RB & AL F CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6376804	INVESTMENT	VA	NA	TRUST	0	88,950	59 000 %				
EWH JR AND CFH CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 77-6237862	INVESTMENT	VA	NA	TRUST	0	167,791	59 000 %				
DMP JR & ACP FLIP UT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 30-6263276	INVESTMENT	VA	NA	TRUST	0	158,990	57 000 %				
HCG AND EBG CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 77-6218114	INVESTMENT	VA	NA	TRUST	0	134,238	56 000 %				
AJY JR & EWY CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6434054	INVESTMENT	VA	NA	TRUST	0	117,045	56 000 %				
D & I O CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 77-6256784	INVESTMENT	VA	NA	TRUST	0	124,686	55 000 %				
BVN AND RWN CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6495951	INVESTMENT	VA	NA	TRUST	0	123,216	55 000 %				
JFS CHARITABLE REMAINDER UNITRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6275223	INVESTMENT	VA	NA	TRUST	0	179,013	53 000 %				
FNH CHARITABLE REMAINDER UNITRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6387652	INVESTMENT	VA	NA	TRUST	0	63,374	52 000 %				
GRN CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 54-6412879	INVESTMENT	VA	NA	TRUST	0	652,091	52 000 %				
PTR JR & GJR CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA 24061 52-7059233	INVESTMENT	VA	NA	TRUST	0	57,354	52 000 %				
HER AND SBR CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 77-6231892	INVESTMENT	VA	NA	TRUST	0	67,706	51 000 %				
G & P S CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA 24061 27-6003665	INVESTMENT	VA	NA	TRUST	0	7,447,750	93 400 %				
W S CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061 27-6003666	INVESTMENT	VA	NA	TRUST	0	3,879,983	95 100 %				
M L B TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	NC	NA	TRUST	0	68,294	100 000 %				
J P TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	416,884	100 000 %				

orm 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

orm 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust												
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T M L TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	ĽИ	NA	TRUST	0	158,698	100 000 %					
R R D TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	WA	NA	TRUST	0	460,000	100 000 %					
B CHUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	PA	NA	TRUST	0	310,000	100 000 %					
R D TRUST #4 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	15,000	100 000 %					
D CRAT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	MD	NA	TRUST	0	21,137	100 000 %					
L S UT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	295,124	66 700 %					
M A CRAT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	SC	NA	TRUST	0	49,653	100 000 %					
JC D CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	657,286	100 000 %					
G&D L CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	182,512	100 000 %					
MC TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	2,440,353	100 000 %					
E C K TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	687,649	100 000 %					
D R D CRUT 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	FL	NA	TRUST	0	1,070,136	100 000 %					
M D M TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	96,728	75 000 %					
F T M TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	252,441	83 000 %					
G&J D TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	633,500	100 000 %					
W&E M TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	143,434	100 000 %					
D C C TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	FL	NA	TRUST	0	2,543,217	100 000 %					
E G & E M TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	327,725	60 000 %					
R&B S TRUST 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA24061	INVESTMENT	VA	NA	TRUST	0	242,332	100 000 %					

Software ID: Software Version:

EIN: 54-0721690

Name: VIRGINIA TECH FOUNDATION INC

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) Average hours per	Posi t	tion (that a	che				(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	
MICHAEL J BOGESE JR BOARD MEMBER	2 0	Х						0	0	0	
JAMES K ASSELSTINE BOARD MEMBER	2 0	Х						0	0	0	
BEN J DAVENPORT JR CHAIRMAN	2 0	Х						0	0	0	
W TODD HOLTZMAN BOARD MEMBER	2 0	Х						0	0	0	
DOUGLAS C CURLING BOARD MEMBER	2 0	Х						0	0	0	
GEARY G BROADNAX BOARD MEMBER	2 0	Х						0	0	0	
MICHAEL W CLARKE BOARD MEMBER	2 0	Х						0	0	0	
BRUCE C CARVER BOARD MEMBER	2 0	Х						0	0	0	
PATRICIA CALDWELL BOARD MEMBER	2 0	Х						0	0	0	
SHAWN C JOHNSON BOARD MEMBER	2 0	Х						0	0	0	
LINDA A HODGES BOARD MEMBER	2 0	Х						0	0	0	
JAMES H HATCH BOARD MEMBER	2 0	Х						0	0	0	
NANCIE R KENNEDY BOARD MEMBER	2 0	Х						0	0	0	
JACOB A LUTZ III BOARD MEMBER	2 0	Х						0	0	0	
JOHN C LEE IV BOARD MEMBER	2 0	Х						0	0	0	
GEORGE NOLEN BOARD MEMBER	2 0	Х						0	0	0	
CURRY A ROBERTS BOARD MEMBER	2 0	Х						0	0	0	
CARL G VERBONCOEUR BOARD MEMBER	2 0	Х						0	0	0	
PAULA J ROBICHAUD BOARD MEMBER	2 0	Х						0	0	0	
KRISTI L ROWSELL BOARD MEMBER	2 0	Х						0	0	0	
ELIZABETH ANN SPENCER BOARD MEMBER	2 0	Х						0	0	0	
DR CHARLES W STEGER BOARD MEMBER	2 0	Х						0	541,522	292,033	
BENJAMIN Z STALLINGS II MD BOARD MEMBER	2 0	Х						0	0	0	
HORACIO A VALEIRAS BOARD MEMBER	2 0	Х						0	0	0	
ROBERT P FRALIN BOARD MEMBER	2 0	Х						0	0	0	

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) Average hours per	Posi t	tion (hat a	ched)		•	(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	
PETER M RUP BOARD MEMBER	2 0	Х						0	0	0	
PRESTON M WHITE JR BOARD MEMBER	2 0	Х						0	0	0	
THOMAS R BYRD BOARD MEMBER	2 0	Х						0	0	0	
O A SPADY BOARD MEMBER	2 0	Х						0	0	0	
JACOBA LUTZ III BOARD MEMBER	2 0	Х						0	0	0	
W HANSON HANCE WEST BOARD MEMBER	2 0	Х						0	0	0	
DAVID HENDERSON BOARD MEMBER	2 0	Х						0	0	0	
CHRISTOPHER J BRIGHTMAN BOARD MEMBER	2 0	Х						0	0	0	
FAY H STREET BOARD MEMBER	2 0	Х						0	0	0	
JERRY HULICK BOARD MEMBER	2 0	Х						0	0	0	
DR RAYMOND D SMOOT JR CEO/SECRETARY-TREASURER	400			х				279,840	0	38,260	
M DWIGHT SHELTON JR EXECUTIVE VICE PRESIDENT	2 0			х				0	275,966	20,882	
DR ELIZABETH A FLANAGAN EXECUTIVE VICE PRESIDENT	2 0			х				0	310,135	40,317	
DAN WARD SENIOR INVESTMENT ANALYST	400					Х		123,333	0	33,395	
JIM FLOWERS DIRECTOR OF VT KNOWLEDGWORKS	400					Х		129,500	0	34,495	
KEVIN SULLIVAN LEGAL COUNSEL	400					Х		127,000	0	34,000	
TERRI MITCHELL ASSIST VICE PRES & CONTROLLER	400					Х		119,333	0	16,674	
JOE MEREDITH PRESIDENT OF THE CORP RES CTR	400					Х		178,000	0	34,350	