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DLN: 93493129010733

Form **990** 匆

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)

2011

OMB No 1545-0047

Open to Public

	Revenue	l	<u> </u>	· -	7 - 11 - 11 - 11 - 11 - 11	Inspection				
		2011 calendar year, or tax year beginning 07-01-	2011 and ending 06-30-20		Employer iden	tification number				
_		oplicable C Name of organization UNIVERSITY OF RICHMOND		ľ						
_	dress ch	Doing Business As		— -	54-0505965 Telephone nun					
_	me chai	nge			•					
_	ial retui	201 MADVIAND HALL	elivered to street address) Room/s	suite	(804) 484-1! Gross receipts \$					
Ter	mınated	J 201 MARYLAND HALL			- σιουν τουσιριώ φ					
☐ Am	ended i	return City or town, state or country, and ZIP + 4 RICHMOND, VA 231730001	•							
☐ App	olication	pending								
		F Name and address of principal offi	cer	H(a) Is this a	group return	- or				
		EDWARD L AYERS 201 MARYLAND HALL		affiliates		⊤Yes 🔽 No				
		RICHMOND, VA 231730001		H(b) Are all af	filiates included	ı?				
				, ,		see instructions)				
I Ta	x-exem	pt status	☐ 4947(a)(1) or ☐ 527		xemption num	· ·				
J W	ebsite	:► WWW RICHMOND EDU		7						
V For	m of ore	panization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other	<u> </u>	L Year of forma	tion 1940 M 6	State of legal domicile VA				
	rt I	Summary Summary	<u>*</u>	L fear or forma	tion 1840 M s	state of legal dofficile. VA				
Га		<u> </u>	t constraint nativities							
		Briefly describe the organization's mission or mos FO OPERATE A UNIVERSITY FOR ACADEMIC,		SIONAL EDUCA	TION AND LE	ARNING				
ည			·							
듄	-									
ē		Shoot the book of the comment of the comment		-f						
Governance		Check this box 🔭 if the organization discontinue			1 1					
		Number of voting members of the governing body			3	23				
Activities &	I	Number of independent voting members of the gov Fotal number of individuals employed in calendar			5	20				
Ĭ		Total number of individuals employed in calendar Total number of volunteers (estimate if necessary			6	4,852 1,670				
a व		Total unrelated business revenue from Part VIII,		7a	1,879,320					
	I	Net unrelated business taxable income from Form		7b	-156,236					
				Prior Y		Current Year				
	8	Contributions and grants (Part VIII, line 1h)			,812,963	17,222,789				
≗	9	Program service revenue (Part VIII, line 2g)		3,828,420	181,340,750					
Revenue	10	Investment income (Part VIII, column (A), line			7,162,043	131,805,849				
芒	11	Other revenue (Part VIII, column (A), lines 5, 6	2.3	3,779,329	26,506,253					
	12	Total revenue—add lines 8 through 11 (must eq								
	4.5	12)			5,582,755	356,875,641				
	13	Grants and similar amounts paid (Part IX, colum	, ,,	68	3,840,011	69,661,769				
	14	Benefits paid to or for members (Part IX, column Salaries, other compensation, employee benefit			0	0				
\$	15	5-10)	s (Part IX, Column (A), mies	129	,950,304	135,788,453				
818	16a	Professional fundraising fees (Part IX, column (78,812	60,978					
Бхрензев	ь	Total fundraising expenses (Part IX, column (D), line 25)								
ш	17	Other expenses (Part IX, column (A), lines 11a	-11d,11f-24e)	. 82	2,331,929	79,868,129				
	18	Total expenses Add lines 13-17 (must equal F	art IX, column (A), line 25)	281	285,379,329					
	19	Revenue less expenses Subtract line 18 from l	ıne 12	85,381,699 71,49						
\$ \$				Beginning of		End of Year				
Net Assets or Fund Balances	26	Tabel analy (Bart V. Iv. 15)		Yea						
Ass 1Ba	20	Total liabilities (Part X, line 16)		-	7,083,887	2,268,771,810				
5 × 5	21 22	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 fr			7,972,098	271,889,814 1,996,881,996				
	22 1311	Signature Block	om me zo	2,027	,972,098	1,990,881,990				
		ties of perjury, I declare that I have examined this re	hum including accommending			the best of mu				
know	ledge a	and belief, it is true, correct, and complete. Declaration								
know	ledge.									
				1	05.0-					
Sign		Signature of officer	2013- Date	013-05-08 ate						
Here										
	-	HOSSEIN SADID VP BUSINESS & FIN/TREAS Type or print name and title			_					
		Dranararic h	Date	Check if P	reparer's taxnave	r identification number				
Paid		Preparer's signature		(see instructions)						
	arer's	Firm's name (or yours PRICEWATERHOUSECOOPERS LI		Cilipioyeu F						
Use (ıf self-employed),		E	IN Þ					
	-	address, and ZIP + 4 1301 K STREET NW SUITE 800V	 	Phone no (202) 414-1000						

WASHINGTON, DC 200053333 May the IRS discuss this return with the preparer shown above? (see instructions) . .

orm 990 (2011)	
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⁹ age 2

-orm	1990 (2011)				Page 2
Par	Check if Schedule O contain				
1	Briefly describe the organization's	mission			
THA PRO YEAU FACU PRO 'SUS MEM	MISSION OF THE UNIVERSITY OF T SUPPORTS THE PERSONAL DEVIMISE, THE UNIVERSITY'S STRATE RS THE LARGER PURPOSE IS TO CULTY AND STAFF AND ADMINISTE FESSIONALISM THE STRATEGIC STAIN A COLLABORATIVE LEARNIBERS AND THE CREATION OF NEW POSE, THOUGHTFUL INQUIRY, AN	ELOPMENT OF ITS M GIC PLAN, ESTABLIS DPERATE AS A MODE RING THE INSTITUT PLAN AIMS TO FULFI NG AND RESEARCH WKNOWLEDGE A RIC	EMBERS AND THE C SHES HOW RICHMON EL INSTITUTION OF TON WITH THE HIGI ILL THE MISSION ES COMMUNITY THAT: CHMOND EDUCATIO	REATION OF NEW KNOWL ND WILL PURSUE ITS MISS HIGHER EDUCATION, SU HEST STANDARDS OF INN STABLISHED BY THE BOAF SUPPORTS THE PERSONA IN PREPARES STUDENTS	EDGE THE RICHMOND SION FOR THE NEXT FIVE STAINING A SUPERB OVATION AND RD OF TRUSTEES TO L DEVELOPMENT OF ITS TO LIVE LIVES OF
2	Did the organization undertake any the prior Form 990 or 990-EZ? .			r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conduct services?	ıng, or make sıgnıfıcar	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 5 grants and allocations to others, the	01(c)(4) organizations	s and section 4947(a))(1) trusts are required to re	port the amount of
4a	(Code) (Expenses	s \$ 140,868,520	including grants of \$	69,661,796) (Revenue \$	167,561,039)
	INSTRUCTION - SEE SCHEDULE O				
4b	(Code) (Expenses	s \$ 35,983,349	ıncludıng grants of \$	0) (Revenue \$	0)
70	ACADEMIC SUPPORT - SEE SCHEDULE O		medaling grants or ¢		
4c	(Code) (Expenses	s \$ 33,785,752	ıncludıng grants of \$	0) (Revenue \$	31,085,351)
~~	AUXILIARY ENTERPRISES - SEE SCHEDULE			o / (Neverlide p	52,555,552 /
4d	Other program services (Describe	e ın Schedule O)			
	(Expenses \$ 29,944,34	0 including grants o	of \$	0)(Revenue \$	0)
4e	Total program service expenses►\$	240,581,96	1		

art IV	Checklis	t of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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	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		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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	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	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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	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	Yes	
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20h		

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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		N o
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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

G	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 6,757			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b				
_	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	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?	_		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N o
a	organization solicit any contributions that were not tax deductible?	oa		INU
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
а	services provided to the payor?	/a	1 65	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
4	file Form 8282?	7c		No_
u	11 res, indicate the number of Forms 6262 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
_	contract?	7e		No No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No_
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
a	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 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			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Vec " has it filed a Form 730 to report these payments? If "Me " provide an explanation in Cabadula O	14h		

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

Se	ction A. Governing Body and Management									
			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		v							
3	other officer, director, trustee, or key employee?	2	Yes							
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo						
6	Did the organization have members or stockholders?	6		Νo						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No						
Se			110							
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo						
b	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?									
11a	Has the organization provided a complete 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 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	Yes							
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	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?									
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?									
Se	ection C. Disclosure	16b								
17	List the States with which a copy of this Form 990 is required to be filed▶									

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 Vpon request

- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LAURIE F MELVILLE 201 MARYLAND HALL

RICHMOND, VA 231730001 (804) 484-1523

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Positi more unles an	(C) Position (do not check more than one box, unless person is both an officer and a					(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I
	See Additional Data Table										

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

(A) Name and Title A verage hours per week (describe			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima amount of compens from organizat	ated of other 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 organiza	
See Additional Data Table													
											\top		
											†		
											\top		
											$^{+}$		
											\top		
											\top		
											\top		
											\top		
1b Sub-Total					٠.	ı	•						
d Total (add lines 1b and 1c)				•	•		>		5,999,314		0		3,243,808
d Total (add lines 1b and 1c) . Total number of individuals (incl							-) who	receive	, ,	an	<u> </u>		3,243,000
\$100,000 of reportable compen							•						
												Yes	No
3 Did the organization list any for on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Sci</i>											3	Vac	
4 For any individual listed on line in organization and related organization	1a, is the sum of	f report	able	com	pens	sation	and	other co	mpensatio	n from the	3	Yes	
individual			•	•	•		•				4	Yes	
5 Did any person listed on line 1a services rendered to the organiz		-						_		r individual for	5		No
Costion B. Indonesia Con													
Section B. Independent Con Complete this table for your five \$100,000 of compensation from or within the organization's tax you	highest comper the organizatio												
or within the organization's tax year (A) (B)										(C Comper			
Name and business address ASTRO TURF LLC 809 KENNER ST DALTON, GA 30721 DALTON, GA 30721 Description of the control of the									Compe	769,947			
CHAMBERLAIN MECHANICAL SERVICE INC 9444 ERLE RD MECHANICSVILLE, VA 23116								REPAIR & M	AINTENANCE			700,953	
DOMINION WATERPROOFING 3903 CAROLINA AVE RICHMOND, VA 23222 MASONRY SERVICES										319,353			
ART SCIENCE GROUP							CONSULTING	3		307,895			
KORNFERRY INTERNATIONAL PO BOX 1450 MINNEAPOLIS, MN 55485									EXEC RECRI	JITNG SVCS			304,483
	MINNEAPOLIS, MN 55485 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 ►24												

Form 9								Page 9
Part V	VIIII	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#\$	1a	Federated cam	paigns 1a					
ᅗ	Ь	Membership du	es 1b					
ωĔ	c	Fundraising eve	ents 1c					
£ ≒	d	Related organiz	zations 1d					
% E %E	e	Government grant	s (contributions) 1e	3,585,954				
<u>=</u>	l f	All other contribution	ons, gifts, grants, and 1f	13,636,835				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above ibutions included in					
ဝမ	h	Total. Add lines	s 1a-1f	· · · •	17,222,789			
<u> </u>				Business Code				
릹	2a	TUITION & FEES		611600	163,484,568	163,484,568		
£8. ₹	b	AUXILIARY ENTERF	PRISES	900099	17,403,811	16,864,403	539,408	
a de	c	SUMMER CAMPS 8	CONFERENCES	900099	452,371		452,371	
ž	d		_		·		<u>·</u>	
Program Service Revenue	l e							
<u>e</u>	f	All other progra	am service revenue					
D _o	-							
<u> </u>	g	Total. Add lines	s 2a-2f		181,340,750			
	3		ome (including dividen	F				
			aramounts)	F	99,781,371		-5,170,659	104,952,030
	4		stment of tax-exempt bond	proceeds	0	76 442		
	5	Royalties			76,412	76,412		
		C	(i) Real	(II) Personal				
	6a b	Gross rents Less rental	3,139,333					
	"	expenses						
	C	Rental income or (loss)	3,139,333					
	d	Net rental inco	me or (loss)	+	3,139,333			3,139,333
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	359,730,581					
	b	Less cost or other basis and sales expenses	327,696,785	9,318				
	C	Gain or (loss)	32,033,796	-9,318				
	d	Net gain or (los	ss)	▶	32,024,478			32,024,478
an.	8a	events (not inc \$						
Other Revenue			s reported on line 1c) ne 18					
Ç.			а	11,190				
<u> </u>	b		penses b	8,110				
ŏ	C		(loss) from fundraising	events 🛌	3,080			3,080
	9a		rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	c	Net income or i	(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inv	20,938,887 7,728,534 entory . •	13,210,353	13,152,757	57,596	
		Mıscellaneou		Business Code				
	11a	INVESTMENT	MANAGEMENT	525990	5,485,709		5,485,709	
	ь	OTHER MISCE		900099	4,591,366	4,076,471	514,895	
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		10,077,075			
	12	Total revenue.	See Instructions .		356,875,641	197,654,611	1,879,320	140,118,921
	-				. , –	–		

Part IX Statement of Functional Expenses

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)

c	heck if Schedule O contains a response to any question in this Part IX			<u>l .</u>	
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	64,615,813	64,615,813		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	5,045,956	5,045,956		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,753,767	825,776	2,927,991	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	533,146	344,773	188,373	
7	Other salaries and wages	103,111,796	87,217,845	10,591,847	5,302,104
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,840,916	6,694,087	739,113	407,716
9	Other employee benefits	12,547,932	10,953,489	969,946	624,497
10	Payroll taxes	8,000,896	6,604,883	999,074	396,939
11	Fees for services (non-employees)				_
а	Management	0			_
ь	Legal	180,901		180,901	-
С	Accounting	185,650		185,650	_
d	Lobbying	,		,	
e	Professional fundraising See Part IV, line 17	60,978			60,978
f	Investment management fees	0			
g g	Other	10,923,266	8,335,102	1,832,543	755,621
12	Advertising and promotion	884,703	753,480	63,844	67,379
13	Office expenses	15,543,111	9,207,436	5,349,288	986,387
14	Information technology	2,858,398	2,592,361	242,622	
15	Royalties	2,838,398	2,392,301	242,022	23,415
	, , , , , , , , , , , , , , , , , , ,		4.057.052	27.547	
16	Occupancy	4,884,600	4,857,053	<u> </u>	276 022
17	Travel	6,348,567	5,485,668	486,876	376,023
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0	5.040.470	1 105 071	
20	Interest	6,138,749	5,013,478	1,125,271	
21	Payments to affiliates	0		4.00	
22	Depreciation, depletion, and amortization	18,407,889	14,375,704	4,032,185	
23 24	Insurance	1,343,863	642,662	701,201	
а	TAXES	122,120	98,827	23,293	
b	LIBRARY BOOKS & MATERIALS	4,860,625	4,852,553	2,243	5,829
c	EQUPMNT RENTAL & MAINTENANCE	3,502,583	1,451,680	1,992,938	57,965
d	ALL OTHER EXPENSES	3,683,104	613,335		620,808
u e	ALE OTHER EXICES	3,003,104	013,335	2,448,961	020,000
f	All other expenses				
	All other expenses Total functional expenses Add lines 1 through 24f	205 272 255	240 501 001	25 444 727	0.605.664
25	Total functional expenses. Add lines 1 through 24f	285,379,329	240,581,961	35,111,707	9,685,661
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				
		·	· 	Fai	m 990 (2011)

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 119.020.756 2 114,794,778 2 Savings and temporary cash investments 3 14,850,423 3 12,424,573 3.259.310 2.514.185 4 Accounts receivable, net . 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 67.813 5 59.663 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 0 Schedule L 0 6 4,385,622 3,659,355 7 2.010.049 2.200.197 8 9 7.513.752 9 9.161.534 Prepaid expenses and deferred charges 584.831.354 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 295,637,968 b Less accumulated depreciation 280,934,937 **10c** 289, 193, 386 74,877,427 53,708,134 11 11 1,778,666,741 1,769,716,520 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 Intangible assets 14 6,259,154 15 15 6,577,388 2,287,083,887 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,268,771,810 29,804,589 17 26,458,864 17 Accounts payable and accrued expenses . 18 18 19 12,704,197 19 12,066,752 20 176.877.549 20 173.951.311 21 21 0 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 0 22 0 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 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 59,412,887 39,725,454 25 D 26 259, 111, 789 26 271,889,814 **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. 27 998,359,824 27 980,826,558 Unrestricted net assets 700,005,959 28 683,535,364 28 Temporarily restricted net assets Fund 29 329,606,315 29 332,520,074 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 2.027.972.098 33 1.996.881.996 34 Total liabilities and net assets/fund balances 2.287.083.887 34 2.268.771.810

Par	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		356.8	375,64:
2	Total expenses (must equal Part IX, column (A), line 25)	2			379,329
3	Revenue less expenses Subtract line 2 from line 1	3		71,4	196,31
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,027,9	72,098
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-102,5	86,414
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		1,996,8	881,996
Par	Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			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	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

UNIVERSITY OF RICHMOND Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 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 c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		Is the panization in (i) listed in (i) listed in col (i) of your col (i) organized in the II S ?		on in anized	(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493129010733

OMB No 1545-0047

SCHEDULE D (Form 990)

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

	tment of the Treasury al Revenue Service		10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 form 990. ► See separate instructions.	b	Open to Public Inspection
	me of the organi			Employer identi	ification number
UN	IVERSITY OF RICHM	OND		54-0505965	
Pa		izations Maintaining Donor A zation answered "Yes" to Form 99	dvised Funds or Other Similar Fu		nts. Complete if the
	- · 		(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number a	t end of year			
2	Aggregate cont	tributions to (during year)			
3	Aggregate gran	nts from (during year)		,	
4	Aggregate valu	ue at end of year			
5			isors in writing that the assets held in done organization's exclusive legal control?	oradvised	┌ Yes ┌ No
6	used only for c		l donor advisors in writing that grant funds nefit of the donor or donor advisor, or for an		┌ Yes ┌ No
Pa			if the organization answered "Yes" to	Form 990, Par	t IV, line 7.
2	Preservati Protection Preservati Complete lines	of natural habitat	Irganization (check all that apply) Iron or pleasure)	certified historic st	tructure
		···· , ·· , ··· , · , ·	Γ	Held at	the End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements	5	2b	
С	Number of cons	servation easements on a certified his	storic structure included in (a)	2c	
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d	
3	Number of con:	servation easements modified, transf	- erred, released, extinguished, or terminate	d by the organizat	ion during
	the taxable yea	ar ▶			
4	Number of stat	tes where property subject to conserv	ation easement is located 🕨		
5	Does the orgar	· · · · · ·	g the periodic monitoring, inspection, hand	— Iling of violations,	and Yes No
6	Staff and volun	nteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents during the ye	ear 🗠
7			ing, and enforcing conservation easements		•
•	► \$				
8		nservation easement reported on line) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial ments		
Pa	rt IIII Organ	izations Maintaining Collection	ons of Art, Historical Treasures, on "Yes" to Form 990, Part IV, line 8.	or Other Simil	ar Assets.
1a	If the organizat	tion elected, as permitted under SFAS treasures, or other similar assets held	5 116, not to report in its revenue stateme If for public exhibition, education or researc nancial statements that describes these it	ch in furtherance o	
b	historical treas		5 116, to report in its revenue statement a public exhibition, education, or research ir s		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1	<u> </u>	► \$_	
	(ii) Assets incl	luded in Form 990, Part X			
2	If the organizat	·	corical treasures, or other similar assets fo IS 116 relating to these items	· 	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art,	Hist	orical Tr	easures, o	r Oth	er Similar Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	_	_			n	
а	Public exhibition		d	✓ Loan	or exchange p	rogram	ıs		
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explai	n how	they furthe	r the organiza	ition's e	exempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as i	part of	the organi	zation's collec	ction?	Γ	Yes	✓ No
Par	Part IV, line 9, or reported an an					ered "	Yes" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary f	or contribu	tions or other	assets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ıwollo	ng table		_			
							Amo	unt	
С	Beginning balance					1c	+		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1							
Pa	rt V Endowment Funds. Complete	f the organization	ansv	vered "Ye	s" to Form 9	90, Pa	art IV, line 10.		
		(a)Current Year	(b) P	Prior Year	(c)Two Years	Back	(d)Three Years Back		ır Years ack
1a	Beginning of year balance	1,888,019,289	1	,631,928,742	1,393,2	53,972	1,707,377,490		
b	Contributions	18,219,571		17,549,619	105,1	46,714	1,382,356		
C	Investment earnings or losses	50,881,421		317,202,716	138,9	96,408	-251,435,539		
d	Grants or scholarships								
e	Other expenditures for facilities and programs	81,890,794		77,517,809	,	68,352	64,070,335		
f	Administrative expenses	937,918		1,143,979					
g	End of year balance	1,874,291,569	1	,888,019,289	1,631,9	28,742	1,393,253,972		
2	Provide the estimated percentage of the yea	r end balance held a	s						
а	Board designated or quasi-endowment 🕨	50 000 %							
b	Permanent endowment 🕨 17 000 %								
c	Term endowment ► 33 000 %								
За	Are there endowment funds not in the posses	ssion of the organiza	tion th	nat are held	d and administ	tered fo	r the		
	organization by							Yes	No
	(i) unrelated organizations						3a(i)	Yes	
b	(ii) related organizations						3a(ii)	Yes	
4	Describe in Part XIV the intended uses of th	· · · · · · · · · · · · · · · · · · ·					30	165	
	t VI Land, Buildings, and Equipme				LO.				
	Description of property			(a) Cost or o	other (b) Cost		(c) Accumulated depreciation	(d) Boo	ok value
1a	Land				21	,042,518	3	2	1,042,518
b	Buildings		.			,955,319	+		7,456,560
c	Leasehold improvements		.			,577,972	+ +		0,658,942
d	Equipment		.		86	,675,176	75,763,069	1	0,912,107
e	Other		.			,580,369	+		9,123,259

289,193,386

(a) Description of security or category	orm 990, Part X, line 12 (b) Book value	(c) Metho	od of valuation
(including name of security) (1)Financial derivatives		Cost of end-o	f-year market value
(2)Closely-held equity interests			
(3)Other (A)INVESTMENTS- HEDGE FUNDS	1,131,521,550		F
(B) INVESTMENTS- PRIVATE EQUITY	432,377,278		F
(C) INVESTMENTS- OTHER FUNDS	194,095,658		F
(D) INVESTMENTS- OTHER INVESTMENTS	10,339,269		F
(E) INVESTMENTS- COMMINGLED FUNDS	1,382,765		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1,769,716,520		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		od of valuation f-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, line	o 15		
(a) Descript			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part X,			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
FUNDS HELD BY OTHERS	253,639		
ANNUITIES PAYABLE	6,021,806		
POST RETIREMENT BENEFITS INTEREST RATE SWAP LIABILITY	15,133,529 33,492,888		
US GOVERNMENT GRANTS REFUNDABLE	4,511,025		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	59,412,887		

Par 1			orm 990 to Financial Statemer	nts 1	
2	Total revenue (Form 990, Part Total expenses (Form 990, Pa			2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4 5	Net unrealized gains (losses) of factors and use of factors			5	
6	Donated services and use of fa Investment expenses	icilities		6	
7	Prior period adjustments			7	
8 9	Other (Describe in Part XIV)	inac 4 °		8	
9 10	Total adjustments (net) Add I Excess or (deficit) for the year	ines 4 - 8 perfinancial statements Combine	lines 3 and 9	10	
Part	XIII Reconciliation of F		ial Statements With Revenue p	er Re	eturn
2		ut not on Form 990, Part VIII, line		-	
a b		tments			
c		s	2b		
d	Other (Describe in Part XIV)		2d		
е 3	Add lines 2a through 2d Subtract line 2e from line 1.			2e 3	
4		90, Part VIII, line 12, but not on lin	1 1		
a b	Investment expenses not inc Other (Describe in Part XIV)	luded on Form 990, Part VIII, line	7b . 4a 4b		
c	Add lines 4a and 4b			4c	
5 Part			Part I, line 12) cial Statements With Expenses	5 per	Return
1	Total expenses and losses pe		oral otatomonto with Expenses	1	
2		ut not on Form 990, Part IX, line 25			
a	Donated services and use of		2a	-	
b c	Prior year adjustments Other losses		2b 2c		
d	Other (Describe in Part XIV)		2d		
е 3	Add lines 2a through 2d Subtract line 2e from line 1 .			2e 3	
4		00, Part IX, line 25, but not on line :	1:		
a	·	luded on Form 990, Part VIII, line 7		_	
b c	Other (Describe in Part XIV) Add lines 4a and 4b		<u> 4b </u> 	4c	
5		nd 4c. (This should equal Form 990	, Part I, line 18)	5	
Com		scriptions required for Part II, lines	3, 5, and 9, Part III, lines 1a and 4, Pa		
	V, line 4, Part X, Part XI, line 8 tional information	, Part XII, lines 2d and 4b, and Pai	rt XIII, lines 2d and 4b Also complete t	hıs par	rt to provide any
	Identifier	Return Reference	Explanati		
PART	III, LINE 1A		THE UNIVERSITY'S COLLECTION SIGNIFICANT ARTIFACTS, SCIEN		
			ART OBJECTS ARE HELD FOR EDU SCIENTIFIC INQUIRY, AND PUBL	JCATI	ON, RESEARCH,
			VALUE IS NOT REFLECTED IN TH	E UNI	VERSITY'S
			BY FASB ASC TOPIC 958, ACCOU	NTING	G FOR
PART	III, LINE 4		THE LIBRARY OWNS SEVERAL TH	OUSA	ND RARE BOOKS
			THESE ARE USED FOR TEACHING THE LIBRARY OWNS PORTRAITS	OF FIG	GURES ASSOCIATED
			WITH THE UNIVERSITY'S HISTOR SHEETS OF MEDIEVAL MUSIC, AL	LOF	WHICH ARE ON
			DISPLAY IN ADDITION, THE COLUNIVERSITY MUSEUMS INCLUDE	FINE	ART, ARTIFACTS,
			AND DECORATIVE ARTS, RANGING CULTURES IN GREECE AND CHIN	АТО	CONTEMPORARY
			WORKS OF ART, AND SPANNING A	LORIG	GIN USING THE
			OPPORTUNITY FOR THE APPREC	OITAI	N, KNOWLEDGE,
			RESEARCH, AND SCHOLARSHIP OF HISTORY, AND SCIENCE THROUGH	SHON	-CAMPUS AND
			TRAVELING EXHIBITIONS, SCHO AND ACADEMIC AND PUBLIC EDU	UCATI	ONAL PROGRAMS
			THESE PROGRAMS INCLUDE SPE LECTURES, GALLERY TALKS, ART	ISTS' I	RESIDENCIES,
			WORKSHOPS, CONCERTS, SYMPO THE UNIVERSITY MUSEUMS' EDU	CATIO	ON AND RESEARCH
			ACTIVITIES COMPLEMENT AND SEDUCATIONAL MISSION OF THE	UNIVI	ERSITY OF
			RICHMOND BY BEING INTEGRATE UNIVERSITY'S ACADEMIC AND P	RO GR	AMSAND
			UTILIZING STUDENT, FACULTY, A INVOLVEMENT, INTERNSHIPS, RI		
PART	V, LINE 4		AND WORK/STUDY POSITIONS THE UNIVERSITY'S ENDOWMENT		
			APPROXIMATELY 1,200 INDIVIDITOR A VARIETY OF PURPOSES SU	JCH AS	S SCHOLARSHIPS
			AND CONTRIBUTIONS TO EDUCA	CY ALL	LOWS ENDOWMENT
			FUNDS TO MEET CURRENT OPERAUNIVERSITY BY PROVIDING YEA	R-TO-	YEAR BUDGET
			STABILITY AND PROTECTING TH POWER OF THE ENDOWMENT ASS		
PART	X, LINE 2	UNCERTAIN TAX POSITION	THE UNIVERSITY OF RICHMOND		
		FOOTNOTE	FROM THE INTERNAL REVENUE S SEPTEMBER 1941, EXEMPTING TH	HE UN	IVERSITY OF
			UNDER SECTION 501(C)(3) OF THE	HE INT	ERNAL REVENUE
			CODE RICHMOND QUADRANGLE LIMITED LIABILITY CORPORATION	ÖNS, W	VHICH WILL
			ULTIMATELY PASS ALL OF THEIR THE UNIVERSITY OF RICHMOND	RFMC	IS A LIMITED
			LIABILITY CORPORATION AND T LIMITED PARTNERSHIP RFMC AN	ND THE	E RICHMOND FUND
			DO NOT RECORD PROVISIONS FOR	RTNER	RS, RESPECTIVELY,
			ON THEIR INCOME TAX RETURNS	5 TAX	POSITIONS ARE
			RECOGNIZED OR DERECOGNIZED LIKELY THAN NOT" THRESHOLD	RECO	GNIZED INCOME
			TAX POSITIONS ARE MEASURED AMOUNT THAT IS GREATER THAI REALIZED CHANGES IN RECOGN	N 50%	LIKELY OF BEING
			ARE REFLECTED IN THE PERIOD : JUDGMENT OCCURS THIS APPLI	IN WH	ICH A CHANGE IN
			OR EXPECTED TO BE TAKEN ON A UNIVERSITY RECOGNIZES INTER	XATA	RETURN THE
			TO UNRECOGNIZED TAX BENEFITE RELATED TO UNRECOGNIZED TAX	TSANI	D PENALTIES
			ACCOUNTS PAYABLE AND ACCRUASSESSED NO INTEREST EXPEN:	UED LI	IABILITIES, IF
			BEEN RECOGNIZED AS OF AND FO JUNE 30, 2012 AND 2011 FOR AL	ORTH	E YEARS ENDED
			UNIVERSITY HAS ANALYZED FILI THE FEDERAL, STATE AND FOREI	INGPO	OSITIONS IN ÁLL OF
			WHERE IT IS REQUIRED TO FILE : INCLUDING THE UNIVERSITY'S S	INCON	ME TAX RETURNS,
			ORGANIZATION THE UNIVERSIT TAX FILING POSITIONS WILL BE	Y BEL	IEVES ITS INCOME
			AND DOES NOT ANTICIPATE ANY WILL RESULT IN A MATERIAL CHA	Y ADJU	JSTMENTS THAT
			POSITION AS OF JUNE 30, 2012 REMAIN SUBJECT TO EXAMINATI	THE 1	TAX YEARS THAT

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Name of the organization UNIVERSITY OF RICHMOND

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	54-0505965			
Pai	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		<u> </u> - -		
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies? Use of facilities?	5e		No
_	Athletic programs?	5f		No No
	Other extracurricular activities?	5g 5h		No
•	If you answered "Yes" to any of the above, please explain If you need more space, use Part II	-		140
c -		 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Vaa	
	of Rev. 1106 75 55, 1575 2 6 B 507, covering racial hondiscrimination. If No. 6xpiant on 1 at 11	/	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
PART I, LINE 3		A POLICY OF NON-DISCRIMINATION IS CONTAINED IN ALL UNIVERSITY CATALOGS AND GENERAL SEARCH PUBLICATIONS WHICH ARE SENT TO SCHOOLS IN STATES WHERE STUDENTS ARE RECRUITED, AND IN ENROLLMENT APPLICATIONS ON-LINE CATALOGS ALSO CONTAIN THE POLICY
PART I, LINE 6A		FEDERAL AND STATE FUNDS ARE USED TO FINANCE STUDENT AID PROGRAMS A COMPLETE LIST OF AGENCIES AND AMOUNTS IS ON FILE

Schedule E (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129010733

OMB No 1545-0047

SCHEDULE F (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF RICHMOND **Employer identification number**

54-0505965

Part I	General Information on	Activities Outside the United States.	Complete if the organization answered
	"Yes" to Form 990, Part IV,	line 14b.	

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

				4 3 70	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	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	(f) Total expenditures for region/investments in region
Europe (Including Iceland and Greenland)	0	0	Investments		39,395,28
North America	0	0	Investments		37,811,30
Sub-Saharan Africa	0	0	Investments		9,244,90
East Asia and the Pacific	0	7	Program Services	EDUCATION	462,56
Europe (Including Iceland and Greenland)	0	22	Program Services	EDUCATION	774,96
Middle East and North Africa	0	1	Program Services	EDUCATION	47,8
South America	0	4	Program Services	EDUCATION	10,2
Central America & the Caribbean	0	0	Grantmaking		63,0
East Asia and the Pacific	0	0	Grantmakıng		1,084,5
Europe (Including Iceland and Greenland)	0	0	Grantmakıng		3,258,7
Middle East and North Africa	0	0	Grantmakıng		173,4
North America	0	0	Grantmakıng		7:
South America	0	0	Grantmakıng		148,50
South Asia	0	0	Grantmakıng		66,62
Sub-Saharan Africa	0	0	Grantmakıng		250,30
Central America and the Caribbean	0	0	Investments		1,012,511,6
Sub-total Total from continuation sheets	0	34			1,105,304,6
to Part I Totals (add lines 3a and 3b)		34			2,126,816,3
rivacy Act and Paperwork Reduction				No 50082W Schedul	2,120,010,3 le F (Form 990) 2011

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. 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	(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 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	(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
STUDY ABROAD SCHOLARSHIPS	Cent A merica/Caribbean	5	63,010	STUDENT ACCT		N/A	OTHER
STUDY ABROAD SCHOLARSHIPS	East Asia/Pacific	82	1,084,570	STUDENT ACCT		N/A	OTHER
STUDY ABROAD SCHOLARSHIPS	Europe/Iceland/Greenland	d 308		STUDENT ACCT		n/a	OTHER
STUDY ABROAD SCHOLARSHIPS	Middle East/North A frica	12	·	STUDENT ACCT		N/A	OTHER
STUDY ABROAD SCHOLARSHIPS	North America	1		STUDENT ACCT		N/A	OTHER
STUDY ABROAD SCHOLARSHIPS	South America	11	·	STUDENT ACCT		N/A	OTHER
STUDY ABROAD SCHOLARSHIPS	South Asia	5		STUDENT ACCT		N/A	OTHER
STUDY ABROAD SCHOLARSHIPS	Sub-Saharan Africa	25	250,304	STUDENT ACCT		N/A	OTHER
				,			
				, i			
				, i			
				,			
				,			
	'			,			<u>T</u>

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	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)	্	Yes	Г	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)	ত	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	F	Yes	Г	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	ল	Νo

Schedule F (Form 990) 2011

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

Identifier	Return Reference	Explanation
PART I, LINE 2		GRANTS AWARDED TO INDIVIDUALS OUTSIDE THE UNITED STATES BY THE UNIVERSITY OF RICHMOND CONSIST OF FINANCIAL AID IN THE FORM OF SCHOLARSHIPS AND GRANTS TO STUDENTS STUDYING ABROAD STUDENTS RECEIVING THESE GRANTS ARE DETERMINED TO BE WORTHY ON THE BASIS OF THE UNIVERSITY'S ASSESSMENT OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR CRITERIA THE OFFICE OF FINANCIAL AID MONITORS STUDENTS' ELIGIBILITY FOR THESE FUNDS IN ACCORDANCE WITH INSTITUTIONAL POLICIES AND STANDARDS

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493129010733

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the	organization
JNIVERSIT	Y OF RICHMOND

Employer identification number
54-0505965

Part I	Fundraising Activities.	Complete if the organization	answered "Yes" to Form 99	0, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a Mail solicitations e
 - e 🔽 Solicitation of non-government grants
- **b** 🔽 Internet and e-mail solicitations

f
✓ Solicitation of government grants

c Phone solicitations

g

✓ Special fundraising events

- **d** In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

I ✓	Yes	Г	ı
, •	res	,	

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
KATHLEEN MCCANN	FUNDRAISING CONSULTING		No	0	5,396	-5,396
WASHBURN MCGOLDRICK	FUNDRAISING CONSULTING		No	0	48,082	-48,082
PENTERA INC	FUNDRAISING CONSULTING		No	0	7,500	-7,500
						_
Total			▶	0	60,978	-60,978

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL, AZ, CA, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3							
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No							
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity									
	formed to administer charitable gaming?											
13	Indicate the percentage of gamii	ag activity operated in		1 1								
a				13a								
b												
14		f the person who prepares the organiza		<u> </u>								
	Name ►											
	Address ►											
	revenue?	ntract with a third party from whom the			- No							
		ed by the third party 🟲 \$										
С	If "Yes," enter name and address	S										
	Name 🟲											
	Address ►											
16	Gaming manager information											
	Name 🟲											
	Gaming manager compensation I	\$ \$										
	Description of services provided	>										
17 a		Employee er state law to make charitable distribu		· · ·	- No							
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent												
_		activities during the tax year > \$		hadala C /								
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see								
	Identifier	ReturnReference	Explana	tion								
		•	•									

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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.

OMB No 1545-0047

DLN: 93493129010733

Inspection

Department of the Treasury

UNIVERSITY OF RICHMOND

Schedule I

(Form 990)

► Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number 54-0505965

Part I Gene	eral Information	on Grants and	Assistance					
					e grantees' eligibility for			▼ Yes
				f grant funds in the Unite				y res i r
<u> </u>					United States. Cor	nplete if the orgai	nızatıon answered "Y	es" to
Form	990, Part IV, line	21 for any recipie	ent that received m	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
Part 1	IV and Schedule I-	-1 (Form 990) if a	dditional space is i	needed				▶ ┌
(a) Name and a organizat or governi	tion	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of gran
						appraisal, other)		
5 Eulentele		(a)(2) and					<u> </u>	
Lincel Cotal III			inici table	<u> </u>		· · · · · ·	<u> </u>	

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	n answered "Yes	" to Form 990,	Part IV, l	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
(1) STUDENT GRANTS & SCHOLARSHIPS	2576	64,615,813	0	N/A	N/A

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
PART I, LINE 2		GRANTS AWARDED TO INDIVIDUALS BY THE UNIVERSITY OF RICHMOND CONSIST OF STUDENT FINANCIAL AID
		IN THE FORM OF SCHOLARSHIPS AND GRANTS STUDENTS RECEIVING THESE GRANTS ARE DETERMINED TO BE
		WORTHY ON THE BASIS OF THE UNIVERSITY'S ASSESSMENT OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND
		OTHER SIMILAR CRITERIA THE OFFICE OF FINANCIAL AID MONITORS STUDENTS' ELIGIBILITY FOR THESE
		FUNDS IN ACCORDANCE WITH INSTITUTIONAL POLICIES AND STANDARDS

DLN: 93493129010733

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization		
UNIVERSITY OF RICHMOND		

Employer identification number

54-0505965

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all					
	Compensation committee	<u> </u>	Written employment contract			
	✓ 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 or a related organization	, Part VII	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	nt?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Yes	
c	c Participate in, or receive payment from, an equity-based compensation arrangement?				Yes	
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	ın Regs s	section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	(B) Breakdown o	f 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
See Additional Data Table							

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
PART I, LINE 1A		FIRST-CLASS OR CHARTER TRAVEL - THE FOOTBALL AND MEN'S BASKETBALL COACHES OCCASIONALLY TRAVEL WITH THEIR TEAMS BY MEANS OF CHARTER TRAVEL FOR SCHEDULED COMPETITIONS THE VALUE IS NOT TREATED AS TAXABLE COMPENSATION HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS IN A UNIVERSITY-PROVIDED HOME AS A CONDITION OF EMPLOYMENT THE VALUE OF THIS LODGING IS NOT REPORTED AS TAXABLE COMPENSATION TO ASSIST THE VICE-PRESIDENT FOR ADVANCEMENT IN PERFORMING HIS JOB RESPONSIBILITIES, HE HAS BEEN PROVIDED WITH THE USE OF A UNIVERSITY-OWNED HOME THE EQUIVALENT RENTAL VALUE OF THE HOME IS REPORTED AS TAXABLE COMPENSATION TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - IN ACCORDANCE WITH HIS EMPLOYMENT AGREEMENT, THE VICE-PRESIDENT FOR ADVANCEMENT RECEIVES A TAX GROSS-UP PAYMENT RELATED TO THE IMPUTED VALUE OF THE UNIVERSITY-PROVIDED HOME, WHICH IS REPORTED AS TAXABLE COMPENSATION HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - CLUB MEMBERSHIP DUES ARE AN IMPORTANT FACTOR IN THE PERFORMANCE OF THE EMPLOYEES' JOB RESONSIBILITIES THE VALUE OF THE MEMBERSHIP DUES IS NOT INCLUDED IN TAXABLE COMPENSATION, HOWEVER, ANY PERSONAL USE OF CLUB FACILITIES IS REPORTED AS TAXABLE COMPENSATION
PART I, LINE 1B		THE PROVISION OF NON-STANDARD BENEFITS IS DETERMINED BY THE PRESIDENT, FOR SENIOR LEADERS AND KEY EMPLOYEES, AND THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, FOR THE PRESIDENT FACTORS CONSIDERED ARE WHETHER THE BENEFIT UNDER CONSIDERATION IS COMMONLY PROVIDED TO INDIVIDUALS IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS, WHETHER THE BENEFIT IS NECESSARY FOR THE INDIVIDUAL TO SUCCESSFULLY FULFILL HIR OR HER JOB RESPONSIBILITIES, AND WHETHER, IN THE CONTEXT OF THE INDIVIDUAL'S OVERALL COMPENSATION, THE PROVISION OF THE NON-STANDARD BENEFIT IS REASONABLE
PART I, LINE 4B		EDWARD AYERS DEFERRED \$50,000 IN A SECTION 457(F) PLAN CHRISTOPHER MOONEY DEFERRED \$267,969 IN A SECTION 457(F) PLAN
PART I, LINE 4C		SRINIVAS PULAVARTI AND ROBIN BLANDFORD ARE MEMBERS OF A LIMITED LIABILITY COMPANY THROUGH WHICH THEY ACCRUE AN INTEREST IN THE NET CAPITAL PROFITS BASED ON A CONTRACTUALLY DEFINED VESTING SCHEDULE MR PULAVARTI'S EQUITY INTEREST ACCRUED DURING CALENDAR 2011 TOTALED \$827,200
PART I, LINE 6B		SRINIVAS PULAVARTI AND ROBIN BLANDFORD ARE MEMBERS OF A LIMITED LIABILITY COMPANY THROUGH WHICH THEY RECEIVE DISTRIBUTIONS OF NET INCOME BASED ON THEIR MEMBERSHIP PERCENTAGE FOR CALENDAR YEAR 2011, MR PULAVARTI RECEIVED \$667,819 IN EQUITY DISTRIBUTIONS, AND MR BLANDFORD RECEIVED \$519,415
PART I, LINE 7		CHRISTOPHER MOONEY RECEIVED A BONUS IN THE AMOUNT OF \$125,000 AS A RESULT OF THE TEAM'S PERFORMANCE IN THE MEN'S NCAA BASKETBALL TOURNAMENT

Schedule J (Form 990) 2011

Software ID: Software Version:

EIN: 54-0505965

Name: UNIVERSITY OF RICHMOND

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
EDWARD L AYERS	(1) (11)	469,021 0	0	137,583 0	91,000 0	138,685 0	836,289 0	0 0
HOSSEIN SADID	(1) (11)	349,344 0	0	11,168 0	35,410 0	14,067 0	409,989 0	0
STEPHEN ALLRED	(I)	314,907 0	0	8,146 0	32,388 0	18,256 0	373,697 0	0
ANN LLOYD BREEDEN	(I) (II)	165,950 0	0	4,923 0	17,109 0	12,502 0	200,484	0
SRINIVAS PULAVARTI	(I) (II)	448,917 0	150,000	16,598 0	41,000 1,240,800	15,743 0	672,258 1,240,800	
ANDREW NEWCOMB	(ı) (ıı)	225,332 0	0	172 0	23,148	11,771 0	260,423 0	0
JOHN DOUGLASS	(ı) (ıı)	284,894 0	0	172 0	24,500 0	9,142	318,708 0	0
KATHRYN MONDAY	(I) (II)	202,712	0	396 0	20,430 0	11,702 0	235,240	0
STEPHEN BISESE	(1) (11)	195,486 0	0	134 0	20,404	17,736 0	233,760	0
LORRAINE SCHUYLER	(ı) (ıı)	170,438 0	0	60 0	18,025 0	19,484 0	208,007	0
ANNE TESSIER	(I) (II)	195,080 0	0	138 0	19,736 0	7,176 0	222,130 0	0
WILLIAM COOPER	(I) (II)	260,240 0	0	385 0	24,500 0	56,546 0	341,671 0	0
CAROLYN MARTIN	(I) (II)	159,558 0	0	396 0	16,462 0	12,395 0	188,811	0
CHRISTOPHER MOONEY	(I) (II)	701,379 0	125,000	6,244 0	292,469 0	15,631 0	1,140,723	0
THOMAS GUTENBERGER	(I) (II)	277,658 0	0	112,080 0	28,739 0	18,987 0	437,464 0	0
ROBIN BLANDFORD	(ı) (ıı)	229,686 0	119,072 0	150 0	23,696 827,200	14,725 0	387,329 827,200	
GARY SHAPIRO	(ı) (ıı)	369,135 0	0	785 0	9,540 0	4,880 0	384,340 0	0
PATRICK FISHE	(ı) (ıı)	213,062 0	0	72,913 0	24,500 0	13,324 0	323,799 0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

DLN: 93493129010733

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

UNIVERSITY OF RICHMOND

Employer identification number

54-0505965

											+ 050	5705			
Pa	art I Bond Issues	1				Т				_		1			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue F	rice	(f)	Description	of Purpose	(g) De	feased	Beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	VIRGINIA COLLEGE BUILDING AUTHORITY	54-1249154	927781YF5	02-28-2011	45,58	7,682	REFU	ND PRIOR I	SSUE		X		Х		Х
В	VIRGINIA COLLEGE BUILDING AUTHORITY	54-1249154	9277803U8	08-05-2004	15,069	9,000	REFU	ND PRIOR 1	SSUE		Х		Х		х
c	VIRGINIA COLLEGE BUILDING AUTHORITY	54-1249154	9277803U8	08-05-2004	30,93			STRUCT SC DING & FOF			Х		х		х
D	VIRGINIA COLLEGE BUILDING AUTHORITY	54-1249154	927781CR3	11-08-2006	38,07	0,000	REFU	ND PRIOR 1	SSUE		Х		Х		х
Pa	rt III Proceeds			•		•				'			_		
						Α		ı	3		С			D	
1	A mount of bonds retired						0		0			C)		0
2	Amount of bonds defeased						0		0			C)		0
3	Total proceeds of issue					45,587	,682		15,069,000		31,0	70,375	5	38	,070,000
4	Gross proceeds in reserve fur	nds					0		0			С)		0
5	Capitalized interest from proc	ceeds					0		0			C)		0
6	Proceeds in refunding escrow	I					0		0			C			0
7	Issuance costs from proceed	s				502	,682		69,000		1	141,136	5		140,000
8	Credit enhancement from pro	ceeds					0		0			C)		30,000
9	Working capital expenditures	from proceeds					0		0			C)		0
10	Capital expenditures from pro	oceeds					0		0		30,9	929,239)	,	0
11	Other spent proceeds					45,085	,000		15,000,000			C)	37	,900,000
12	Other unspent proceeds						0		0			C			0
13	Year of substantial completio	in			20	11		19	96		2006			1997	
					Yes	No	,	Yes	No	Yes		No	Yes	;	No
14	Were the bonds issued as par	rt of a current refund	ing issue?		Х			Х				Χ	X		
15	Were the bonds issued as par	rt of an advance refu	nding issue?			Х			Х			Х			Х
16	Has the final allocation of pro-	ceeds been made?			X			Х		Х			×		
17	Does the organization mainta allocation of proceeds?	ın adequate books a	ınd records to supp	port the final	Х			Х		Х			х		
Pai	rt IIII Private Business U	Use			_	•			<u>'</u>		•				
						Ą			В		Ç			D	

property financed by tax-exempt bonds?

financed property?

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

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

No

Yes

No

Yes

Yes

Yes

No

No

Χ

Χ

rai	Filvate business use (continueu)				1	_				_
			Yes	A No	Yes	B No	Yes	C No	Yes	D No
3a	Are there any management or service contracts that may result in private	e business	163	110	163	140	163		163	110
	use?							X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fir property?									
С	Are there any research agreements that may result in private business us financed property?	se of bond-					х			
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope						Х			
4	Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local governmen			0 %		0 %		0	%	0 %
5	Enter the percentage of financed property used in a private business use unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to e post-issuance compliance of its tax-exempt bond liabilities?	nsure the	Х		Х		Х		Х	
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No.	Y .	es	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	103	X		×			X	163	X
2	Is the bond issue a variable rate issue?		X	X			<		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		x			х		Х
b	Name of provider	0		0		0				
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
4a	Were gross proceeds invested in a GIC?		Х		Х			Х		Х
b	Name of provider	0		0	•	0	•	()	
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?		x		х			Х		х
6	Did the bond issue qualify for an exception to rebate?	Х		х		>	<		Х	
P	Procedures To Undertake Corrective Action Check the box if the organization established written procedures	to ensure that	violations o	f federal tax	requiremen	ts are timely	ıdentıfıed ar	nd corrected	d throug <u>h t</u> he	voluntary

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
BOND B, CUSIP #9277803U8 (CONSTRUCTION OF SCIENCE BUILDING & FORUM)	0	THE AMOUNT REPORTD IN PART II, LINE 3 INCLUDES \$139,375 OF INVESTMENT INCOME RECEIVED ON THE UNEXPENDED PROCEEDS

Schedule K

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

DLN: 93493129010733

Open to Public **Inspection**

Name of the organization UNIVERSITY OF RICHMOND

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number

UNI	VERSITY OF RICHMOND									5	4-050	5965			
Pa	art I Bond Issues									•					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	Description	of Purpose	(g) De	feased	Beh	On alf of suer		Pool
										Yes	No	Yes	No	Yes	No
A	VIRGINIA COLLEGE BUILDING AUTHORITY	54-1249154	927781CR3	11-08-2006	17,830			STRUCT DO ER PLANT	RM &		×		Х		×
В	VIRGINIA COLLEGE BUILDING AUTHORITY	54-1249154	927781YD0	02-01-2011	28,846	5,165 F	REFU	ND PRIOR I	SSUE		Х		Х		х
Pa	rt III Proceeds									1					
					-	4		E	3		С			D	
1	A mount of bonds retired						0		0						
2	A mount of bonds defeased						0		0						
3	Total proceeds of issue					18,447	,484	;	29,846,165						
4	Gross proceeds in reserve fu						0		0						
5	Capitalized interest from proc	ceeds					0		0						
6	Proceeds in refunding escrow	٧					0		0						
7	Issuance costs from proceed	ts				66	,980		231,165						
8	Credit enhancement from pro	ceeds				14	,282		0						
9	Working capital expenditures	from proceeds					0		0						
10	Capital expenditures from pro	oceeds				18,366	,222		0						
11	Other spent proceeds						0		29,615,000						
12	O ther unspent proceeds						0		0						
13	Year of substantial completio	n			20	09		20	06						
					Yes	No	,	Yes	No	Yes		No	Yes	\perp	No
14	Were the bonds issued as par	rt of a current refund	ling issue?			Х		Х							
15	Were the bonds issued as par	rt of an advance refu	ındıng ıssue?			Х			Х						
16	Has the final allocation of pro	ceeds been made?			Х			Х							
17	Does the organization mainta allocation of proceeds?		ınd records to supp	ort the final	×			Х							
Pai	rt IIII Private Business l	Use			1			_							
					Yes	A No		Vos	-	V	C	No	Yes	D 	No
					ı res	NO	<u>'</u>	Yes	No	Yes	-	IAO	res	$-\!\!\!+\!\!\!\!-$	INO

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Χ

Χ

Sche	edule K (Form 990) 2011									Page 2
Par	t III Private Business Use (Continued)									
		-	Yes	No No	Yes	B No	Yes	C No	Yes	D No
За	Are there any management or service contracts that may result in private use?	business [165	X	163	Х	165	NO	163	110
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fin property?									
С	Are there any research agreements that may result in private business us financed property?	se of bond-	х		х					
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope		Х		Х					
4	Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local government.			0 %		0 %				-1
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government			0 480 %		0 320 %				
6	Total of lines 4 and 5			0 480 %		0 320 %				
7	Has the organization adopted management practices and procedures to elepost-issuance compliance of its tax-exempt bond liabilities?	nsure the	Х		Х					
Pa	rt IV Arbitrage			<u>'</u>		· · · · · · · · · · · · · · · · · · ·			•	•
		Α			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		×					
2	Is the bond issue a variable rate issue?	X			X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									

Name of provider Term of hedge Was the hedge superintegrated? Was a hedge terminated? 4a Were gross proceeds invested in a GIC? Χ Χ Name of provider Term of GIC C d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary 5 period? Χ Χ Did the bond issue qualify for an exception to rebate? Χ Χ

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
BOND A, CUSIP	0	THE AMOUNT REPORTED IN PART II, LINE 3 INCLUDES \$617,484 OF INVESTMENT INCOME RECEIVED ON THE UNEXPENDED PROCEEDS
#97781CR3		
(CONSTRUCTION		
OF DORM & BOILER		
PLANT)		

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DLN: 93493129010733

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Internal Revenue Service Name of the organization **Employer identification number** UNIVERSITY OF RICHMOND 54-0505965

Part I Excess Benefit Transcomplete of the organization									ıne 40b	
1 (a) Name of disq				(b) Desc						(c) rected?
									Yes	No
2 Enter the amount of tax impos	ed on t	he organ	_			_	year unde	r		
section 4958	٠. ٠							* \$ —		
3 Enter the amount of tax, if any	, on line	e 2, abov	e, reimbursed by the	e organization .				• \$ <u> </u>		
Part II Loans to and/or										
Complete if the organi	zation a T	nswered	"Yes" on Form 990	, Part IV, line 26	, or Fo	rm 990-l			a	
	1	oan to			(e)	In	(f) Appro		(g)Writ	ten
(a) Name of interested person and purpose		m the zation?	(c)Original principal amount	(d)Balance due	defa		by boar	d or	agreeme	
purpose			principal amount			T	commit			T
	То	From			Yes	No	Yes	No	Yes	No
- MORTGAGE LOAN		l x	120,000	59,663		No		No	Yes	
			·	·						
										-
Total			<u> </u>	F0.663						
Part III Grants or Assista	· ·	nofitti	na Interested P	59,663						
Complete if the orga					', line	27.				
(a) Name of interested pers			Relationship betwe	en interested per			oount of a	rant or ti	/pe of assi	ctanco
— (a) Name of interested pers	011		and the org	ganization		(C)A	- Iount or g	Tanc or cy	pe or 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.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	iaring of zation's nues?
	organization			Yes	No
(1) NATHANIEL B AYERS	FMLY MMBR OF OFFCR/TRSTEE	l '	COMPENSATION PAID AS EMPLOYEE		No
(2) WILTON COMPANIES	UR TRUSTEE IS OFFICER		LEASE OFFICE SPACE BY UNIVRSTY		No
(3) PROPERTY INVESTMENT ADVISORS INC	UR OFCR/TRSTE IS 50% OWNR	l ' '	INVESTMNT MGMT SVCS TO REL ORG		No
(4) RICHARD S JOHNSON	UR TRUSTEE	l '	STADIUM SUITE LICENSING AGRMNT		No

Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493129010733

OMB No 1545-0047

(Form 990)

Department of the Treasury

SCHEDULE M

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

NonCash Contributions

Open to Public Inspection

Internal Revenue Service Name of the organization UNIVERSITY OF RICHMOND **Employer identification number** 54-0505965

Pa	TILE Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contributio	etermır	_	
1	Art—Works of art	X	76		SEE PART II	-		
_	Art—Historical treasures .		, ,					
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	121	1,112,952	MARKET QUOTAT	ION		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15								
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contribution	on, and which is not require	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	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part		to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	revenues 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
PART I, COLUMN (B)		THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS" REPRESENTS THE TOTAL NUMBER OF ITEMS CONTRIBUTED AND NOT NECESSARILY THE TOTAL NUMBER OF CONTRIBUTIONS CONTRIBUTED
PART I, LINE 33		DONATED ARTWORK IS HELD FOR PURPOSES OF EDUCATION, RESEARCH, SCIENTIFIC INQUIRY AND PUBLIC EXHIBITION AS PERMITTED UNDER FASB ASC TOPIC 958 AND DISCLOSED IN ITS FINANCIAL STATEMENTS, THE UNIVERSITY HAS ELECTED NOT TO REPORT THE VALUE OF THESE ITEMS AS REVENUE IN ITS STATEMENT OF ACTIVITIES

Schedule M (Form 990) 2011

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization UNIVERSITY OF RICHMOND

Employer identification number

54-0505965

ldentifier	Return	Explanation
	Reference	
FORM 990, PART III,		PART III, LINE 4A - INSTRUCTION - THE UNIVERSITY OF RICHMOND ENDEAVORS TO OFFER ITS
PROGRAM SERVICE		STUDENTS THE HIGHEST QUALITY EDUCATION POSSIBLE, MAKING AVAILABLE TOP-OF-THE-LINE
ACCOMPLISHMENTS		RESOURCES AND FACILITIES BY MAINTAINING AN 8 1 FACULTY TO STUDENT RATIO, EACH STUDENT
		HAS THE OPPORTUNITY TO ENJOY A PERSONAL AND UNIQUE LEARNING EXPERIENCE. THE KEY
		CHARACTERISTICS OF THE UNIVERSITY'S INSTRUCTIONAL FOUNDATION ARE A CHALLENGING
		LEARNING ENVIRONMENT, SMALL CLASSES, A HIGH QUALITY OF STUDENT LIFE, A COORDINATE
		COLLEGE SYSTEM, A COMMITMENT TO SERVICE, OPPORTUNITIES FOR MORAL AND SPIRITUAL
		DEVELOPMENT, A MIXTURE OF ENRICHING ACADEMIC AND CO-CURRICULAR EXPERIENCES, A SENSE
		OF COMMUNITY, AND A SPIRIT OF INNOVATION THERE ARE APPROXIMATELY 4,348 STUDENTS PART
		III, LINE 4B - ACADEMIC SUPPORT - THE RESPECTIVE DEAN'S OFFICES OF EACH OF THE FIVE SCHOOLS
		OVERSEE THE MAINTENANCE AND DEVELOPMENT OF THE SCHOOL TO ENSURE THAT THEY MAINTAIN
		THE HIGH LEVEL OF ACADEMIC INTEGRITY THAT HAS BECOME THE STANDARD OF THE UNIVERSITY
		OF RICHMOND THE UNIVERSITY OFFERS OPPORTUNITIES FOR CONTINUING EDUCATION IN EACH
		PROFESSOR'S SPECIALTY, PLUS IN NEW TEACHING METHODS AND TECHNOLOGY, WHILE FACULTY
		COMMITTEES WORK TOWARD CONTINUOUS IMPROVEMENT IN ALL AREAS OF STUDENT INSTRUCTION
		ACADEMIC COMPUTING PROVIDES INFORMATION TECHNOLOGY TO ENHANCE THE ACADEMIC
		RESOURCES AVAILABLE TO PROFESSORS AND STUDENTS, AND TO THE COMMUNITY THROUGH THE
		UNIVERSITY LIBRARY LECTURE FUNDS ARE SET ASIDE TO PAY FOR VISITING SPEAKERS ON TOPICS
		RELEVANT TO ACADEMIC STUDIES OFFERED PART III, LINE 4C - AUXILIARY ENTERPRISES - THE
		HOUSING OFFICE STRIVES TO MAINTAIN A COMFORTABLE LIVING ENVIRONMENT FOR THE 92% OF
		THE STUDENT BODY THAT RESIDES ON CAMPUS EACH YEAR DINING SERVICES AUGMENTS THESE
		EFFORTS BY ENSURING STUDENTS HAVE ACCESS TO EXEMPLARY SERVICE, OUTSTANDING QUALITY
		FOOD, WITH A PASSION AND COMMITMENT TO EXCELLENCE AS WELL AS TO SUSTAINABILITY AND
		COMMUNITY SUPPORT THE BOOKSTORE ENSURES THAT MEMBERS OF THE UNIVERSITY COMMUNITY
		AND BEYOND HAVE AN AFFORDABLE, CONVENIENT OPTION FOR UNIVERSITY OF RICHMOND
		TEXTBOOKS, GEAR, AND SUPPLIES PRINTING SERVICES OFFERS TOP-QUALITY GRAPHIC
		COMMUNICATIONS FOR STUDENTS, FACULTY AND STAFF THE ATHLETIC DEPARTMENT IS COMMITTED
		AND OBLIGATED TO THE PRINCIPLES OF INSTITUTIONAL CONTROL IN OPERATING ITS PROGRAMS IN A
		MANNER CONSISTENT WITH THE LETTER AND THE SPIRIT OF THE NCAA, ATLANTIC-10 CONFERENCE
	<u> </u>	(A-10), AND UNIVERSITY RULES AND REGULATIONS

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES		STUDENT SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES, ACADEMIC AND CAREER COUNSEINS, VARIOUS FRATERINITY, SORORITY AND OTHER EXTRACURRICULAR ACTIVITIES, AND ORGANIZATIONS THAT WORK TO UPHOLD THE UNIVERSITY'S CORE PRINCIPLES OF DIVERSITY AND INCLUSION A SUBSET OF STUDENT DEVELOPMENT IS RECREATION AND WELLINESS, WHICH PROVIDES THE CAMPUS COMMUNITY WITH OUTSTANDING RECREATIONAL FACILITIES, FITNESS AND WELLINESS, WHICH PROVIDES THE CAMPUS COMMUNITY WITH OUTSTANDING RECREATIONAL FACILITIES, FITNESS AND WELLINESS PROGRAMS, INTRAMURALS, AND SPORT CLUBS IT ALSO SUPPORTS MILITIES STUDENTS CONCERNS AND DENIONS, AS WELL AS SERVES AS A LAISON BETWEEN STUDENTS AND DIMINISTRATION, FACULTY, AND STAFF UNDERGRADULATE AND LAW SCHOOL ADMISSION OFFICES COUNSE. THOUSANDS OF PROSPECTIVE APPLICANTS, MAKING THEM FEEL WELLOWER AT THE UNIVERSITY WHILE PROVIDING SUPPORT FOR ACCEPTED STUDENTS THEW INVERSITY BELIEVES THAT A CADEMIC RESPONSES \$21, 1009.55, INCLUDING GRANTS OF \$0 REVENUE \$0 RESEARCH - THE UNIVERSITY BELIEVES THAT A CADEMIC RESEARCH AT THE FACULTY, STAFF AND STUDENT EXPELS SIGNIFICANTLY IMPROVES THE QUALITY OF EDUCATION OF ALL STUDENTS THUS, THE UNIVERSITY BLOOURAGES RESEARCH AT THE FACULTY, STAFF AND STUDENT EXPOLED SIGNIFICANTLY IMPROVES THE QUALITY OF EDUCATION OF ALL STUDENTS THUS, THE UNIVERSITY BLOOURAGES RESEARCH BY OFFICE AND AND AND ACCEPTANCE AND AND ACCEPTANCE AND ACCEPTA

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2		R LEWIS BOGGS AND PAUL B QUEALLY HAVE IDENTIFIED A BUSINESS RELATIONSHIP WITH EACH OTHER R LEWIS BOGGS AND ROBIN BLANDFORD HAVE IDENTIFIED A BUSINESS RELATIONSHIP WITH EACH OTHER PAUL B QUEALLY AND ALAN W BREED HAVE IDENTIFIED A BUSINESS RELATIONSHIP WITH EACH OTHER

ldentifier	Return Reference	Explanation								
FORM 990, PART VI LINE 11B		THE FORM 990 WAS REVIEWED BY THE UNIVERSITY OF RICHMOND'S VICE PRESIDENT FOR BUSINESS AND FINANCE AND BY ITS GENERAL COUNSEL FOLLOWING THAT REVIEW, A DRAFT OF THE FORM 990 WAS PROVIDED TO THE UNIVERSITY'S PRESIDENT, RECTOR, VICE RECTOR, CHAIR OF ITS BUSINESS MANAGEMENT COMMITTEE AND MEMBERS OF THE AUDIT AND COMPLIANCE COMMITTEE A MEETING WAS CONDUCTED TO REVIEW THE FORM 990 AND RESPOND TO ANY QUESTIONS THAT THE GROUP HAD REGARDING THE RETURN FOLLOWING THAT MEETING, AN ELECTRONIC VERSION OF THE FORM 990 WAS DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES THE STAFF OF THE VICE PRESIDENT FOR BUSINESS AND FINANCE AND THE GENERAL COUNSEL CONDUCTED TWO INFORMATION SESSIONS TO REVIEW THE FORM 990 WITH THE MEMBERS OF THE BOARD OF TRUSTEES AND TO RESPOND TO ANY QUESTIONS ALL OF THIS OCCURRED PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE								

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C		THE UNIVERSITY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY IN SEVERAL WAYS FIRST, THE UNIVERSITY REQUIRES ALL INDIVIDUALS COVERED BY ITS POLICY TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS THE OFFICE OF THE SECRETARY TO THE BOARD OF TRUSTEES ENSURES THAT ALL COVERED INDIVIDUALS COMPLETE THE DISCLOSURE FORM PRIOR TO ALL MEETINGS OF THE BOARD OF TRUSTEES OR ANY COMMITTEE THEREOF, THE SECRETARY TO THE BOARD AND THE GENERAL COUNSEL OF THE UNIVERSITY REVIEW THE MEETING AGENDA IN LIGHT OF THE CONFLICT OF INTEREST DISCLOSURES TO IDENTIFY ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST THAT MIGHT ARISE ADDITIONALLY, THE UNIVERSITY'S CONFLICT OF INTEREST POLICY REQUIRES COVERED INDIVIDUALS TO UPDATE THEIR DISCLOSURE FORMS DURING THE YEAR AND TO NOTIFY APPROPRIATE UNIVERSITY OFFICIALS OF ANY ACTUAL OR POTENTIAL CONFLICT THAT MIGHT ARISE PRIOR TO OR IN THE COURSE OF A MEETING IF THERE IS A CONFLICT OF INTEREST, THE INVOLVED INDIVIDUAL IS REQUIRED TO RECUSE HIM OR HERSELF FROM THE DISCUSSION OF THE MATTER AT ISSUE, TO REFRAIN FROM VOTING ON THE MATTER AND TO REFRAIN FROM SEEKING TO INFLUENCE THE VOTE ON THE MATTER

Identifier Return Reference	Explanation
FORM 990, PART VI, LINE 15A	ON AN ANNUAL BASIS, THE BOARD OF TRUSTEES OF THE UNIVERSITY OF RICHMOND HAS DELEGATED AUTHORITY FOR RECOMMENDING THE APPROVAL OF THE COMPENSATION OF THE PRESIDENT TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE MEMBERS OF THE COMPENSATION COMMITTEE ARE THE RECTOR AND VICE RECTOR OF THE UNIVERSITY AND TWO OTHER MEMBERS OF THE BOARD OF TRUSTEES. THE UNIVERSITY ENSURES THAT THE MEMBERS OF THE COMPENSATION COMMITTEE DO NOT HAVE A CONFLICT OF INTEREST WITH REGARD TO ANY MATTER COMING BEFORE THEM. IN SETTING THE INITIAL COMPENSATION AND BENEFITS OF THE PRESIDENT AND IN CONSIDERING ANY MATERIAL AMENDMENT TO HIS EMPLOY MENT AGREEMENT, THE COMPENSATION COMMITTEE HAS ENGAGED AN OUTSIDE COMPENSATION CONSULTANT. THE COMPENSATION CONSULTANT RELIES ON COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS AND HAS OPINED ON THE REASONABLENESS OF THE PRESIDENT'S COMPENSATION. IN CONDUCTING THE REVIEW, THE COMPENSATION COMMITTEE RELIES ON COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE DELIBERATIONS AND DECISIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15B		ON AN ANNUAL BASIS, THE BOARD OF TRUSTEES OF THE UNIVERSITY OF RICHMOND HAS DELEGATED AUTHORITY FOR REVIEWING AND APPROVING THE PRESIDENT'S RECOMMENDATIONS REGARDING THE COMPENSATION OF HIS DIRECT REPORTS TO THE COMPENSATION COMMITTEE. THE MEMBERS OF THE COMPENSATION COMMITTEE ARE THE RECTOR AND VICE RECTOR OF THE UNIVERSITY AND TWO OTHER MEMBERS OF THE BOARD OF TRUSTEES. THE UNIVERSITY ENSURES THAT THE MEMBERS OF THE COMPENSATION COMMITTEE DO NOT HAVE A CONFLICT OF INTEREST WITH REGARD TO ANY MATTER COMING BEFORE THEM. THE COMPENSATION COMMITTEE UTILIZES COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE COMPENSATION COMMITTEE APPROVES THE COMPENSATION FOR ALL OF THE PRESIDENT'S DIRECT REPORTS AND ANY OTHER UNIVERSITY EMPLOYEE WHO IS PAID MORE THAN \$150,000 PER YEAR. THE DELIBERATIONS AND DECISIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19		THE UNIVERSITY OF RICHMOND MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE ON ITS PUBLIC WEBSITE. THE UNIVERSITY MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
· '	NET ASSETS OR FUND BALANCES	NET UNREALIZED LOSS ON INVESTMENTS (78,166,882), TAX INCOME DIFFERENTIAL FROM RFMC K-1 (3,640,264), CHANGE IN FAIR VALUE OF SWAP AGREEMENTS (17,416,692), CHANGE IN PRESENT VALUE - SPLIT INTEREST AGREEMENTS 178,191, CHANGE IN POST-RETIREMENT BENEFIT OBLIGATION (3,540,767), TOTAL PART XI, LINE 5 (102,586,414)

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(Form 990)

UNIVERSITY OF RICHMOND

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Employer identification number

54-0505965

DLN: 93493129010733

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Identification of Disregarded Entities (Comple	ete ıf the organızatı	on answered "Yes	" on Form 990,	, Part IV, line 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) RICHMOND QUADRANGLE LLC 201 MARYLAND HALL RICHMOND, VA 231730001 54-0505965	PROPERTY MGMT	VA	3,139,333	28,178,087	UR		
(2) SPIDER MANAGEMENT COMPANY LLC 201 MARYLAND HALL RICHMOND, VA 231730001 26-1501416	INVSTMNT MGMT	VA	5,485,709	1,089,005	UR		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		I f the organization	n answered "Ye	es" 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 sect	(e) Public charity sta (if section 501(c)		(g) Section 512(b)(controlled organization	
						Yes	No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	Cat No 5	0135Y	•	Schedule R (Form 990)	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) ral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) PROP HLDNGS LLC 201 MARYLAND HALL RICHMOND, VA 23173 54-1738291	REAL ESTATE LOANS	VA	UR	EXCLUDED	-2,770,689	15,589,938	Yes				No	99 000 %
(2) PROP HLDNGS II LLC 201 MARYLAND HALL RICHMOND, VA 23173 55-0793239	REAL ESTATE LOANS	VA	UR	EXCLUDED	-1,188	0	Yes				No	87 500 %
(3) PROP HLDNGS III LLC 201 MARYLAND HALL RICHMOND, VA 23173 65-1229396	REAL ESTATE LOANS	VA	UR	EXCLUDED	22,226	30,956,158	Yes				No	65 220 %
(4) ROR PARTNERSHIP 201 MARYLAND HALL RICHMOND, VA 23173 26-1761403	INVESTMENT MGMT	VA	UR	EXCLUDED	68,139,350	1,962,747,667		No	-3,339,861	Yes		62 064 %
(5) RICHMOND FUND LP 6802 PARAGON PL RCHMND, VA 23230 26-1501561	INVESTMENT MGMT	VA	RFMC	EXCLUDED	0	0	Yes		0		No	
(6) RCHMND FND MGMT LLC 201 MARYLAND HALL RICHMOND, VA 23173 26-1501524	INVESTMENT MGMT	VA	SMC	EXCLUDED	5,485,709	0	Yes			Yes		100 000 %
1												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) 13 CHARITABLE REMAINDER TRUSTS	CRT		NA	TRUST	0	0	0 %
(2) 2 CHARITABLE LEAD TRUSTS	CLT		NA	TRUST	0	0	0 %

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Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Durii	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b G	ift, grant, or capital contribution to related organization(s)	1b	Yes	
c G	ift, grant, or capital contribution from related organization(s)	1 c		No
d Lo	oans or loan guarantees to or for related organization(s)	1d		No
e Lo	oans or loan guarantees by related organization(s)	1e		No
f S	ale of assets to related organization(s)	1f	Yes	
g P	urchase of assets from related organization(s)	1g		No
h E	xchange of assets with related organization(s)	1h		No
i Le	ease of facilities, equipment, or other assets to related organization(s)	1i		No
j Le	ease of facilities, equipment, or other assets from related organization(s)	1j		No
k P	erformance of services or membership or fundraising solicitations for related organization(s)	1k		No
I Pe	erformance of services or membership or fundraising solicitations by related organization(s)	11		No
m Si	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	1	No
n S	haring of paid employees with related organization(s)	1n		No
o R	eimbursement paid to related organization(s) for expenses	10	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	No
p R	eimbursement paid by related organization(s) for expenses	1 p		No
_ ^		15	 Va=	_
-	ther transfer of cash or property to related organization(s)	1q 1r	_	
r O	ther transfer of cash or property from related organization(s)	1 TL	res	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (b)

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PROPERTY HOLDINGS LLC	R	9,839,507	CASH
(2) ROR PARTNERSHIP	Q	32,991,521	GAAP
(3) PROPERTY HOLDINGS III LLC	R	1,033,037	CASH
(4) RICHMOND FUND MANAGEMENT CO LLC	R	1,845,445	CASH
(5) ROR PARTNERSHIP	R	1,151,636	GAAP
(6) RICHMOND FUND LP	F	25,000,000	CASH

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		partners section 501(c)(3) organizations?		(f) Share of total income		(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No				

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 54-0505965

Name: UNIVERSITY OF RICHMOND

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount I nvolved (\$)	(d) Method of determining amount involved
(1)	PROPERTY HOLDINGS LLC	R	9,839,507	CASH
(2)	ROR PARTNERSHIP	Q	32,991,521	GAAP
(3)	PROPERTY HOLDINGS III LLC	R	1,033,037	CASH
(4)	RICHMOND FUND MANAGEMENT CO LLC	R	1,845,445	CASH
(5)	ROR PARTNERSHIP	R	1,151,636	GAAP
(6)	RICHMOND FUND LP	F	25,000,000	CASH

Software ID: Software Version:

EIN: 54-0505965

Name: UNIVERSITY OF RICHMOND

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		(ition that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae 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	
R LEWIS BOGGS VICE-RECTOR	7 0	Х		х				0	0	0	
ALAN W BREED TRUSTEE	2 0	Х						0	0	0	
KEVIN M COX TRUSTEE	2 0	Х						0	0	0	
TIMOTHY W FINCHEM TRUSTEE	2 0	Х						0	0	0	
ROGER L GREGORY TRUSTEE	2 0	Х						0	0	0	
MELANIE L HEALEY TRUSTEE	2 0	Х						0	0	0	
SUSAN M HUMPHREVILLE TRUSTEE	2 0	Х						0	0	0	
RICHARD S JOHNSON TRUSTEE	2 0	Х						0	0	0	
ALLEN B KING TRUSTEE	2 0	Х						0	0	0	
CHARLES A LEDSINGER JR RECTOR	7 0	Х		х				0	0	0	
DANIEL J LUDEMAN TRUSTEE	2 0	Х						0	0	0	
JANICE R MOORE TRUSTEE	2 0	Х						0	0	0	
PAUL B QUEALLY TRUSTEE	2 0	Х						0	0	0	
PATRICIA L ROWLAND TRUSTEE	2 0	Х						0	0	0	
ROBERT S UKROP TRUSTEE	2 0	Х						0	0	0	
ALLISON P WEINSTEIN TRUSTEE	2 0	Х						0	0	0	
LYNNE E WASHINGTON TRUSTEE	2 0	Х						0	0	0	
JEFFREY M LACKER TRUSTEE	2 0	Х						0	0	0	
ANN CAROL MARCHANT TRUSTEE	2 0	Х						0	0	0	
LELAND D MELVIN TRUSTEE	2 0	Х						0	0	0	
LEO NARD W SANDRIDGE TRUSTEE	2 0	Х						0	0	0	
SUZANNE F THOMAS TRUSTEE	2 0	Х						0	0	0	
EDWARD LAYERS PRESIDENT	40 0	Х		х				606,604	0	229,685	
HOSSEIN SADID VP BUSINESS & FINANCE/TREAS	40 0			х				360,512	0	49,477	
STEPHEN ALLRED PROVOST & VP ACAD AFFAIRS	40 0			Х				323,053	0	50,644	

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

(A) Name and Title	(B) A verage hours		() ition that a			II 		(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
ANN LLOYD BREEDEN SECRETARY	40 0			Х				170,873	0	29,611
SRINIVAS PULAVARTI PRESIDENT, SMC	40 0				х			615,515	0	1,297,543
ANDREW NEWCOMB DEAN, ARTS & SCIENCES	40 0				х			225,504	0	34,919
JOHN DOUGLASS DEAN, LAW	40 0				X			285,066	0	33,642
KATHRYN MONDAY VP, INFO SERVICES	40 0				Х			203,108	0	32,132
STEPHEN BISESE VP, STUDENT DEVELOPMENT	40 0				Х			195,620	0	38,140
LORRAINE SCHUYLER CHIEF OF STAFF	40 0				Х			170,498	0	37,509
ANNE TESSIER VP ENROLLMENT MGMT	40 0				Х			195,218	0	26,912
CHRISTOPHER MOONEY BASKETBALL COACH	40 0					Х		832,623	0	308,100
THOMAS GUTENBERGER VP ADVANCEMENT	40 0					Х		389,738	0	47,726
ROBIN BLANDFORD DIRECTOR INVESTMENTS	40 0					Х		348,908	0	865,621
GARY SHAPIRO PROFESSOR	40 0					Х		369,920	0	14,420
PATRICK FISHE PROFESSOR	40 0					Х		285,975	0	37,824
WILLIAM COOPER PROFESSOR, FORMER PRESIDENT	40 0						х	260,625	0	81,046
CAROLYN MARTIN FMR SECRTRY/EXEC ASSNT TO PRES	40 0						х	159,954	0	28,857