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DLN: 93493137002182

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

Open to Public

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

The Hair				'		Inspection		
		2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-20 C Name of organization	011	D Emplo	yer id	lentification number		
F Addı		ONIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION		54-60)464	19		
┌ Nam	ne chan	Doing Business As		E Teleph	one n	uumher		
┌ Initia	al returi	Number and street (or P O box if mail is not delivered to street address)	Room/suite	_				
┌ Tern	nınated	PO POV 7363	,	(434)	4)924-4879			
┌ Ame	ended re			G Gross r	eceipt	s \$ 84,967,289		
┌ _{Appl}	ication	CHARLOTTESVILLE, VA 22906 pending						
		F Name and address of principal officer	H(a) Is this	a group return fo	or affilia	tes? Yes No		
		LAURA B TERRY PO BOX 7263				F., F.,		
		CHARLOTTESVILLE, VA 22906	H(b) Are all			☐ Yes ☐ No (see instructions)		
	-evemi	pt status		ip exemptio				
			\dashv					
		: WWW DARDEN VIRGINIA EDU	<u> </u>					
		anization Corporation Trust Association Other -	L Year of fo	mation 195	2 M	State of legal domicile VA		
Par	't I	Summary						
s Governance		Check this box 🎮 if the organization discontinued its operations or dispose		:5% of its r	net as	ssets 36		
Activities &		Number of independent voting members of the governing body (Part VI, line 1		.	4	30		
ğ		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			5	213		
ੂ	6 T	otal number of volunteers (estimate if necessary)			6	5		
-		otal unrelated business revenue from Part VIII, column (C), line 12			7a	777,429		
	bN	Net unrelated business taxable income from Form 990-T, line 34			7b	-87,235		
	Q	Contributions and grants (Part VIII, line 1h)	Prio	9,335,5	4 7	Current Year 13,440,427		
<u>9</u>	9	Program service revenue (Part VIII, line 2g)		24,897,0		25,893,764		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,624,776		4,090,027		
#	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		123,99	97	263,936		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	ine	39,981,3	85	43,688,154		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3).		19,327,3	-	16,634,165		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0		
္တ	15	Salaries, other compensation, employee benefits (Part IX, column (A), line	s	10,031,6	43	10,105,062		
Ехрепзея	16a	5-10) Professional fundraising fees (Part IX, column (A), line 11e)		10,031,0	0	10,103,002		
· 후	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,037,426						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		18,749,5	20	16,267,977		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	48,108,5	61	43,007,204		
-	19	Revenue less expenses Subtract line 18 from line 12		-8,127,1		680,950		
Not Assets or Fund Balances				g of Current 'ear	t	End of Year		
Set	20	Total assets (Part X, line 16)		297,947,7	37	335,612,203		
유 장	21	Total liabilities (Part X, line 26)		55,546,2	80	52,514,269		
ž2	22	Net assets or fund balances Subtract line 21 from line 20		242,401,4	57	283,097,934		
Par		Signature Block						
knowle knowle	edge a	ties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than off	icer) is based on					
Here		LAURA B TERRY VP & CFO Type or print name and title						
		Print/Type Preparer's signature		Check if self-		PTIN		
Paid		preparer's name JOYCE M UNDERWOOD JOYCE M UNDERWOOD Firm's name BDO USA LLP		employed 🕨	J			
Prepa	ror	Firm's address 7101 WISCONSIN AVE SUITE 800			_	Firm's EIN 🕨		
Use O	1 1	I IIIII S AUUICSS F / TUT WIJCONSIN AVE SUITE BUU				Phone no (301) 654-4900		

BETHESDA, MD 208144827

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

4900

orm	990 (2010)				Page 2
Par		ent of Program Service chedule O contains a respons	Accomplishments e to any question in this Part III		/
UR VIR DAR PHIL SCH	UNIVERSITY OF THER THE AIMS A GINIA TO ACHIE DEN SCHOOL, OF ANTHROPIC SUR OOL BY THE FOU	AND PURPOSES OF THE DAR IVE THIS PURPOSE, THE FO PERATES THE SCHOOL'S TO PPORT OF THE SCHOOL BY	L FOUNDATION'S PRIMARY PURP RDEN SCHOOL OF BUSINESS ADM UNDATION MANAGES ENDOWMEI P-RANKED EXECUTIVE EDUCATI ALUMNI, FRIENDS, AND CORPORA ALL PHASES OF LIFE AT DARDEN OPERATING BUDGET	INISTRATION OF THE UNIV NT FUNDS FOR THE EXCLUS ON PROGRAM, AND PROMO ATIONS FUNDS PROVIDED	PERSITY OF IVE BENEFIT OF THE TES ANNUALLY TO THE
2	the prior Form 99		program services during the year wh		'es ✓ No
3	Did the organizat	tion cease conducting, or mak	e significant changes in how it condu		fes ▽ No
4	Describe the exe Section 501(c)(3	3) and 501(c)(4) organizations	O r each of the organization's three lard s and section 4947(a)(1) trusts are evenue, if any, for each program ser	required to report the amount	
4a	OF VIRGINIA THE I AND PURPOSES OF FOUNDATION MANA EDUCATION PROGR	UNIVERSITY OF VIRGINIA DARDEN SO THE DARDEN GRADUATE SCHOOL O AGES ENDOWMENT FUNDS FOR THE	38,585,885 including grants of \$ D FURTHER AIMS OF THE DARDEN GRADUA' CHOOL FOUNDATION'S PRIMARY PURPOSE IS F BUSINESS ADMINISTRATION OF THE UNIVE EXCLUSIVE BENEFIT OF THE DARDEN SCHOOL C SUPPORT OF THE SCHOOL BY ALUMNI, FR PHASES OF LIFE AT DARDEN	S TO PROMOTE THE ADVANCEMENT A ERSITY OF VIRGINIA TO ACHIEVE TH DL, OPERATES THE SCHOOL'S TOP-RA	AND FURTHER THE AIMS IS PURPOSE, THE ANKED EXECUTIVE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

4e Total program service expenses►\$

38,585,885

) (Revenue \$

	•		
Part IV	Checklist o	f 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		Νo
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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		No
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	
е	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? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
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	
	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? <i>If</i> "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	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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			
		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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes Vo			
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?	38	Yes	

Form 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		.୮	
		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
Enter the number of Forms W. 2C included in line 1s. Enter O if not applicable.			
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable] _		
gaming (gambling) winnings to prize winners?	1c	Yes	
Statements filed for the calendar year ending with or within the year covered by this			
return			
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)			
Did the organization have unrelated business gross income of \$1,000 or more during the			
year ⁹	3a	Yes	
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		N
If "Yes," enter the name of the foreign country ▶			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Mee the example to a party to a prohibited toy shelter transportion at any time during the tay year?	F-		NI.
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N O
	5b		IN
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
organization solicit any contributions that were not tax deductible?			
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).	- 55		
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
services provided to the payor?			
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
If "Yes," indicate the number of Forms 8282 filed during the year			
	1	i	
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		N
contract?	76 7f		N
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			14.
required?	7g		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	71.		
Form 1098-C?	7h		
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.			
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		
Section 501(c)(7) organizations. Enter			
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 [acilities]			
Section 501(c)(12) organizations. Enter			
Gross income from members or shareholders			
Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them)..........11b			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the			
year 12b			
Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		
1.1.1.1. Det the module to a decision information the organization mast report on Schedule of			
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	1		
13c			
Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

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

_Se	ction A. Governing Body and Management			
			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	Yes	
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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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			110
	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
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	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by		103	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

│ Own website │ Another's website 🕨 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LAURA B TERRY

100 DARDEN BOULEVARD CHARLOTTESVILLE, VA 22903

(434)924-4879

<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 organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director		organizations (W- 2/1099- MISC)	from the organization and related organizations					
See Additional Data Table										

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

	(A) Name and Title	(B) Average hours per		(tion that a			ıll		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o compens	ted fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	,	from t organizati relate organiza	he on and ed
See A	Addıtıonal Data Table												
1b	Sub-Total							•					
С	Total from continuation shee		tion A		•	•	F				_		
d	Total (add lines 1b and 1c) .						•	<u> </u>	2,166,795	1,998,36	57		07,510
2	Total number of individuals (ii \$100,000 in reportable comp						above) who	received more tha	n			
3	Did the organization list any f on line 1a? <i>If</i> "Yes," complete.									ated employee	3	Yes Yes	No
4	For any individual listed on lir organization and related organ individual	nızatıons greater t	han \$15	50,00	007	f "Y	'es," co	mple	ete Schedule J for suc		4	Yes	
5										r individual for	4	res	

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual			
	on time 1a 11 Tes, complete schedule 110 Such marvidual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person \cdot	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAHILL-WEBER GROUP INC PO BOX 7722 CHARLOTTESVILLE, VA 22906	TEACHING FEES	897,500
UVIMCO PO BOX 400215 CHARLOTTESVILLE, VA 22904	INVESTMENT MANAGEMENT	518,456
KELLY SCOTT MADISON 23983 NETWORK PLACE CHICAGO, IL 60673	ADVERTISING	430,723
AMERICAN PUBLIC MEDIA PO BOX 70870 ST PAUL, MN 55170	PUBLIC RADIO PROGRAMMING	256,905
PORON 887// DEPLA	INTERIM VP/CAMPAIGN ASSESSMENT	252,316
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Form 9		2010) Statement of Revenue					Pag	ge 9
Part	VIII	Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns		13,440,427	13,440,427			513, or 514
Program Service Revenue	2a b c d	EXECUTIVE EDUCATION All other program service revenue		Business Code 721110	25,893,764	25,116,335	777,429	
	3 4 5	Total. Add lines 2a-2f		(II) Personal	25,893,764 229,341			229,34
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)		(u) Othor				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) (i) Securities 45,139,821 41,279,135 41,279,135 3,860,686		(II) O ther				
Other Revenue	8a b	Ret gain or (loss)			3,860,686			3,860,68
	9a b c	Gross income from gaming activities See Part IV, line 19 Less direct expenses						
	11a	Net income or (loss) from sales of inventory Miscellaneous Revenue ALUM RELATIONS REUNION PARKING REVENUE GAINS/LOSSES FROM K-1S All other revenue		Business Code 900099 900099 900099	112,660 98,640 5,834 46,802	98,640		5,83
	e	Total. Add lines 11a-11d	-		263,936 43,688,154	25,374,437	777,429 rm 990 (20	4,095,86

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do no	ot include amounts reported on lines 6b, p, 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	16,634,165	16,634,165					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	1,171,125	664,613	325,089	181,423			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	6,797,856	5,590,010	528,212	679,634			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	588,668	492,638	45,229	50,801			
9	Other employee benefits	1,015,147	856,796	76,222	82,129			
10	Payroll taxes	532,266	414,536	54,434	63,296			
а	Fees for services (non-employees) Management							
b	Legal	23,764		23,075	689			
С	Accounting	91,121		91,121				
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees	545,344		545,344				
g	Other	5,785,407	5,235,450	 	154,182			
12	Advertising and promotion	359,058	350,883	· ·	5,865			
13	Office expenses	2,970,924	2,779,576	' 	130,771			
14	Information technology	137,986	79,445	36,167	22,374			
15	Royalties							
16	Occupancy	2,453,550	2,259,727		122,205			
17	Travel	1,684,964	1,553,084	38,233	93,647			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10.550	40.000	20.540				
19	Conferences, conventions, and meetings	43,653	10,282	30,549	2,822			
20	Interest							
21	Payments to affiliates	124.046	124.046					
22	Depreciation, depletion, and amortization	124,946	124,946	 				
23 24	Insurance	100,016	64,305	35,711				
a	COGS	1,311,603	1,311,603					
b	BAD DEBT EXPENSE	400,135	27,881		372,254			
c	MISCELLANEOUS	235,506	135,945	24,227	75,334			
d			· · · · ·		·			
e					-			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	43,007,204	38,585,885	2,383,893	2,037,426			
26	Joint costs. Check here ► ☐ if following	,,	,,-25	,,	, , ,			
	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							
	combined educational campaign and fundraising soficitation	i .	L					

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			22,714	1	45,092
	2	Savings and temporary cash investments			20,750,127	2	11,692,457
	3	Pledges and grants receivable, net			15,256,935	3	13,965,339
	4	Accounts receivable, net			3,053,980	4	2,913,031
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)					
\$		Schedule L				6	
ssets	7	Notes and loans receivable, net	•			7	
₫	8	Inventories for sale or use			137,272	8	99,891
	9	Prepaid expenses and deferred charges			947,828	9	1,157,227
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	4,363,845			
	ь	Less accumulated depreciation	10b	2,922,516	1,557,577	10 c	1,441,329
	11	Investments—publicly traded securities			5,084,826	11	21,881,449
	12	Investments—other securities See Part IV, line 11			176,866,904	12	210,843,422
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			74,269,574	15	71,572,966
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			297,947,737	16	335,612,203
	17	Accounts payable and accrued expenses .			2,417,328	17	3,496,933
	18	Grants payable				18	
	19	Deferred revenue			2,525,465	19	2,688,027
	20	Tax-exempt bond liabilities				20	
- S	21	Escrow or custodial account liability Complete Part IV of Schedu	le D .			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lià		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D	•		50,603,487	25	46,329,309
	26	Total liabilities. Add lines 17 through 25			55,546,280	26	52,514,269
-S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete l	ines 27			
9		through 29, and lines 33 and 34.					
<u>8</u>	27	Unrestricted net assets	73,389,973	27	81,631,940		
Fund Balances	28	Temporarily restricted net assets	59,847,648	28	82,481,777		
몯	29	Permanently restricted net assets			109,163,836	29	118,984,217
		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd con	ıplete			
ō		lines 30 through 34.					
SE.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
¥	33	Total net assets or fund balances			242,401,457	33	283,097,934
	34	Total liabilities and net assets/fund balances			297,947,737	34	335,612,203

Pal	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		43,6	588,154
2	Total expenses (must equal Part IX, column (A), line 25)	2			007,204
3	Revenue less expenses Subtract line 2 from line 1	3		6	80,950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		242,4	01,457
5	Other changes in net assets or fund balances (explain in Schedule O)	5		40,0	15,527
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		283,0	97,934
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	•	•	ァ	
				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 th audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	е			
	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 isson a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re-	quired	3b		

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UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION

DLN: 93493137002182

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

54-6046419

Pai	τI	Reason for Public Charity Status (All organizations must complete this part.) See instructions									
The o	rganız	ation is not a private	foundation because	ıtıs (Forlu	nes 1 throu	gh 11, check	only one bo	ox)			
1	Γ	A church, conventio	n of churches, or as:	sociation of	churches de	scribed in s e	ection 170(b	o)(1)(A)(i).			
2	Γ	A school described	n section 170(b)(1)	(A)(ii). (Att	ach Schedu	le E)					
3	Γ	A hospital or a coop	erative hospital serv	vice organiza	ition descril	oed in sectio	n 170(b)(1)	(A)(iii).			
4	Γ	A medical research	organızatıon operate	ed in conjunc	tion with a l	nospital desc	cribed in sec	tion 170(b)	(1)(A)(iii).	Enter the	
		hospital's name, city	, and state								
_	_		. 16 .1 1 6.								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_	_	section 170(b)(1)(A)(iv). (Complete Part II)									
6	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	ı	An organization that	normally receives a	substantial	part of its s	support from	a governme	ntal unit or f	rom the gen	eral public	
		described in section 170(b)(1)(A)(vi) (Complete Pa	rt II)							
8	_	A community trust of)(vi) (Com	nlete Part II)				
9	_	An organization that						butions, men	nbership fee	s, and gross	
_		receipts from activit									
		its support from gros		•	-						
		acquired by the orga							,		
10	_	An organization orga		-			-				
11	·	An organization orga	•	•	•	,		. , . ,	to carry out	the purposes of	
		one or more publicly	•	•				•	•	• •	
		the box that describ							. – –		
	_	a	b Type II			- Functional			, ,,	e III - Other	
e		By checking this box									
		other than foundation section 509(a)(2)	n managers and oth	er than one o	or more publ	iciy supporte	ed organizat	ions describ	ea in sectio	n 509(a)(1) or	
f		If the organization re	eceived a written de	termination f	rom the IRS	that it is a	Type I, Type	e II or Type	III supporti	ng organization,	
		check this box								i i	
g		Since August 17, 20	06, has the organiz	ation accept	ed any gift	or contribution	on from any	of the			
		following persons? (i) a person who dire	actly or indirectly co	ntrols eithe	r alone or to	aether with i	nersons des	cribed in (ii)		Yes No	
		and (III) below, the g	•	•		-	20120112 402	cribed iii (ii)		j(i) No	
		(ii) a family member							11g		
		(iii) a 35% controlle				oove?			11g		
h		Provide the following							[9	()	
••		Trovide the following	, illioilliation about t	ine supporter	a organizati	011(3)					
			(iii)	(iv)							
			Type of	Is the	e	(v)		(vi)			
	(i)		organization	organızatı		Did you not		Is the		(vii)	
	ame o		(described on lines 1- 9 above	col (ı) lıs	ted ın	organızat col (ı) of		organızat col (ı) org		A mount of	
	pporte anızatı		or IRC section		your governing		t?	in the U		support	
o, g.		•	(see	document?							
			instructions))	Yes	No	Yes	No	Yes	No		
(A) U											
DARD	EN										
GRAD	UATE OL OF	546001796	6	Yes		Yes		Yes		16,634,165	
BUSIN										,	
ADMI	NISTRAT	TION									

Total

16,634,165

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.)

<u> </u>	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

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

Software ID: Software Version:

EIN: 54-6046419

Name: UNIVERSITY OF VIRGINIA DARDEN SCHOOL

FOUNDATION

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) (C) Average Position (check all that apply) per that apply)			(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
HENRY F SKELSEY TRUSTEE, CHAIRMAN	1 00	Х		×				0	0	0
PETER D KIERNAN TRUSTEE, VICE CHAIRMAN	1 00	Х		х				0	0	0
THOMAS J BALTIMORE JR TRUSTEE	1 00	Х						0	0	0
WL LYONS BROWN III TRUSTEE	1 00	Х						0	0	0
G DAVID CHEEK TRUSTEE	1 00	Х						0	0	0
JAMES SU-TING CHENG TRUSTEE	1 00	Х						0	0	0
VN DALMIA TRUSTEE	1 00	Х						0	0	0
NORWOOD H DAVIS III TRUSTEE	1 00	Х						0	0	0
MICHAEL A DECOLA TRUSTEE	1 00	Х						0	0	0
LOUIS G ELSON TRUSTEE	1 00	Х						0	0	0
JOHN M FARRELL JR TRUSTEE	1 00	Х						0	0	0
DONALD W GOODMAN TRUSTEE	1 00	Х						0	0	0
ROBERT J HUGIN TRUSTEE	1 00	Х						0	0	0
MARTINA T HUND-MEJEAN TRUSTEE	1 00	Х						0	0	0
WILLIAM I HUYETT TRUSTEE	1 00	Х						0	0	0
PHILIP W KNISELY TRUSTEE	1 00	Х						0	0	0
JOHN G MACFARLANE III TRUSTEE	1 00	Х						0	0	0
CAROLYN S MILES TRUSTEE	1 00	Х						0	0	0
MARSHALL N MORTON TRUSTEE	1 00	Х						0	0	0
HARRY T REIN TRUSTEE	1 00	Х						0	0	0
WALTER E SHILL III TRUSTEE	1 00	Х						0	0	0
BRYAN H SIMMS TRUSTEE	1 00	Х						0	0	0
E FOLLIN SMITH TRUSTEE	1 00	Х						0	0	0
JOHN R STRANGFELD JR TRUSTEE	1 00	Х						0	0	0
WARREN M THOMPSON TRUSTEE	1 00	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	Posi t	(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JAMES W TODD TRUSTEE	1 00	Х						0	0	0
ROGER L WERNER JR TRUSTEE	1 00	Х						0	0	0
ELIZABETH K WEYMOUTH TRUSTEE	1 00	Х						0	0	0
VANESSA A WITTMAN TRUSTEE	1 00	Х						0	0	0
ROBERT BRUNER EX-OFFICIO TRUSTEE	1 00	Х						0	547,984	71,560
KENNETH EADES EX-OFFICIO TRUSTEE	1 00	Х						35,800	259,986	35,110
JENNIFER MCENERY FINN EX-OFFICIO TRUSTEE	1 00	Х						0	0	0
MARK A RISER EX-OFFICIO TRUSTEE	1 00	Х						0	0	0
LEWIS F PAYNE JR EX-OFFICIO TRUSTEE	1 00	Х						0	0	0
THEODORE M FORBES PRESIDENT, CEO, & SEC	50 00	Х		х				295,195	0	38,416
PETER RODRIGUEZ EX-OFFICIO TRUSTEE	1 00	Х						39,000	260,444	31,487
TERESA A SULLIVAN EX-OFFICIO TRUSTEE	1 00	Х						0	198,925	114,701
JOHN CASTEEN EX-OFFICIO TRUSTEE	1 00	Х						0	508,044	217,800
DAVID L NEWKIRK CEO, EXEC EDUCATION	50 00			х				319,526	0	43,725
KATHERINE S SCHIEFFELIN VP OF DEVELOPMENT	50 00			х				57,473	0	1,990
LAURA B TERRY CFO AND TREASURER	50 00			х				176,680	0	150,246
MICHAEL J WOODFOLK VP-ALUMNI RELATIONS	50 00			х				171,496	0	20,595
KENNETH A WHITE VP-MARKETING	50 00			х				72,145	3,350	4,857
LUCIANO CENTINI SR DIR OF EE	50 00					х		298,417	0	31,797
THOMAS A CROSS SR DIR OF EE	50 00					Х		208,896	0	26,624
LEANN M BUNTROCK EXEC DIR OF PLE	50 00					Х		153,723	0	23,318
EUGENE MEONI GM OF HOSPITALITY	50 00					Х		136,434	0	32,860
DEAN W KREHMEYER DIR OF BRICE	50 00					Х		128,360	0	28,753
BRANDT ALLEN FORMER VICE PRESIDENT	50 00						×	73,650	219,634	33,671

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DLN: 93493137002182

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV. line 6. 7. 8. 9. 10. 11. or 12.

tema	Il Revenue Service	► Attach to Fo	·-	Inspection					
	me of the organi IVERSITY OF VIRGIN	zation IA DARDEN SCHOOL FOUNDATION			loyer identification numb	er			
Dа	rt I Organ	izations Maintaining Donor Ac	lvised Funds or Other Simila		046419 Or Accounts Comple	te if the			
		zation answered "Yes" to Form 99		ıı ı anas ı	or Accounts comple	te ii tiie			
			(a) Donor advised funds	(b) Funds and other accou	ınts			
L	Total number a	t end of year							
2	Aggregate cont	ributions to (during year)							
3	Aggregate gran	its from (during year)							
4	Aggregate valu	e at end of year							
5	_	ration inform all donors and donor advi rganization's property, subject to the	_		sed F Yes	┌ No			
5	used only for c	ration inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit		•		┌ No			
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Ye	es" to Form	n 990, Part IV, line 7.				
2	Preservati Protection Preservati Complete lines	conservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a quali ne last day of the tax year	on or pleasure) Preservation Preservation	of a certified	cally importantly land are I historic structure nservation	ea			
					Held at the End of the	Year			
а	Total number o	f conservation easements		2a					
b	Total acreage	restricted by conservation easements		2b					
С	Number of con	servation easements on a certified his	torıc structure ıncluded ın (a)	2c					
d	Number of con	servation easements included in (c) ac	equired after 8/17/06	2d					
3	Number of cons	servation easements modified, transfe	rred, released, extinguished, or term	inated by th	e organization during				
	the taxable yea	ar ▶							
1	Number of stat	es where property subject to conserva	ation easement is located 🕨						
5	Does the organ	nization have a written policy regarding the conservation easements it holds?	the periodic monitoring, inspection,	, handling of	violations, and Yes	┌ No			
5	Staff and volun	teer hours devoted to monitoring, insp	ecting and enforcing conservation ea	asements du	uring the year ►				
7	A mount of exp	enses incurred in monitoring, inspectii	ng, and enforcing conservation easer	ments during	the year ► \$				
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements o	fsection	┌ Yes	┌ No			
9	balance sheet,	escribe how the organization reports co and include, if applicable, the text of t n's accounting for conservation easen	he footnote to the organization's fina						
ar		izations Maintaining Collectio			ner Similar Assets.				
		ete if the organization answered ' tion elected, as permitted under SFAS			halance cheet works of				
La	art, historical t	reasures, or other similar assets held t XIV, the text of the footnote to its fin	for public exhibition, education or re-	search in fui		e,			
b	historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for p owing amounts relating to these items	public exhibition, education, or resea						
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1			► \$				
	(ii) Assets incl	luded in Form 990, Part X			▶ \$				
2	If the organizat	tion received or held works of art, histonians are the second of the sec		ets for financ	cial gain, provide the				

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Col	lections of Art	<u>, His</u>	torical Tr	easu	ires, or Ot	he	r Similar <i>i</i>	Ass	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne following t	hat ar	e a significar	nt u	se of its coll	ectio	n	
а	Public exhibition		d	┌ Loan o	rexc	hange progra	ms				
b	Scholarly research		e	┌ Other							
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	v they furthe	r the o	organization's	ex	empt purpos	e in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							ıılar	_	Yes	□ No
Par	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am	ements. Comple	ete ıf	the organiz	zatioi			es" to Forn			1 110
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other interme	diary	for contribut	ions	or other asse	ts r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ing table		_	-				
							\dashv		Amo	unt	
С.	Beginning balance					⊢	LC .				
d	Additions during the year						.d				
e	Distributions during the year					_	le le				
f	Ending balance		_			<u></u>	Lf				
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	e 21?						ļ	Yes	No
	If "Yes," explain the arrangement in Part XIV	E than a war a war to a			.!! 4-	Fa 000 I	D=	+ T\ / 1 1 1 1 1 1 1 1			
Pa	rt V Endowment Funds. Complete if						\neg	(d)Three Year	c I	/ - \ F \	
	<u></u>	(a)Current Year	(0	Prior Year	<u> </u>	Two Years Back	+	Back		(e) Four Y	'ears Back
1a	Beginning of year balance	154,073,220		142,046,037	-	186,633,83	+		_		
Ь	Contributions	9,820,381		1,810,185	-	1,702,86	+		_		
с	Investment earnings or losses	34,001,370		19,117,414		-37,889,72	+		_		
d	Grants or scholarships	2,842,563 4,833,351		2,487,551 5,930,048	-	1,939,84	+		+		
e	Other expenditures for facilities and programs	·				4,267,11					
f	Administrative expenses	541,423		482,817		2,193,99	-		+		
g	End of year balance	189,677,634		154,073,220		142,046,03	<u> </u>				
2	Provide the estimated percentage of the year		as								
а	Board designated or quasi-endowment 🕨	0 %									
b	Permanent endowment ► 62 790 %										
С	Term endowment ► 37 210 %										
3a	Are there endowment funds not in the posses organization by	sion of the organiz	ation	that are held	and a	dministered	for	the		Yes	No
	(i) unrelated organizations							Г:	3a(i)		No
	(ii) related organizations							<u> </u>	Ba(ii)		No
b	If "Yes" to 3a(II), are the related organization	s listed as require	d on S	chedule R?					3b		İ
4	Describe in Part XIV the intended uses of the	e organization's end	dowme	ent funds							
Par	t VI Investments—Land, Buildings	<u>, and Equipme</u>	nt. S	ee Form 99	90, Pa	art X, line 1	0.			1	
	Description of investment			(a) Cost or obasis (investi		(b)Cost or other		(c) Accumula depreciatio		(d) Bo	ook value
1a	Land		•								
b	Buildings		•			927,€	512	254	1,482		673,130
С	Leasehold improvements		•			2,027,3	392	1,515	5,789		511,603
d	Equipment		•			715,7		496	5,158		219,596
	Other			1		693,0	_		5,087		37,000
rota	l. A dd lines 1a-1e <i>(Column (d) should equal Fol</i>	rm 990, Part X, colur	nn (B)), line 10(c).)				►		1	1,441,329

Part VIII Investments—Other Securities. See	e Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of end-o	i-year market value
(2)Closely-held equity interests			
(3)Other			
(A) UVIMCO MANAGED FUNDS-UVA RELATED			
FOUNDATION	210,843,422		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1 210,843,422		
Part VIII Investments—Program Related. Se			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	I -		
Part IX Other Assets. See Form 990, Part X,			
(a) Descri	ription		(b) Book value
(1) OTHER ASSETS			602,620
(2) RIGHTS OF OCCUPANCY			70,970,346
Total. (Column (b) should equal Form 990, Part X, col.(B) line			71,572,966
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
FUNDS HELD FOR THE DARDEN SCHOOL AND BRICE	1,055,259		
NOTES PAYABLE TO UVA	45,274,050		
	· · ·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	46,329,309		

_	otal revenue (Form 990, Part VIII, column (A), line 12)	1	42 600 15
2 T			43,688,154
	otal expenses (Form 990, Part IX, column (A), line 25)	2	43,007,204
3 E	ccess or (deficit) for the year Subtract line 2 from line 1	3	680,950
_	et unrealized gains (losses) on investments	4	40,021,361
_	onated services and use of facilities	5	
_	evestment expenses	6	
	nor period adjustments	7	
	ther (Describe in Part XIV)	8	-5,834
_	otal adjustments (net) Add lines 4 - 8	9	40,015,527
		10	40,696,477
Part X	ccess or (deficit) for the year per financial statements Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue p		
	otal revenue, gains, and other support per audited financial statements	1	83,158,337
	mounts included on line 1 but not on Form 990, Part VIII, line 12	-	
	let unrealized gains on investments		
	Openated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	40,021,361
	Subtract line 2e from line 1	3	43,136,976
	mounts included on Form 990, Part VIII, line 12, but not on line 1		,
	nvestment expenses not included on Form 990, Part VIII, line 7b . 4a 545,344		
	Other (Describe in Part XIV) 4b 5,834		
c A	dd lines 4a and 4b	4c	551,178
5 T	otal Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	43,688,154
Part XI	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
	otal expenses and losses per audited financial tatements	1	42,461,860
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25		
a [Oonated services and use of facilities		
b P	rıor year adjustments		
c C	Other losses		
d C	Other (Describe in Part XIV) 2d		
e A	dd lines 2a through 2d	2e	C
3 9	Subtract line 2e from line 1	3	42,461,860
4 4	mounts included on Form 990, Part IX, line 25, but not on line 1:		
a I	nvestment expenses not included on Form 990, Part VIII, line 7b 4a 545,344		
b 0	Other (Describe in Part XIV)		
c A	dd lines 4a and 4b	4c	545,344
	otal expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	43,007,204
Part X	Supplemental Information		

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT SUPPORTS THE DARDEN SCHOOL THROUGH SCHOLARSHIPS, CHAIRS, RESEARCH, EDUCATIONAL PROGRAMS, AND ALUMNI SERVICES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION ADOPTED THE PROVISIONS OF ASC 740-10 ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON JULY 1, 2009 UNDER ASC 740-10, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED THE IMPLEMENTATION OF ASC 740-10 HAD NO IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS THE FOUNDATION'S MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS FOR THE YEAR ENDED JUNE 30, 2011, THE FOUNDATION DID NOT RECOGNIZE ANY INTEREST OR PENALTIES TAX YEARS 2009-2006 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE FOUNDATION IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS
PART XI, LINE 8 - OTHER ADJUSTMENTS		BOOK TO TAX ADJUSTMENT FOR PASSTHROUGH ENTITIES -5,834
PART XII, LINE 4B - OTHER ADJUSTMENTS		BOOK TO TAX ADJUSTMENT FOR PASSTHROUGH ENTITIES 5,834

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DLN: 93493137002182

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

	ERSITY OF VIRGINIA DARDEN	I SCHOOL FOU	NDATION		Employer iden	itil ication number
4 T V	ENGIN OF VINGINIA DARDER	. 5011502100	NDA I I O N		54-6046419	
ar	General Informatio "Yes" to Form 990, Pa			he United States. C	complete if the organi	zation answered
	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	organization n gibility for the	naintain record grants or assi	stance, and the select	tion criteria used to av	vard
	For grantmakers. Describe in Pa United States	irt V the organiz	atıon's procedu	res for monitoring the us	e of grant funds outside	the
	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
	EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	EXECUTIVE EDUCATION COURSES	94,58
	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES		36,72
	NORTH AMERICA	0	1	PRO GRAM SERVICES		66,31
	Sub-total	0	1			197,62
D	Total from continuation sheets	1 0	1	1		1

to Part I

c Totals (add lines 3a and 3b)

197,623

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		,		
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-			 I		,		
			ı		,		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	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)	Γ	Yes	굣	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)	Г	Yes	্	Νo
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)	Г	Yes	্	Νo
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)	Г	Yes	্	Νo
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).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 54-6046419

Name: UNIVERSITY OF VIRGINIA DARDEN SCHOOL

FOUNDATION

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

DLN: 93493137002182

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION

Inspection Employer identification number

Part I General Informa	ation on Grants a						
	acion on Grants	and Assistance				•	
 Does the organization main the selection criteria used t Describe in Part IV the org 	to award the grants o	rassistance?					Г Yes Г I
Form 990, Part IV	, line 21 for any re		l more than \$5,000.	Check this box if no	one recipient rec	rganization answered eived more than \$5,0 ► 厂	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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) UVA- DARDEN SCHOOL OF BUSINESS ADMINISTRATIONPO BOX 6550 CHARLOTTESVILLE, VA 22906	54-6001796	501(C)(3)	16,634,165				SCHOLARSHIPS, CHAIRS, RESEARCH, FACILITIES, & EDUCATIONAL PROGRAMS
2 Enter total number of section3 Enter total number of other							1 0

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use 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
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 FOUNDATIONS ACCOUNTING OFFICE REQUESTS AND REVIEWS DOCUMENTATION SUBSTANTIATING ALL FUNDS REQUESTED BY THE DARDEN SCHOOL FOR FUNDS RESTRICTED BY DONORS, THE FOUNDATIONS ACCOUNTING OFFICE REQUESTS ADEQUATE DOCUMENTATION FOR AND REVIEWS THE SUPPORTING DOCUMENTS TO ENSURE COMPLIANCE WITH THE DONOR'S RESTRICTED PURPOSE PRIOR TO RELEASING FUNDS TO THE DARDEN SCHOOL

DLN: 93493137002182

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

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

UNI	VERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION 54-6046419			
Pa	rt I Questions Regarding Compensation			
	Questions Regulating compensation		Yes	Νο
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	□ Tax idemnification and gross-up payments □ Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
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 organization pay or accrue any compensation contingent on the net earnings of			
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 the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

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	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
. ,		(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) ROBERT BRUNER	(I) (II)	0 530,618	0	0 17,366	0 53,965	0 17,595	0 619,544	0	
(2) KENNETH EADES	(I) (II)	0 257,901	0	35,800 2,085	0 21,992	0 13,118	35,800 295,096	0	
(3) THEODORE M FORBES	(I) (II)	145,195 0	0	150,000 0	23,400 0	15,016 0	333,611 0	0	
(4) PETER RODRIGUEZ	(I) (II)	0 260,357	0	39,000 87	0 16,152	0 15,335	39,000 291,931	0	
(5) TERESA A SULLIVAN	(I) (II)	0 198,925	0	0	0 111,037	0 3,664	0 313,626	0	
(6) JOHN CASTEEN	(I) (II)	0 493,044	0	0 15,000	0 202,008	0 15,792	0 725,844	0	
(7) DAVID L NEWKIRK	(I) (II)	265,446 0	54,080 0	0	25,480 0	18,245 0	363,251 0	0	
(8) LAURA B TERRY	(I) (II)	160,180 0	16,500 0	0	17,160 0	45,696 87,390		0	
(9) MICHAEL J WOODFOLK	(I) (II)	155,816 0	15,680 0	0	13,607 0	6,988 0	192,091 0	0	
(10) LUCIANO CENTINI	(I) (II)	124,297 0	3,900 0	170,220 0	13,520 0	18,277 0	330,214 0	0	
(11) THOMAS A CROSS	(I) (II)	110,638 0	3,458 0	94,800 0	11,989 0	14,635 0	235,520 0	0	
(12) LEANN M BUNTROCK	(I) (II)	149,223 0	4,500 0	0	15,665 0	7,653 0	177,041 0	0	
(13) EUGENE MEONI	(I) (II)	123,434 0	13,000	0	13,520 0	19,340 0	169,294 0	0	
(14) DEAN W KREHMEYER	(I) (II)	124,520 0	3,840 0	0	13,312 0	15,441 0	157,113 0	0	
(15) BRANDT ALLEN	(I) (II)	0 219,240	0	73,650 394	0 20,259	0 13,412	73,650 253,305	0	
(16)									

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
	l ' l	THE FOUNDATION PAYS A DISCOUNTED RATE ON UVA GYM MEMBERSHIPS, WHICH IS AVAILABLE TO ALL EMPLOYEES THE MAXIMUM BENEFIT RECEIVED WAS \$135
		THE FOUNDATION MADE SEVERANCE PAYMENTS TO TWO FORMER EMPLOYEES IN ACCORDANCE WITH THE FOUNDATIONS ESTABLISHED PROCEDURES
	7	THE FOUNDATION PAYS TEACHING FEES FOR SOME EMPLOYEES WHO TEACH IN EXECUTIVE EDUCATION PROGRAMS AND BONUSES THAT ARE NOT TIED TO REVENUES OR NET EARNINGS EMPLOYEES HAVE THE OPTION OF ELECTING TO CONTRIBUTE A PORTION OF THEIR SALARY TO THE FOUNDATION'S RETIREMENT PLAN

Schedule J (Form 990) 2010

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OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2010

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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or (a) Name of disqualified person (b) Description Enter the amount of tax imposed on the organization managers or disqualified persor section 4958							-	проуег і	uentifica	icion numb	er
Enter the amount of tax imposed on the organization managers or disqualified person Enter the amount of tax imposed on the organization managers or disqualified person Enter the amount of tax imposed on the organization managers or disqualified person section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990, Part IV, line 26 Name of interested person and purpose (b) Loan to or from the organization? To From To From Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV (c) Name of interested persons. Complete if the organization answered "Yes" on Form 990, Part IV (b) Relationship between interested persons (b) Relationship between interested persons (c) Relationship between interested persons (d) Relationship between int							54-6046419				
										ıne 40b	
1 (a) Name of disqu	ualıfıed	person			(b) Desc	ription	organizations only). or Form 990-EZ, Part V, line 40b of transaction Test ing the year under ing the y	Cor	(c) orrected?		
										s s line 38a d or agreement e? No Yes	No
									snly). Part V, line 40b (c) Correct Yes \$, line 38a ed (g)Written agreement? ee? No Yes		
										s Iline 38a (g)Written agreement? No Yes No	
2 Enter the amount of tax imposi	ed on t	he orgai	nization man	agers or	r disqualified pers	ons dur	na the	vear unde	r		l .
		_		_			_	•	· • \$ —		
3 Enter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	ie organization .			🕨	• \$ <u></u>		
Part II Loans to and/or F	rom	Intere	sted Dere	ons							
), Part IV, line 26	, or For	n 990-l	EZ, Part V	, line 38	a	
	(b) ∟					(-)					
(a) Name of interested person and	1				(d)Balance due	(e) In default?				1	
purpose	organi	ization?	principal a	amount	(a) Balance auc						
	То	From				Yes	No	Yes	No	Yes	No
							+				
						/ line 2	7				
•					•						
(a) Name of interested pers	on				ganızatıon .		(c) An	nount of g	rant or ty	ype of assi:	stance
		-									

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	ii alisweled les oli	TOTTI 990, Part IV, III	ie zoa, zob, oi zoc.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN MACFARLANE	SEE PART V		UVIMCO FEEUVIMCO INVESTMENT MANAGEMENT FEE - JOHN MACFARLANE WAS A TRUSTEE OF THE DARDEN SCHOOL FOUNDATION ("DSF") AND A TRUSTEE/MEMBER OF THE EXECUTIVE COMMITTEE FOR UVIMCO IN FY 2011 ADDITIONALLY, MR MACFARLANE SERVED AS THE INTERIM CHAIR OF UVIMCO'S INVESTMENT COMMITEE FROM FEBRUARY 2010 - JANUARY 2011 AND AS UVIMCO'S CHAIRMAN FROM JANUARY 2011 TO PRESENT DSF PAID INVESTMENT MANAGEMENT FEES OF \$554,589 TO UVIMCO IN FY 2011 THIS FEE IS ASSESSED BASED ON ASSETS UNDER		No
					<u> </u>
					<u> </u>
					<u> </u>
					<u> </u>

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
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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 UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION

Employer identification number

Pai	rt I Types of Property	(a)	413		r			
		(a)	(1.)					
		Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining or amounts		ntribut	ion
2 3 4	Art—Works of art Art—Historical treasures Art—Fractional interests Books and publications							
	Clothing and household							
good								
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property			145.603	5141 /			
	Securities—Publicly traded Securities—Closely held stock	X	80	445,682	I-MV			
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous	\vdash						
13	Qualified conservation contribution—Historic structures							
	Q ualified conservation contribution—O ther							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts .							
25	GIFTS IN Other► (KIND)	_x	6	28,341	ACTUAL EXP INCU	RRED		
	MBA			·				
	COURSE							
26	Other►(<u>MATERIAL</u>)	X	1	4,245	ACTUAL EXP INCU	RRED		
27	O ther ►()							
	O ther ► ()				<u> </u>			
29	Number of Forms 8283 received b				29			
	for which the organization complete	eu Foiiii c	3283, Part IV, Donee Ackii	owiedgement		1	Yes	——
302	During the year, did the organization	n rocow	a by contribution any propo	rty reported in Part I. lines	1-29 that it		res	No
Jua								
	must hold for at least three years f				a to be used			No
	for exempt purposes for the entire					30a		No
	If "Yes," describe the arrangement						,, l	
31		oes the organization have a gift acceptance policy that requires the 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	Yes	
	If "Yes," describe in Part II 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,			

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
THIRD PARTY USE	PART I, LINE 32B	THE FOUNDATION USES A BROKER TO IMMEDIATELY SELL ALL SECURITIES RECEIVED BY THE FOUNDATION IN ACCORDANCE WITH FOUNDATION POLICY
NON REPORTING OF REVENUE	PART I, LINE 33	THE FOUNDATION RECORDED A \$5 MILLION PLEDGE IN YEAR ENDED 6/30/10 AT THE TIME OF THE PLEDGE, THE DONOR DID NOT SPECIFY A PAYMENT METHOD THE DONOR FULLFILLED THE \$5 MILLION PLEDGE WITH A STOCK GIFT DONATION IN YEAR ENDED 6/30/2011 AS THE REVENUE WAS REPORTED IN YEAR ENDED 6/30/2010, THE FOUNDATION DID NOT INCLUDE THIS CONTRIBUTION REVENUE FOR THE STOCK GIFT ON YEAR ENDED 6/30/2011 SCHEDULE M, LINE 29

Schedule M (Form 990) 2010

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SCHEDULE 0 (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.

Name of the organization UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION **Employer identification number**

54-6046419

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THREE OF THE FOUNDATION'S TRUSTEES ALSO SERVE ON THE BOARD OF PRUDENTIAL FINANCIAL JOHN STRANGFELD IS THE CHAIRMAN AND CEO AND THOMAS J BALTIMORE, JR AND MARTINA HUND-MEJEAN ARE ON THE BOARD OF PRUDENTIAL FINANCIAL

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		THE FOUNDATION CONTRACTED WITH GRENZEBACH GLIER AND ASSOCIATES INC TO PERFORM INTERIM VP OF DEVELOPMENT DUTIES THE INTERIM VP OF DEVELOPMENT HAD RESPONSIBILITY FOR THE FOUNDATIONS CAPITAL CAMPAIGN AND MANAGEMENT OF THE DEVELOPMENT TEAM, BUT COULD NOT ENTER INTO CONTRACTS OR AGREEMENTS ON BEHALF OF THE FOUNDATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE DIRECTOR OF FINANCE REVIEWED THE 990 WITH THE CFO AND PRESIDENT AFTER THE INTERNAL REVIEW, THE DIRECTOR OF FINANCE REVIEWED THE 990 WITH THE AUDIT AND FINANCE CHAIR ELECTRONIC COPIES OF THE 990 ARE PROVIDED TO THE FULL BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE FOUNDATION DISTRIBUTES A COPY OF THE CONFLICT OF INTEREST POLICY, POLICY ON UNIVERSITY OF VIRGINIA RELATED FOUNDATIONS, AND A CONFLICT OF INTEREST FORM TO THE FOUNDATION'S TRUSTEES, OFFICERS, AND KEY EMPLOYEES THE INDIVIDUALS ARE REQUIRED TO DISCLOSE ACTIVITY FOR THE NEXT YEAR AND VERIFY THE ACTIVITY IN THE PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION UTILIZES AN INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEYS AND BENCHMARKING, FORM 990 OF OTHER ORGANIZATIONS, AND OBTAINS APPROVAL FROM THE COMPENSATION COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	,	NET UNREALIZED GAINS ON INVESTMENTS 40,021,361 BOOK TO TAX ADJUSTMENT FOR PASSTHROUGH ENTITIES -5,834 TOTAL TO FORM 990, PART XI, LINE 5 40,015,527

ldentifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

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DLN: 93493137002182

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

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.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION				54-6046419			
Part I Identification of Disregarded Entities (Com	plete if the organization	on answered "Yes'	' on Form 990, Pa	•			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		I If the organization	answered "Yes" (I on Form 990, Part	: IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13 controlled organization	
						Yes	No
(1) UNIVERSITY OF VIRGINIA DARDEN SCHOOL OF BUSINESS PO BOX 6550 CHARLOTTESVILLE, VA 22906 54-6001796	EDUCATION	VA	501(C)(3)	170(B)(1) (A)(II)	N/A		No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	Cat No 50	0135Y		Schedule R (Form 990	2010

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) (b) (c) (d) (e) (f) (g) (g) (primary activity (primary a	(a) lame, 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 tota	al income	Share o	(g) f end-of-year assets	(h Disproj alloca	prtionate	(i) Code V- amount in be Schedule (Form 10	ox 20 of K-1	(j Gener mana partr	ral or iging	(k) Percentage ownership
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust during the tax year.) (b) Primary activity Share of total income or trust during the tax year.)										Yes	No			Yes	No	
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust) (c) Type of entity (c) Corp, S corp, or trust) Or trust)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Eagal domicile (c) Eagal domicile (state or foreign (c) Eagal domicile (c) Eagal domicile (state or foreign (c) Eagal domicile (c) Eag																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Eagal domicile (c) Eagal domicile (state or foreign (c) Eagal domicile (c) Eagal domicile (state or foreign (c) Eagal domicile (c) Eag																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Eagal domicile (c) Eagal domicile (state or foreign (c) Eagal domicile (c) Eagal domicile (state or foreign (c) Eagal domicile (c) Eag																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Each or trust (c) Type of entity (c) Corp, S corp, or trust) Share of total income end-of-year assets																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust during the tax year.) (b) Primary activity Share of total income or trust during the tax year.)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust during the tax year.) (b) Primary activity Share of total income or trust during the tax year.)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust) (c) Type of entity (c) Corp, S corp, or trust) Or trust)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust) (c) Type of entity (c) Corp, S corp, or trust) Or trust)																
Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Equipment of the tax year.) (d) Direct controlling entity (c) Corp, S corp, or trust) Share of total income end-of-year assets																
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign Direct controlling Type of entity (C corp, S corp, or trust) Share of total income end-of-year ow assets	Part IV Identifi	cation of Relate	ted Orga ne or mo	anizations Tax re related organ	able as a Corpora izations treated as	ation or Tr a corporate	r ust (Co	omplete ust dur	e if the org ing the tax	anıza year	tion ar	nswered "\	es" on	Form	990,	Part IV,
	Name, address, an	(a) d EIN of related organi	ızatıon	(b) Primary activity	Legal domicile (state or foreign		Direct con	ntrolling	Type of e (C corp, S	corp,	Share of	(f) f total income	Sha end-o	re of f-year		(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Y	'es" on Form 990, Pai	t IV, line 34, 35, 3	5A, or 36.)					
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Part	s II-IV?						
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No			
b Gift, grant, or capital contribution to other organization(s)			1b	Yes				
c Gift, grant, or capital contribution from other organization(s)			1 c		No			
d Loans or loan guarantees to or for other organization(s)			1d		No			
e Loans or loan guarantees by other organization(s)			1e	Yes				
f Sale of assets to other organization(s)			1f		No			
g Purchase of assets from other organization(s)			1g		No			
h Exchange of assets			1h		No			
i Lease of facilities, equipment, or other assets to other organization(s)								
j Lease of facilities, equipment, or other assets from other organization(s)								
k Performance of services or membership or fundraising solicitations for other organization(s)								
l Performance of services or membership or fundraising solicitations by other organization(s)								
m Sharing of facilities, equipment, mailing lists, or other assets								
n Sharing of paid employees								
• Reimbursement paid to other organization for expenses			10		No			
p Reimbursement paid by other organization for expenses			1 p		No			
q Other transfer of cash or property to other organization(s)			1 q		No			
r Other transfer of cash or property from other organization(s)			1r		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	, including covered relati	onships and transact	ion thresholds					
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount			
(1)								
(2)								
(3)								
(4)								
(5)								
(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 all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	
			Yes	No		Yes	No		Yes	No
										-
										<u> </u>
										+
							++			_
										T

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
LOAN		UVA HAS PROVIDED THE DARDEN SCHOOL FOUNDATION WITH A GUARANTEE FOR A LOAN PROGRAM THE FOUNDATION HAD ENTERED INTO
GUARANTEES BY	SCH R, PART	WITH TWO INDEPENDENT THIRD PARTIES, WHICH GUARANTEES LOANS FOR INTERNATIONAL STUDENTS THE INTERNATIONAL STUDENT
OTHER	V, LINE 1E	LOAN PROGRAM SUPPORTS THE DARDEN SCHOOL'S OBJECTIVES OF ATTRACTING INTERNATIONAL STUDENTS
ORGANIZATIONS		

Schedule R (Form 990) 2010