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DLN: 93493133035933

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Interna	al Revenue :	Service	► The organization may have to use a copy	of this return to satisfy	state reporting	ı requiremer	ıts	Inspection
A F	or the 2	011 ca	lendar year, or tax year beginning 07-01-2011	and ending 06-30-20	12		<u> </u>	.:
ВС	heck if ap	plicable	C Name of organization WILLIAM & MARY BUSINESS SCHOOL FOUNDATION			D Employe	:r ide	ntification number
_ Ad	ddress cha	ange	Doing Business As			23-707 E Telephor		
_ Na	ame chan	ige	Doing Business As			•		
In	ntıal retur	n	Number and street (or P O box if mail is not delivere	ed to street address) Room/s	suite	(757) 2		
Te	erminated		PO BOX 2220			G Gloss lece	eipts :	\$ 13,694,150
- Ar	mended r	eturn	City or town, state or country, and ZIP + 4					
_ AI	pplication	pending	WILLIAMSBURG, VA 23187					
			F Name and address of principal officer		H(a) Is th	■ Is a group re	eturr	ı for
			LAWRENCE B PULLEY PO BOX 2220			ites?		┌ Yes ┌ No
			WILLIAMSBURG, VA 23187		H(b) Are al	II affiliates in	clud	ed?
					1 ' '			(see instructions)
ΙŢ	ax-exem	pt status	√ 501(c)(3)	4947(a)(1) or	H(c) Grou	ıp exemptio	n nu	mber 🟲
J V	Vebsite	: <b>►</b> N/A						
<b>K</b> Fo	rm of org	anızatıon	✓ Corporation Trust Association Other ►		L Year of fo	rmation 1972		State of legal domicile VA
Pa	art I	Sum	mary		•			
			scribe the organization's mission or most sigi					
ey .	<u>P</u>	ROVID	E SUPPORT FOR PUBLIC INSTITUTION OF	HIGHER EDUCATION				
Governance	-							
E E	-							
<u> </u>			is box   if the organization discontinued its			!5% of its n I	- 1	
×6			of voting members of the governing body (Part			$\vdash$	3	41
Activities &			of independent voting members of the governing the solution of the governing the solution of t		•	·	5	41
\$			nber of volunteers (estimate if necessary) .			6	0	
¥			elated business revenue from Part VIII, colur			7a	-5,605	
	Ь∧	let unre	ated business taxable income from Form 990	-T, line 34			7b	-5,605
					Prio	r Year	$\prod$	Current Year
α.	8	Contril	outions and grants (Part VIII, line 1h)		1,589,43	4	5,510,504	
Revenue	9		m service revenue (Part VIII, line 2g)		4,143,53	-	4,722,437	
Š	10		ment income (Part VIII, column (A), lines 3, 4	•	448,11	-	450,397	
_	11		revenue (Part VIII, column (A), lines 5, 6d, 80 evenue—add lines 8 through 11 (must equal P	no	0		0	
	12		· · · · · · · · · · · · · · · · · · ·			6,181,07	4	10,683,338
	13		and similar amounts paid (Part IX, column (A			2,450,25	0	7,258,827
	14		s paid to or for members (Part IX, column (A)				0	0
82	15	Salarıe 5–10)	s, other compensation, employee benefits (Pa	art IX, column (A), lines		641,13	32	129,848
Expenses	16a	,	sional fundraising fees (Part IX, column (A), li	ne 11e)		,	0	0
¥	Ь		ndraising expenses (Part IX, column (D), line 25) •295,	•			$\top$	
Ш	17		expenses (Part IX, column (A), lines 11a-11c			3,686,15	6	4,232,431
	18		xpenses Add lines 13–17 (must equal Part I			6,777,53	8	11,621,106
	19	Reven	ue less expenses Subtract line 18 from line 1	2		-596,46	4	-937,768
දි දී දිරි						g of Current 'ear		End of Year
Net Assets or Fund Balances	20	Totala	ssets (Part X, line 16)			47,458,79	1	45,735,241
쭝	21		abilities (Part X, line 26)			394,13	-	331,597
žĒ	22		sets or fund balances Subtract line 21 from li			47,064,66	-	45,403,644
Pa	rt II	Sign	ature Block					
knov			erjury, I declare that I have examined this return, i, it is true, correct, and complete. Declaration of					
		****				013-05-10		
Sig		Signa	ture of officer			ate		
Hei	re	Type						
Paid		Preparer signature	JANET L BROCKLEHURST CPA	Date	Check if self-employed	Preparer's t (see instruc P00449539	ctions	yer identification number )
	Only Firm's name (or yours of self-employed),					EIN ▶ 56-0	7479	81
	٠,	address,	and ZIP + 4 4510 COX ROAD SUITE 200					

4510 COX ROAD SUITE 200

GLEN ALLEN, VA 230603394 May the IRS discuss this return with the preparer shown above? (see instructions) .

**Use Only** 

Phone no 🕨 (804) 282-7636

Form 990 (2011)	Form	990	(2011)
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age	2
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Pa		nt of Program Service the dule O contains a response			III	
1	Briefly describe t	he organization's mission				
		T FOR THE EXPANSION . HE COLLEGE OF WILLIAN			JBLIC INSTITUTIONS OF DF BUSINESS	HIGHER LEARNING,
2	Did the organizati the prior Form 990		nt program se	ervices during the y	ear which were not listed on	☐ Yes 🔽 No
	If "Yes," describe	these new services on Sc	hedule O			
3	services?	on cease conducting, or m		<del>-</del>	conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedu	ie O			
4	expenses Section	n 501(c)(3) and 501(c)(4)	organizations	s and section 4947	three largest program servi (a)(1) trusts are required to each program service report	report the amount of
4a	(Code	) (Expenses \$	2,663,201	including grants of \$	1,917,296 ) (Revenue	\$ 2,698,850)
	COLLEGE OF WILLIAM		PUTER HARDWA	RE AND SOFTWARE FOR	HIGHER EDUCATION SPECIFICALL THE STUDENTS, STUDENT HOUS	Y STUDENT TUITION DUE TO THE ING & MEALS, STUDENT ATTENDED
	(Code	) (Expenses \$	7,941,033	including grants of \$	5,339,630 ) (Revenue	\$ 971,032)
70	COLLEGE OF WILLIAM	M AND MARY MASON SCHOOL OF	BUSINESS - SU	PPORT WAS PROVIDED	TO PUBLIC INSTITUTION OF HIGHE	ER EDUCATION FUNDING SUPPORTS AND OTHER MATERIAL EDUCATIONAL
4c	(Code	) (Expenses \$	525,401	including grants of \$	1,901 ) (Revenue	
		INARS - 26 PROGRAMS WITH 66 HER MATERIAL SUPPORT	8 PARTICIPANTS	5 - SUPPORT PROVIDED	TO PUBLIC INSTITUTION OF HIGH	ER EDUCATION FOR ACADEMIC
	Other program s	ervices (Describe in Sche	dule O )			
	(Expenses \$	•	iding grants of	f \$	) (Revenue \$	)
4e	Total program se	ervice expenses <b>&gt;</b> \$	11,129,63	5		

Part TV	Checklist	of Required	Schedules
	CHECKHISE	JI REUUIIEU	Scileudies

	•		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 instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> 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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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		No
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? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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
	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		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? <i>If</i> "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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 94			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		
L	account)?	- <del>1</del> a		No
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for ining requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	35		
·		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
L	organization solicit any contributions that were not tax deductible?			
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
L	services provided to the payor?	76		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
·	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			1
0		8		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	_ JU		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	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			
13				
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	12-		
_	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . . Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 41 Enter the number of voting members included in line 1a, above, who are 1b 41 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Nο 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? . . . . . . . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . 9 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		Νο
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

### Section C. Disclosure

(757) 221-2294

- List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AZ , AR , CA , CO , CT , DE , DC , FL , GA , HI , ID , IL, IN, IA, KS, KY, NC, NM, NJ, NH, NV, NE, MT, MO,  $\mathsf{MS}$ ,  $\mathsf{MN}$ ,  $\mathsf{MI}$ ,  $\mathsf{MA}$ ,  $\mathsf{MD}$ ,  $\mathsf{ME}$ ,  $\mathsf{ND}$ ,  $\mathsf{OH}$ ,  $\mathsf{OK}$ ,  $\mathsf{OR}$ ,  $\mathsf{PA}$ ,  $\mathsf{RI}$ , SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, LA, NY
- 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 made these available. Check all that apply
  - ☐ Own website ☐ Another's website ☐ Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization CARLA R KING-JOHNSON ASSTNT TREASURERCONTROLLER 101 UKROP WAY RM2046P WILLIAMSBURG, VA 23185

## 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	elated organizations compensa						ted any current or fo	rmer officer, direc	or, or trustee	
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations	
See Additional Data Table											
				$\vdash$			_				

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		Rep comp fro organia	(D) ortable ensation m the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima amount o compens from to	ated fother sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organıza	
See A	ddıtıonal Data Table													
												$\dagger$		
1b	Sub-Total				•	•		<u>▶</u>						
	Total from continuation sheets:  Total (add lines 1b and 1c) .			<u>· · ·</u>	<u>.</u>	<u>.</u>		<u>-</u>		50,854		0		14,641
2	Total number of individuals (incli \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs		above	) who	o receive	ed more tha	ın	<u> </u>		
													Yes	No
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch										ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.											<u> </u>		
5	Did any person listed on line 1a	receive or accru	· ·	• oensa	• ition	fror	n anv	• unre	· · ·	anızatıon o	or individual for	4		No
	services rendered to the organiz	ation? <i>If</i> "Yes," (	complet	e Sch	edul	e J f	or sucl	h per	son .		. [	5		No
Se	ection B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business add	dress							Desc	( <b>B</b> ) ription of services		(C Comper	
233 F PITTS	NG GROUP CORP OURTH AVENUE 11TH FLOOR BURGH, PA 15222									ADVERTISIN MASON SCH	G FOR THE W&M DOL OF			348,076
104 N	S R BRADLEY IALVERN CIRCLE AMSBURG, VA 23185									SEMINAR IN	STRUCTOR			111,750
******												#		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization >2

Form 9								Page <b>9</b>
Part \	<u>/1111</u>	Statement of	of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ £	1a	Federated cam	paigns 1a	·				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
s, g	С	Fundraising eve	ents <b>1c</b>					
<u>#</u>	d	Related organiz	zations 1d					
ξĒ	e	Government grants	s (contributions) <b>1e</b>					
tion sr s	f	All other contribute	ons, gifts, grants, and <b>1f</b>	5,510,504				
ê¥	g	Noncash contri	ibutions included in					
粪		lines 1a-1f \$ $\frac{2}{1}$	,310,306					
<u>۵</u> ة	h	Total. Add lines	s 1 a - 1 f	•	5,510,504			
<u>a</u>				Business Code				
Program Service Revenue	2a	EXEC MBA PROGR	AM	611600	2,696,867	2,696,867		
22	b	SEMINARS		611710	1,018,168	1,018,168		
A S E	C   .	FEES		611710	903,311	903,311		
Ž.	d	OTHER REVENUE		611710	104,091	104,091		
E S	e							
Ď	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		4,722,437			
	3		ome (including dividen				5.605	400 700
			ar amounts)		125,117		-5,605	130,722
	5		stment of tax-exempt bond	proceeds				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) ICCUI	(II) I CISOIIdi				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)	▶				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	3,336,092					
		assets other						
	ь	than inventory Less cost or	3,010,812					
		other basis and sales expenses						
	С	Gain or (loss)	325,280					
	d	Net gain or (los		,▶	325,280			325,280
ψ	8a	Gross income f events (not inc	rom fundraising luding					
Other Revenue		\$						
eve			reported on line 1c)					
π.			a					
the	ь		penses b					
0	С		(loss) from fundraising	events 🟲				
	9a		rom gaming activities ne 19					
		·	a					
	ь		penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	=	oods sold <b>b</b>					
	С		(loss) from sales of inv					
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	C	Λ II ο+b ο =						
	d e		ue s 11a-11d	L				
		rocan Add IIIIes						
	12	Total revenue.	See Instructions .	▶↑	10,683,338	4,722,437	-5,605	456,002

## Part IX Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	7,258,827	7,258,827		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,423		2,423	
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	108,248	45,000	43,776	19,472
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,928	5,125	300	1,503
9	Other employee benefits	6,788	4,284	1,014	1,490
10	Payroll taxes	5,461	3,443	632	1,386
11	Fees for services (non-employees)				
а	Management				
b	Legal	13,974	13,974		
c	Accounting	32,734		32,734	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees	3,375	3,375		
g	Other	208,080	198,080	10,000	
12	Advertising and promotion	469,584	465,845	3,739	
13	Office expenses	164,776	85,071	55,281	24,424
14	Information technology	510,543	498,751	1,292	10,500
15	Royalties				
16	Occupancy	14,600	14,600		
17	Travel	150,431	78,097	19,221	53,113
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,548,002	2,352,137	12,355	183,510
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,423		6,423	
23	Insurance	2,500		2,500	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BUSINESS MEALS	60,013	60,013		
b	MEMBERSHIP FEES	38,896	34,513	4,383	
С	BAD DEBT	8,500	8,500		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11,621,106	11,129,635	196,073	295,398
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,946,663 2,799,622 1 15.446.553 12.756.862 2 2 8.199,806 3 9,239,767 605.142 149.189 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 141,702 9 132,345 Prepaid expenses and deferred charges . . . . 93.751 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 80,375 b Less accumulated depreciation . . . . . 19,799 10c 13,376 737,247 11 738,432 11 17,522,926 19,572,249 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 838,954 15 333,399 15 47,458,792 45,735,241 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 273,406 17 296,896 17 Accounts payable and accrued expenses . 18 18 19 120,725 19 34,701 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 394,131 26 331,597 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,401,867 27 1,478,535 Unrestricted net assets . . . . 11,655,028 28 6,918,333 28 Temporarily restricted net assets . . . . . Fund 29 34,007,766 29 37,006,776 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 47.064.661 33 45.403.644 Total net assets or fund balances . . . . . 47,458,792 34 Total liabilities and net assets/fund balances . . . . . 34 45.735.241

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		10,6	583,33
2	Total expenses (must equal Part IX, column (A), line 25)	2			521,10
3	Revenue less expenses Subtract line 2 from line 1	3		- <u>9</u>	37,76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		47,0	064,66
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-7	723,24
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		45,4	103,64
Par	Check If Schedule O contains a response to any question in this Part XII			F	1
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

## OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

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.

Name of the organization
WILLIAM & MARY BUSINESS SCHOOL FOUNDATION

23-7079011

Par	τI	Reas	on for Pu	blic Charity Sta	tus (All or	ganızatıon	s must com	plete this p	art.) See ı	nstructions	
The o	rganı	zatıon ıs	not a priva	te foundation becaus	eitis (For	lınes 1 thro	ugh 11, chec	k only one bo	ox )		
1	$\Gamma$	A chur	ch, convent	ion of churches, or a	ssociation of	fchurches	section 170(	b)(1)(A)(i).			
2	$\Gamma$	A scho	ol described	d in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sched	dule E )				
3	$\Gamma$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ			h organization operat ity, and state	ted in conjun	iction with a	a hospital des	scribed in <b>sec</b>	tion 170(b)(	(1)(A)(iii). E	nter the
5	굣	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								rıbed ın	
		sect ior	section 170(b)(1)(A)(iv). (Complete Part II )								
6	$\sqcap$	A feder	al, state, or	local government or	r governmen	tal unit des	crıbed ın <b>sect</b>	ion 170(b)(1	.)(A)(v).		
7	Γ	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	s support from	n a governme	ntal unit or f	rom the gene	ral public
8	Γ	A com	munity trust	: described in <b>sectior</b>	n 170(b)(1)(	<b>A)(vi)</b> (Co	mplete Part I	Ι)			
9	Γ	An org	anization th	at normally receives	(1) more th	an 331/3%	of its suppor	t from contrib	butions, men	nbership fees	, and gross
		receipt	s from activ	rities related to its ex	xempt functi	ons—subje	ct to certain e	exceptions, a	nd (2) no mo	ore than 331/	3% of
		ıts sup	port from gr	oss investment inco	me and unre	lated busın	ess taxable 11	ncome (less :	section 511	tax) from bus	sinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee <b>section</b>	<b>509(a)(2).</b> (0	Complete Par	tIII)		
10	Γ	An org	anızatıon or	ganized and operated	d exclusively	to test for	public safety	See <b>section</b>	509(a)(4).		
11	_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type III c Type III - Functionally integrated d Type III - Other									
е	Γ	other t		ox, I certify that the ion managers and ot							
f			rganization this box	received a written de	etermination	from the II	RS that it is a	Type I, Type	e II or Type	III supportin	ig organization,
g		followir	ng persons?	2006, has the organi rectly or indirectly c							Yes No
				governing body of th			_	•	,	11g(	
		•		er of a person descri		_				11g(	<del></del>
			•	lled entity of a perso	• • •		above?			11g(	
h				ng information about							
(i) Nam suppo organiz		te of (ii) (described on control lines 1-9 above your lines 1-9 above yo		Is the organizat col (i) list your gove	(iv)  Is the organization in col (i) listed in your governing document?		otify the tion in f your rt?	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No	

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

	ection A. Public Support	e organization	ialis to quality u	nuer the tests	iistea below, pie	ase coi	пріесе і	Part III.)
	endar year (or fiscal year beginning							
Car	in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	<b>(e)</b> 20	011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,659,17	6 3,806,003	2,786,653	1,589,434	5	,510,504	16,351,770
2	grants ") Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
_	behalf The value of services or facilities							
3	furnished by a governmental unit							
	to the organization without charge							
4	Total. Add lines 1 through 3	2,659,17	6 3,806,003	2,786,653	1,589,434	5	,510,504	16,351,770
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly supported organization) included							3,163,881
	on line 1 that exceeds 2% of the							5,255,552
	amount shown on line 11, column							
	(f)							
6	<b>Public Support.</b> Subtract line 5 from line 4							13,187,889
S	ection B. Total Support						<u> </u>	
	endar year (or fiscal year	(-) 2007	(h) 2000	(-) 2000	(4) 2010	(-) 20		(6) T - t - l
	beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 20		(f) Total
7	A mounts from line 4	2,659,176	3,806,003	2,786,653	1,589,434	5,	510,504	16,351,770
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	1,239,049	508,307	65,620	137,546		125,117	2,075,639
	and income from similar							
_	sources							
9	Net income from unrelated business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part							
	IV ) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7							10.107.100
	through 10)							18,427,409
12	Gross receipts from related activities	es, etc (See ins	tructions )			12		17,629,772
13	First Five Years If the Form 990 is t	for the organızat	on's first, second,	, thırd, fourth, or f	ıfth tax year as a !	501(c)(3	) organız	· — ·
	check this box and <b>stop here</b>							<b>•</b>
	ection C. Computation of Pub	lic Sunnort I	Percentage					
14	Public Support Percentage for 2011			11 column (f))		14		71 570 %
15	Public Support Percentage for 2010	-				15		72 180 %
16a	33 1/3% support test—2011. If the	organization did	not check the box	on line 13, and l	ıne 14 ıs 33 1/3%		. check t	
	and <b>stop here.</b> The organization qua						,	<b>►</b>  ✓
b	<b>33 1/3% support test—2010.</b> If the				a, and line 15 is 3	33 1/3%	or more,	· —
170	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test-</b>			_	o 12 165 or 16h	and line	. 1.4	<b>►</b>
1/4	is 10% or more, and if the organization	-						
	in Part IV how the organization mee							ted
	organization							<b>▶</b> □
b	15 is 10% or more and if the organ							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat			•		-		,
	supported organization		and and an admit		g quui			<b>►</b> □
18	Private Foundation If the organization	ion did not check	a box on line 13,	16a, 16b, 17a oı	17b, check this l	box and s	see	<u>.</u> _
	instructions							<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
Facts And Circumstances Test									
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493133035933

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

itema	al Revenue Service	Attach to Form 990. ► See separate instr	ruct ions.		Inspec	Jon
	nme of the organization			Employer identif	ication numbe	er
***	ELLAT A TIME BOSINESS SCHOOL FOOD MICH			23-7079011		
Pa		g Donor Advised Funds or Other	Similar Fu	inds or Accour	<b>its.</b> Comple	te if the
	organization answered "Yes'	to Form 990, Part IV, line 6.  (a) Donor advised fu	ınds	(h) Funda an	d other accou	
1	Total number at end of year	(a) Dollor advised to	illus	(b) Fullus all	d other accou	illes
2	Aggregate contributions to (during year	1				
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors a	nd donor advisors in writing that the asset:		or advised	☐ Yes	
6		ubject to the organization's exclusive lega		may ba	, 163	, 140
o		, donors, and donor advisors in writing that ot for the benefit of the donor or donor advi	-	•	☐ Yes	□ No
Pa		. Complete if the organization answe	red "Yes" to	Form 990 Part		
1 2	Preservation of land for public use Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization	n held a qualified conservation contributio	rvation of an rvation of a c	historically import ertified historic sti of a conservation	•	a
	easement on the last day of the tax yea	r	Г	Held at t	he End of the	Vear
а	Total number of conservation easemen		-	2a	.ne Lna or the	. reur
b	Total acreage restricted by conservation	n easements	-	2b		
c		a certified historic structure included in (a	,	2c		
d		•	´	2d		
3		dified, transferred, released, extinguished,	∟ or terminated	d by the organizati	on durina	
_	the taxable year 🗠	,g,,,		- 2,c o.gaa	ag	
4	Number of states where property subje	et to conservation easement is located 🛌				
5	Does the organization have a written po enforcement of the conservation easem	licy regarding the periodic monitoring, inspents it holds?	pection, hand	ling of violations, a	and <b>Ves</b>	┌ No
6	Staff and volunteer hours devoted to m	onitoring, inspecting and enforcing conserv	vation easeme	ents during the yea	ar <b>⊫</b>	
7	A mount of expenses incurred in monito	ring, inspecting, and enforcing conservatio	n easements	during the year		
	<b>►</b> \$					
8	Does each conservation easement report 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	rted on line 2(d) above satisfy the require	ments of sect	cion	┌ Yes	┌ No
9		on reports conservation easements in its e, the text of the footnote to the organization rvation easements				
Par	rt III Organizations Maintainin	g Collections of Art, Historical Tr answered "Yes" to Form 990, Part IV		or Other Simila	ır Assets.	
1a	If the organization elected, as permitte art, historical treasures, or other simila	d under SFAS 116, not to report in its rever r assets held for public exhibition, education note to its financial statements that descr	enue statemer on or researc	h ın furtherance of		e,
b		d under SFAS 116, to report in its revenue sets held for public exhibition, education, c o these items				
	(i) Revenues included in Form 990, Pa	t VIII, line 1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part 1	<				
2	If the organization received or held wor	ks of art, historical treasures, or other simi ed under SFAS 116 relating to these items		• —		
а	-	-	•	<b>L</b> 4		
-	Revenues included in Form 990, Part V	III, IIIIE I		F \$		

Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	cal Tre	easur	es, or O	the	r Similar <i>A</i>	sse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	nat are	a significa	ant us	se of its colle	ction		
а	✓ Public exhibition		d	Γ	Loan o	rexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v the y	further	the or	ganızatıon	's ex	empt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г,	Ves	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiz	ation			es" to Form			, 110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets r	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г					
							-			Mou	nt	
с	Beginning balance							1c				
d	Additions during the year						 	1d				
е	Distributions during the year						-	1e				
f	Ending balance						L	<b>1</b> f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV											
Pai	t V Endowment Funds. Complete											
	Danis and a factor of the land	(a)Current Year 35,432,766	(b)	Prior \	ear 527,827	<b>(c)</b> Two	Years Back 34,058,02		Three Years Ba 39,018,3	_	)Four Y	ears Back
1a	Beginning of year balance	3,018,709		34,	32,258		250,86	_	91,7			
b	Contributions	-237,288		2	393,792		2,197,84		-2,634,8	_		
с	Investment earnings or losses	-237,288		۷,	393,792		2,197,84	1	-2,034,0	947		
d	Grants or scholarships	1 044 304		1	521,111		1 079 00	1	2 417 1	140		
е	Other expenditures for facilities and programs	1,044,294		1,	521,111		1,978,90	1	2,417,2	149		
f	Administrative expenses											
q	End of year balance	37,169,893		35,	432,766		34,527,82	7	34,058,0	25		
2	Provide the estimated percentage of the yea	r end halance held :	as									
a	Board designated or quasi-endowment	r ena barance nera v	45									
_	· · · · · · · · · · · · · · · · · · ·											
b	remailent endowment F											
С Э-	Term endowment ►				.				<b>.</b> .			
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	Liial a	ire neid	anu au	mmstere	101	trie	[	Yes	No
	(i) unrelated organizations								3	a(i)		No
	(ii) related organizations								3	a(ii)		No
b	If "Yes" to $3a(ii)$ , are the related organizatio	ns listed as require	d on S	ched	ule R?				[	3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	rt X,	line 1	0.	ı		<u> </u>			
	Description of property				a) Cost or sıs (ınves		( <b>b)</b> Cost or basis (oth		(c) Accumula depreciatio		( <b>d</b> ) Bo	ok value
1a	_and											
b i	Buildings											
<b>c</b> l	easehold improvements											
d i	Equipment						9:	3,751	8	0,375		13,376
е (	Other		•									
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	nn (B)	, line	10(c).)							13,376
	·								Schedule	D (F	orm 9	90) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of end o	year market value
(2)Closely-held equity interests			
(3)Other			
(A) WILLIAM AND MARY INVESTMENT TRUST - SCHOOL OF BUSINESS POOL	19,572,249		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	19,572,249		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of elia-o	i-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.	<b>-</b>	
(a) Descrip	tion		(b) Book value
Tabal (Caluman (b) about a supl Faura 2000 Part V and (D) line 1	<i>r</i> \		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	( <b>b)</b> Amount		
Federal Income Taxes	(b) //mount		
redeful Theome Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶			

1	Total revenue (Form 990, Part VIII, column (A ), line 12)	1	10,683,338
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,621,106
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-937,768
4	Net unrealized gains (losses) on investments	4	-710,52
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-12,72
9	Total adjustments (net) Add lines 4 - 8	9	-723,249
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,661,01
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	
1	Total revenue, gains, and other support per audited financial statements	1	9,960,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-723,249
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,683,338
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,683,338
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Ret	
1	Total expenses and losses per audited financial statements	1 1	11,621,100
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,621,100
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	(
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	11,621,10
Par	t XIV Supplemental Information		

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

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	COLLECTION ITEMS ACQUIRED THROUGH PURCHASE OR DONATION ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IF PURCHASED WITH UNRESTRICTED ASSETS AND AS DECREASES IN TEMPORARILY RESTRICTED NET ASSETS IF PURCHASED WITH DONOR-RESTRICTED ASSETS CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES THE COLLECTIONS CURRENTLY CONSIST OF WORKS OF ART AND ARE DISPLAYED ON SITE
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO SUPPORT A PUBLIC INSTITUTION OF HIGHER EDUCATION, THE COLLEGE OF WILLIAM AND MARY MASON SCHOOL OF BUSINESS, IN ACCORDANCE WITH THE INTENT OF THE DONORS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA HOWEVER, INCOME FROM CERTAIN INVESTMENTS IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME NO TAXES WERE DUE OR PAID DURING 2011 THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2011 ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2008 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF TRUST AGREEMENT -12,727
		PART XI, LINE 8- CHANGE IN VALUE OF TRUST AGREEMENT

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DLN: 93493133035933

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

3a Sub-total

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

ntema	al Revenue Service					Inspection
	ne of the organization				Employer ident	ification number
۷IL	LIAM & MARY BUSINESS SCHOO	DL FOUNDATI	ON		23-7079011	
Pa	art I General Information			he United States. Co		ation answered
	"Yes" to Form 990, Pa					
1	For grantmakers. Does the	_				
	assistance, the grantees' eliging the grants or assistance?	-	_			
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organi	zatıon's procedur	es for monitoring the use	of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	space is needed	)		
	<b>(a)</b> Region	<b>(b)</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	<b>(f)</b> Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		4,025,67!
	EAST ASIA & THE PACIFIC			INVESTMENTS		259,067
	EUROPE			INVESTMENTS		566,514
	NORTH AMERICA			INVESTMENTS		39,33
	SOUTH AMERICA			INVESTMENTS		28,99
	MIDDLE EAST & NORTH AFRICA			INVESTMENTS		12,86
	SUB-SAHARAN AFRICA			INVESTMENTS		14,33

0

0

4,946,773

4,946,773

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> ,000. Check this box	<b>nited States.</b> Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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 y the IRS, or fo	ent 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 of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

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	be of grant or (b) Region (c) Number of recipients c			(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +	·		+		
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				<u> </u>		<del> </del>	
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	+	+	 I	<u> </u>	+	<u> </u>	+
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			<u> </u>	<u> </u>		<del>                                     </del>	1
						1	dula E (Earry 000) 2011

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>\</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	F	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	্য	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	্য	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	ঘ	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	No

Schedule F (Form 990) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-7079011

Name: WILLIAM & MARY BUSINESS SCHOOL FOUNDATION

Schedule F (Form 990) 2011

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

OMB No 1545-0047

2011

DLN: 93493133035933

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
WILLIAM & MARY BUSINESS SCHOOL FOUNDATION

Part I General Information on Grants and Assistance

Employer identification number

23-7079011

ganization answered "Yes" to ived more than \$5,000. Use	one recipient rec	Check this box if no	d more than \$5,000.	ecipient that received	V, line 21 for any re	Form 990, Part I
(g) Description of non-cash assistance (h) Purpose of gran or assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) A mount of non- cash assistance	<b>(d)</b> Amount of cash grant	(c) IRC Code section if applicable	<b>(b)</b> EIN	(a) Name and address of organization or government
EXECUTIVE MBA PRO GRAM STUDEN' TUITIO N			1,866,296		54-6001718	I) COLLEGE OF WILLIAM ND MARYPO BOX 8795 /ILLIAMSBURG, VA 31878795
BOARD OF VISITOR SUPPORT			51,000		54-6001718	2) COLLEGE OF WILLIAM ND MARYPO BOX 8795 /ILLIAMSBURG, VA 31878795
PARKING DECALS AND RESERVED PARKING SPACES			4,574		54-6001718	3) COLLEGE OF WILLIAM ND MARYPO BOX 8795 VILLIAMSBURG, VA 31878795
ALAN B MILLER HAL CONSTRUCTION, FURNISHING AND DEBT SERVICE AND INITIAL COSTS			5,318,495		54-6001718	4) COLLEGE OF WILLIAM ND MARYPO BOX 8795 WILLIAMSBURG, VA 31878795
STUDENT SCHOLARSHIPS			18,462		54-6001718	5) COLLEGE OF WILLIAM AND MARYPO BOX 8795 VILLIAMSBURG, VA 231878795
						2 Enter total number of sect 3 Enter total number of othe

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> 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 THE USE AND AMOUNTS OF THE GRANTS AND SCHOLARSHIPS ARE DETERMINED BY THE FUND DONOR AND THE ENDOWMENT INCOME BUDGET WHEN APPLICABLE THE COLLEGE ADMINISTERS THE SCHOLARSHIPS AND MAKES THE SELECTIONS ACCORDING TO THE DONOR'S CRITERIA THE FOUNDATION THEN REIMBURSES THE COLLEGE THE COLLEGE IS AUDITED BY THE COMMONWEALTH OF VIRGINIA'S AUDITOR OF PUBLIC ACCOUNTS

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DLN: 93493133035933

OMB No 1545-0047

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## **SCHEDULE M** (Form 990)

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service Name of the organization
WILLIAM & MARY BUSINESS SCHOOL FOUNDATION

**Employer identification number** 

23-7079011

Pa	rt I Types of Property						
		(a) Check If applicable	(b) Number of Contributions or items contributed	<b>(c)</b> Contribution amounts reported on Form 990, Part VIII, line 1 g	<b>(d</b> Method of d contributioi	etermining	I
1	Art—Works of art			- 49			
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .	X	170	2,310,306	FAIR VALUE		
	Securities—Closely held stock .						
	Securities—Partnership, LLC, or trust interests						
	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
<b>17</b>	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	O ther ► ()						
	Other ►()						
	Other ► ()						
	Other ()	hu tha ara	anization during the tay was	or for contributions			
29	Number of Forms 8283 received for which the organization compl				29		
						Ye	s No
30a	During the year, did the organiza						
	must hold for at least three year			on, and which is not required	d to be used		
	for exempt purposes for the enti	re holding p	period?			30a	No
b	If "Yes," describe the arrangeme	ent in Part 1	I				
31	Does the organization have a gif	•		·		<b>31</b> Ye	s   
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell r	non-cash	32a	No
b	If "Yes," describe in Part II						
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,		
	describe in Part II						

Page 2

#### Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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DLN: 93493133035933

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization WILLIAM & MARY BUSINESS SCHOOL FOUNDATION

Employer identification number

23-7079011

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FIRST REVIEW OF THE 990 IS BY THE CONTROLLER THE SECOND REVIEW IS BY THE FOUNDATION'S DIRECTOR OF OPERATIONS WHO ALSO SIGNS THE 990
	FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEES AND OFFICERS PAID BY THE COLLEGE OF WILLIAM AND MARY ARE REQUIRED TO COMPLETE THE VIRGINIA STATEMENT OF ECONOMIC INTEREST EACH YEAR
	FORM 990, PART VI, SECTION B, LINE 15	THE OFFICERS AND EMPLOYEES OF THE ORGANIZATION ARE PAID VIA THE COLLEGE OF WILLIAM & MARY/STATE OF VIRGINIA THE FOUNDATION ADHERES TO THE COMPENSATION PRACTICES OF THE STATE OF VIRGINIA AND IT REIMBURSES THE COLLEGE/STATE FOR ITS PAYROLL THE PROCESS WAS LAST UNDERTAKEN FOR EACH PERSON IN 2011 THE ONLY OFFICER COMPENSATED FOR THEIR SERVICES TO THE ORGANIZATION WAS THE NON-VOTING ASSISTANT TREASURER
	FORM 990, PART VI, SECTION C, LINE 19	COPIES ARE PROVIDED UPON REQUEST AND FOR INSPECTION AT THE OFFICE OF THE ORGANIZATION
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -710,522 CHANGE IN VALUE OF TRUST AGREEMENT - 12,727 TOTAL TO FORM 990, PART XI, LINE 5 -723,249
BOARD SELECTION OF AUDITOR	FORM 990, PART XII, LINE 2C	THE BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT, THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR
SIGNATURE AUTHORITY OVER A FOREIGN ACCOUNT	FORM 990, PART V, LINE 4B	THE ORGANIZATION IS BENEFICIARY OF A GRANTOR TRUST THAT HAS INVESTED IN HEDGE FUNDS FOR WHICH FORM TD F 90-22 1 HAS BEEN FILED

## Software ID: Software Version:

**EIN:** 23-7079011

Name: WILLIAM & MARY BUSINESS 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) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
A CLAYTON PERFALL BOARD MEMBER	0 00	×						0	0	0	
ALEXANDER E DEAN BOARD MEMBER	0 00	Х						0	0	0	
BARRY J SHARP BOARD MEMBER	0 00	Х						0	0	0	
C LARRY POPE BOARD MEMBER	0 00	Х						0	0	0	
DANIEL WASTON BOARD MEMBER	0 00	Х						0	0	0	
DONALD LOWMAN BOARD MEMBER	0 00	Х						0	0	0	
DONALD N PATTEN ESQUIRE BOARD MEMBER	0 00	Х						0	0	0	
EDWARD T TOKAR BOARD MEMBER	0 00	Х						0	0	0	
FRANCES C ENGORON BOARD MEMBER	0 00	Х						0	0	0	
GARY M PFEIFFER BOARD MEMBER	0 00	Х						0	0	0	
H THOMAS WATKINS III BOARD MEMBER	0 00	Х						0	0	0	
J EDWARD COLEMAN BOARD MEMBER	0 00	Х						0	0	0	
J ROBERT MOONEY BOARD MEMBER	0 00	Х						0	0	0	
JAMES E UKROP BOARD MEMBER	0 00	Х						0	0	0	
JAMES W BRINKLEY CHAIRMAN	0 00	Х		х				0	0	0	
JEFF ROGATZ BOARD MEMBER	0 00	Х						0	0	0	
JOYCE L SHIELDS BOARD MEMBER	0 00	Х						0	0	0	
K DANE SNOWDEN BOARD MEMBER	0 00	Х						0	0	0	
K DANE BROOKSHER BOARD MEMBER	0 00	Х						0	0	0	
KATHI P LENTZSCH BOARD MEMBER	0 00	X						0	0	0	
KATHLEEN DURDIN CPA BOARD MEMBER (EX-OFFICIO)	0 00	Х						0	0	0	
KENNETH A HIMMEL BOARD MEMBER	0 00	Х						0	0	0	
LAWRENCE B PULLEY VICE CHAIR BOARD OPERATION (EX- OFFICIO)	0 00	Х		х				0	0	0	
LEONARD BROOKS III BOARD MEMBER	0 00	Х						0	0	0	
MARK R SHENKMAN BOARD MEMBER	0 00	Х						0	0	0	

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Compensated Employees, and Independent Contractors											
( <b>A)</b> Name and Title	(B) Average hours	erage Position (check all ours that apply)							Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
MICHAEL H FITZGERALD BOARD MEMBER	0 00	Х						0	0	0	
MIKE STAKIAS BOARD MEMBER	0 00	Х						0	0	0	
NICHOLAS J ST GEORGE BOARD MEMBER	0 00	Х						0	0	0	
PATRICK J WALSH BOARD MEMBER	0 00	Х						0	0	0	
PAUL C SAVILLE BOARD MEMBER	0 00	Х						0	0	0	
RAYMOND A MASON BOARD MEMBER	0 00	Х						0	0	0	
ROB W ESTES JR BOARD MEMBER	0 00	Х						0	0	0	
ROGER S PRATT BOARD MEMBER	0 00	Х						0	0	0	
STEPHEN R BYERS BOARD MEMBER	0 00	Х						0	0	0	
THADDEUS R SHELLY III TREASURER	0 00	Х		х				0	0	0	
THOMAS R FRANTZ ESQUIRE BOARD MEMBER	0 00	Х						0	0	0	
TROY D KEEN BOARD MEMBER	0 00	Х						0	0	0	
VERNON LIRVIN BOARD MEMBER	0 00	Х						0	0	0	
WILLIAM E WESTBROOK JR BOARD MEMBER	0 00	Х						0	0	0	
WILLIAM P LYONS BOARD MEMBER	0 00	Х						0	0	0	
COLIN G CAMPBELL BOARD MEMBER	0 00	Х						0	0	0	
ESTHER C HAHM BOARD MEMBER	0 00	Х						0	0	0	
HELENE A HALE SECRETARY	0 00	Х		х				0	0	0	
CARLA KING-JOHNSON ASSISTANT TREASURER	40 00			x				50,854	0	14,641	