

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493137020596

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	rthe	2014 ca		g 07-01-2014 , and ending 06-30-20	015			
_		pplicable	C Name of organization UNIVERSITY OF VIRGINIA DARDEN	SCHOOL		D Emplo	yer ide	entification number
Add	ress cl	hange	FOUNDATION % CHARLES L HECKEL			54-60	04641	. 9
☐ Na	me cha	inge	Doing business as					
┌ Init	ıal retu	ım				F.T.L		
Fin	al			nail is not delivered to street address) Room/	/suite	E Teleph	one nur	nber
ret	urn/ten	mınated	PO BOX 7263			(434)	924-	7228
☐ Am	ended	return	City or town, state or province, cou	ntry, and ZIP or foreign postal code				
	olication	n pending	CHARLOTTESVILLE, VA 22906			G Gross i	receipts	\$ 58,885,446
			F Name and address of pri	ncipal officer	H(a)	Is this a group		n for
			Locke W O gens	no par o moo.	11(a)	Is this a group subordinates?		⊤Yes ∀ No
			po box 7263 CHARLOTTESVILLE, VA 2	2006				
			CHARLOTTESVILLE, VA 2	2906	H(b)	Are all subord	ınates	Γ Y es Γ N o
 т Та	x-exen	npt status	▼ 501(c)(3)	insert no)		Included? If "No " attach	nalist	(see instructions)
				1517(d)(1) 61 327				
J W	ebsite	e: 🕨 ww	w darden virginia edu		H(c)	Group exempt	tion nu	ımber 🟲
K Forr	n of or	ganızatıor	Corporation Trust Association	on Other ►	L Yea	ar of formation 19	952 N	1 State of legal domicile VA
Pa	rt I	Sun	nmary		-			
	1	Briefly d	lescribe the organization's missi	on or most significant activities				
			nedule O	on on most signmeant detivities				
œ.								
≦ _								
Ĕ								
<u>\$</u>	2	Check t	his box দ if the organization di	scontinued its operations or disposed	d of more t	han 25% of its	net a	ssets
Activities & Governance							1 .	I
2 6	l			ing body (Part VI, line 1a)			3	4.5
ĕ	4	Number	of independent voting members	of the governing body (Part VI, line 1	.b)		4	40
፮	5	Total nu	ımber of ındıvıduals employed ın	calendar year 2014 (Part V, line 2a)			5	192
្ន	6	Total nu	ımber of volunteers (estımate ıf r	necessary)			6	745
-				art VIII, column (C), line 12			7a	1,669,928
	b	Net unre	elated business taxable income t	rom Form 990-T, line 34			7b	-40,125
						Prior Year		Current Year
	8	Contr	ributions and grants (Part VIII, l	ne 1 h)		15,464,	522	10,362,540
Revenue	9			ıne 2g)		21,944,	668	23,335,364
ō S	10	Inves	tment income (Part VIII, colum	n (A), lines 3, 4, and 7d)		4,540,	371	10,077,893
ď	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		399,	816	265,960
	12			(must equal Part VIII, column (A), l	ıne			
				 		42,349,		44,041,757
	13		, ,	IX, column (A), lines 1-3)		12,656,		14,239,716
	14			(X, column (A), line 4)			0	0
	15			ee benefits (Part IX, column (A), lines	s	11,648,	447	12,396,423
\$ \$		5-10	•			52.247		
Expenses	16a		ssional fundraising fees (Part IX		0	52,247		
蓋	Ь	Total f	undraising expenses (Part IX, column (D					
_	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		15,626,	422	15,611,967
	18	Total	expenses Add lines 13-17 (mu	st equal Part IX, column (A), line 25)) [39,930,	924	42,300,353
	19	Rever	nue less expenses Subtract line	18 from line 12		2,418,	453	1,741,404
<u>ም</u>						inning of Curre	nt	End of Year
₩ ₩ ₩						Year	\perp	LIM OF TEAT
Net Assets or Fund Balances	20		assets (Part X, line 16)		·	397,644,	618	409,161,516
골	21				· <u> </u>	22,571,	977	20,507,072
ZZ	22	Neta	ssets or fund balances Subtract	line 21 from line 20		375,072,	641	388,654,444
Pai	rt II	Sigr	nature Block					
my k	nowle	dge and		amined this return, including accomp nplete Declaration of preparer (other				
		<u> </u>	***			12015 57 11		
c:		**** Sign	*** ature of officer			2016-05-11 Date		
Sign Here		[
	_		RLES L HECKEL TREASURER e or print name and title					
		17	Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	
Paid	4		Joyce Underwood	Joyce Underwood		self-employed	P0002	22361
			Firm's name 🕨 BDO USA LLP			Firm's EIN 🕨		
	pare		Firm's address ► 8401 GREENSBORO DF	RIVE SUITE 800		Phone no (703	3) 893-0	0600
use	On	ıy					, \	
		I	MCLEAN, VA 22102			I		

✓ Yes ☐ No

(Expenses \$

including grants of \$

Total program service expenses ►

36,432,027

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
L1	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, line 10? 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		Νo
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $\chi^{f G}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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
L9	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 212 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this 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	
За	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" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	II les, to fine 3a of 3D, did the organization life Form 6000-17	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	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 services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		Νo
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Νo
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 aa=	 	N :
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax 1a 45 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 Nο Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code **10a** Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 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 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Yes 12c 13 Yes 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? The organization's CEO, Executive Director, or top management official 15a 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο **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 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI 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 V Upon request Other (explain in Schedule O) 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 during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

CHARLOTTESVILLE, VA 22903 (434)924-7228

►CHARLES L HECKEL 100 DARDEN BLVD

Form 990 (2014)	
-----------------	--

age 🛭	,
-------	---

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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

any hours for related organizations (and a director/trustee) organization (W- organizations (W- organization organization organization organization related	(A) Name and Title	for related organizations below		•	` `	organization and
---	-----------------------	---------------------------------------	--	---	-----	------------------

Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours for rolated (C) Position (do not more than one bo person is both a and a director/t				box, unless an officer		•	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	1,921,379	3,346,560	1,247,104

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►18

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Univ of VA Investment Management C, PO Box 400215 CHARLOTTESVILLE, VA 22906	Investment Mgmt	774,401
Clearview Consulting Company, PO BOX 72 HOLDEN, MA 01520	Teaching/Cons Serv	312,585
ROBERT L CARRAWAY, 1813 Hearthglow Lane CHARLOTTESVILLE, VA 22901	Teaching Services	193,817
MARTIN N DAVIDSON, PO Box 5101 CHARLOTTESVILLE, VA 85004	Teaching Services	148,700
JOSEPHINE Hernandez-Gutierrez, 1000 Crowley Road ARLINGTON, TX 76012	Teaching/Cons Serv	144,700
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization F7

Form 99			(D					Page 9
Part V	444	Statement o Check if Schedu	o f Revenue ule O contains a respoi	nse or note to any lir	ne in this Part VIII	<u></u>		<u></u> _
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु इ	1a	Federated cam	paigns 1a					
rani	Ь	Membership du	es 1b					
s, G Am	С	Fundraising eve	ents 1c					
Gift Har	d	Related organiz	zations 1d					
ns, (е	Government grants	s (contributions) 1e					
ution rer S	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	10,362,540				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution 1a-1f \$	ons included in lines	2,435,864				
Cor	h	Total. Add lines	s 1a-1f		10,362,540			
Program Service Revenue	2a	EXECUTIVE EDUCA	ATION	Business Code 721110	23,335,364	21,684,436	1,650,928	
<u>क</u>	b c							
% ¥	d							
å =	e							
χgra¶	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		23,335,364			
	3		ome (including dividen		1,261,831			1,261,831
	4		stment of tax-exempt bond		0			
	5	Royalties			0			
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	С	expenses Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	23,659,751					
	Ь	Less cost or other basis and	14,843,689					
	С	sales expenses Gain or (loss)	8,816,062					
	d	Net gain or (los	ss)		8,816,062			8,816,062
ne	8a	Gross income f events (not inc						
Other Revenue			s reported on line 1c) ne 18 a					
her	ь		penses b					
δ	c 9a		(loss) from fundraising rom gaming activities	events 🛌	0			
	_	See Part IV, lin	ne 19 a					
	b c		penses b (loss) from gamıng actı	vities	0			
		Gross sales of returns and allo	inventory, less owances .					
	ь	Less cost of a	a oods sold b					
			(loss) from sales of inv	entory 🛌	0			
	4.	Miscellaneous		Business Code 900099	161,530	161,530		
	TTa	FEES	TIONS REUNION					
	Ь	PARKING REV		900099	73,416 31,014	73,416 12,014	19,000	
	c d	FEE REVENUE All other reven	S ue	900099	31,014	12,014	19,000	
	e	Total. Add lines			265,960			
	12	Total revenue.	See Instructions .	🕨	44,041,757	21,931,396	1,669,928	10,077,893
	<u> </u>				TT,U11,737	21,331,330	1,009,920	10,077,093

		Statement of Functional Expenses				
Section		1(c)(3) and 501(c)(4) organizations must complete all columns All				
		Check if Schedule O contains a response or note to any line in this	Part IX	 (B)	(c)	
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1		its and other assistance to domestic organizations and estic governments See Part IV, line 21	14,239,716	14,239,716		
2		ts and other assistance to domestic iduals See Part IV, line 22	0			
3	gove	its and other assistance to foreign organizations, foreign organizat	0			
4	Bene	fits paid to or for members	0			
5		pensation of current officers, directors, trustees, and employees	1,784,805	1,071,594	434,659	278,552
6	(as d	pensation not included above, to disqualified persons lefined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)	0			
7	Othe	er salaries and wages	8,139,104	6,229,636	901,817	1,007,651
8		sion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	736,320	568,974	62,606	104,740
9	Othe	er employee benefits	1,144,991	906,072	117,492	121,427
10	Payr	oll taxes	591,203	460,936	47,888	82,379
11	Fees	for services (non-employees)				
а	Mana	agement	0			
b	Lega		21,237	6,118	13,632	1,487
С	Acco	ounting	112,699		112,699	
d	Lobb	ying	0			
e	Profe	essional fundraising services See Part IV, line 17	52,247			52,247
f	Inve	stment management fees	530,069		530,069	
g		er (If line 11g amount exceeds 10% of line 25, column (A) unt, list line 11g expenses on Schedule O)	6,309,319	5,648,009	641,486	19,824
12	Adve	ertising and promotion	699,140	663,163	1,889	34,088
13	O ffic	e expenses	2,075,787	1,841,206	71,952	162,629
14	Infor	mation technology	270,906	124,148	141,119	5,639
15	Roya	ıltıes	0			
16	Оссі	upancy	1,527,217	1,359,555	70,896	96,766
17	Trav	el	2,225,535	1,712,041	145,649	367,845
18		nents of travel or entertainment expenses for any federal,	0			_
19	Conf	erences, conventions, and meetings	185,432	85,452	27,858	72,122
20	Inter	rest	0			
21	Payn	nents to affiliates	0			
22	Depr	eciation, depletion, and amortization	66,269	59,696	6,573	
23	Insu	rance	130,582	79,150	51,432	
24	mısc	er expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а	COG	· · · · · · · · · · · · · · · · · · ·	1,250,483	1,250,483		
b	BAD	DEBT EXPENSE	40,478	71,364	1,186	-32,072
c	USE	/FOREIGN TAX	35,394	35,394		
d	MISC	CELLANEOUS EXPENSE	131,420	19,320	81,205	30,895
e	Allo	ther expenses				
25	Tota	I functional expenses. Add lines 1 through 24e	42,300,353	36,432,027	3,462,107	2,406,219
26	repoi educ	costs. Complete this line only if the organization rted in column (B) joint costs from a combined ational campaign and fundraising solicitation Check				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)	· ·	(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	274,245	1	447,617
	2	Savings and temporary cash investments	2,098,568	2	3,338,756
	3	Pledges and grants receivable, net	16,016,731	3	12,127,249
	4	Accounts receivable, net	4,335,496	4	4,438,782
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	-	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0
Assets	_	Nakaa and laana waasiishla nak	0		
₹	8	Notes and loans receivable, net	75,796		44,967
	_		518,360		44,987
	9 10a	Prepaid expenses and deferred charges	518,300	9	440,430
	104	Part VI of Schedule D 6,302,74			
	b	Less accumulated depreciation	<u> </u>		2,131,376
	11	Investments—publicly traded securities	35,728,651		37,354,056
	12	Investments—other securities See Part IV, line 11	272,023,971	12	287,185,298
	13	Investments—program-related See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets See Part IV, line 11	64,256,179		61,646,979
	16	Total assets. Add lines 1 through 15 (must equal line 34)	397,644,618		409,161,516
	17	Accounts payable and accrued expenses	2,382,090		3,122,011
	18	Grants payable	0		0
	19	Deferred revenue	1,179,926		1,140,424
	20	Tax-exempt bond liabilities	0		0
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	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			
		D	19,009,961	25	16,244,637
	26	Total liabilities. Add lines 17 through 25	22,571,977	26	20,507,072
ě		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	95,854,827	27	96,773,612
- E	28	Temporarily restricted net assets	136,830,133	28	144,935,417
귤	29	Permanently restricted net assets	142,387,681	29	146,945,415
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
ets Ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
7 ₩	33	Total net assets or fund balances	375,072,641	33	388,654,444
Net	34	Total liabilities and net assets/fund balances	397,644,618	-	409,161,516
	J4	rotar naviities and het assets/fullu balances	397,044,018	34	409, 101,316

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44,(041,757
2	Total expenses (must equal Part IX, column (A), line 25)	2		42,	300,353
3	Revenue less expenses Subtract line 2 from line 1	3		1,7	741,404
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		375,0	072,641
5	Net unrealized gains (losses) on investments	5		11,8	340,399
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		388,6	554,444
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ו			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:**

EIN: 54-6046419

Name: UNIVERSITY OF VIRGINIA DARDEN SCHOOL

FOUNDATION

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, High	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne booth a	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1099-1413C)	organization and related organizations
(1) Kırby C Adams	1 0	х						0	0	0
Trustee (1) WL Lyons Brown III	0 0									
		×						0	0	0
Trustee (2) G David Cheek	0 0									
		×						0	0	0
Trustee (3) James Su-Ting Cheng	0 0									
		Х					1	0	0	0
Trustee (4) James A Cooper	0 0		_	_						
(4) James A Cooper	1 0	×		Х				0	0	0
Trustee, Chairman	0 0						_	1		
(5) Vidyanidhi N Dalmia	1 0	X						0	0	0
Trustee	0 0							, and the second		, and the second
(6) Karen K Edwards	1 0	l x						0	0	0
Ex-Officio Trustee	0 0	^							U	
(7) Louis G Elson	1 0	.,								
Trustee	0 0	X						0	0	0
(8) Arnold Evans	1 0									
Trustee	0 0	×						0	0	0
(9) John Fowler	1 0									
Ex Officia Trustaa		×						0	0	0
Ex-Officio Trustee (10) Cathy Friedman	0 0									
		×						0	0	0
Trustee (11) Donald W Goodman	0 0	-	-							
(11) Boliad W Goodman		×						0	0	0
Trustee (12) Kırstı Goodwin	0 0		-				\vdash			
(12) Kiisti Goodwiii		×						0	0	0
Trustee (12) Control Control	0.0									
(13) Gordie Grand	1 0	l x						0	0	0
Trustee	0 0									
(14) Edwin B Hooper III	1 0	l x						0	0	0
Trustee	0 0	^							v	
(15) Robert J Hugin	1 0							0	0	0
Trustee	0 0	Х					L	0	0	
(16) Martına T Hund-Mejean	1 0									
Trustee	0 0	X						0	0	0
(17) William I Huyett	1 0									
Trustee	0 0	×						0	0	0
(18) Philip W Knisely	1 0									
Trustee	0 0	X						0	0	0
(19) Lemeul E Lewis	1 0						\vdash			
Trustee	0 0	×						0	0	0
(20) Nicole Lindsay	1 0		 							
		×					1	0	0	0
Trustee (21) Liz Lynch	0 0		\vdash							
		×						0	0	0
Trustee (22) Jonathan Mariner	0 0	-	-	_			\vdash			
		×					1	0	0	0
Ex-Officio Trustee	0 0					<u> </u>	_			
(23) Carolyn S Miles	1 0	l x						0	0	0
Trustee	0 0						$ldsymbol{f eta}$			
(24) Douglas Moore	1 0	l x					1	0	0	0
Ex-Officio Trustee	0 0	<u> </u>						<u> </u>		

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

Canada C	Compensated Employees, and Inde	Compensated Employees, and Independent Contractors									
Part	(A) Name and Title	hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)				compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the		
TRANSPORT		organizations below	Individual trustae or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former	2/1033 MISC)	2/1033 14130)	related
Content Cont	(26) Michael O'Neill		х						0	0	0
E-Office Trustee											
Tristee			X						0	0	0
A Section A Process 1 0			х						0	0	0
Tractec	(3) Scott A Price		V						0	0	0
Tussien	Trustee	0 0									
SP Frank N Sands Sr			x						0	0	0
Instace	(5) Frank M Sands Sr	1 0	x						0	0	0
Trustee	Trustee	0 0									
Trustec	Trustee		Х						0	0	0
6 Starm Sobboth 1			×						0	0	0
Trustee	(8) Susan Sobbott	1 0							0	0	0
Trustee	Trustee	0 0							U	0	0
GO Coope S Tahga			×						0	0	0
C11 Base R Thompson	(10) George S Tahıja	1 0	х						0	0	0
CL2) Bill Utt	(11) Bruce R Thompson	1 0	х						0	0	0
Tustee			.,								
Tustee	Trustee	0 0	×						0	0	0
Tustee			х						0	0	0
10			x						0	0	0
Trustee	(15) Elizabeth K Weymouth	1 0	x		x				0	0	0
Trustee	Trustee, Vice Chairman	0 0									
X X X X X X X X X X			Х						0	318,511	62,449
10			x						48,100	303,004	93,328
Ex-Officio Trustee	(18) Robert F Bruner	1 0	х						0	513,780	76,342
Ex-Officio Trustee											
X 0 403,276 160,730	Ex-Officio Trustee	50 0	×						0	630,288	287,272
X 210,095 0 42,225			х						0	403,276	160,730
(22) Michael J Woodfolk 50 0 X 237,103 0 30,965 SR EXEC DIR OF ENG STRATEGIES 0 0 X 218,023 0 40,337 Senior Development Officer 0 0 X 218,023 0 40,337 (24) Locke W Ogens 50 0 X 253,674 0 48,512					х				210,095	0	42,225
(23) W Carter Hoerr 50 0 X 218,023 0 40,337 Senior Development Officer 0 0 X 218,023 0 40,337 (24) Locke W Ogens 50 0 X 253,674 0 48,512	(22) Michael J Woodfolk	50 0			х				237,103	0	30,965
Senior Development Officer 0 0											
	Senior Development Officer	0.0			X				218,023	0	40,337
					Х				253,674	0	48,512

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 per week (list any hours	more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(51) Gerald D Starsia	1 0			х				0	206 427	00.407
Senior Associate Dean & COO	50 0			^				0	296,427	89,487
(1) CHARLES L HECKEL	50 0									
TREASURER	0 0			Х				85,002	0	0
(2) Scott Snell	0 0					\ ,		F2 F00	244 200	60,000
SR ASSOC DEAN FOR EXEC EDUCAT	50 0					Х		52,500	344,300	69,903
(3) Luciano Centini Managing Director of EE	50 0					х		219,898	0	39,720
(4) Dean W Kreymeyer Exec Dir IBIS and BRICE	50 0					х		181,081	0	38,449
(5) Jeffrey Pottinger	50 0									
Senior Director of EE	0 0					X		198,564	0	19,150
(6) Colin Winter	50 0									
Senior Director of EE	0 0					Х		208,439	0	41,203
(7) Kenneth M Eades	1 0						х	8,900	347,597	78,038
Ex-Officio Trustee	50 0						^	8,900	347,337	76,036
(8) Erıka Jamesuntıl 630	0 0						х	0	189,377	28,994
Former Sr Assoc Dean - Exec Ed	50 0							<u> </u>	107,377	20,994

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137020596

Employer identification number

54-6046419

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

FOUNDATION

Name of the organization

UNIVERSITY OF VIRGINIA DARDEN SCHOOL

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	T L			, ,		.		113.
	rganı	zation is not a private i		•		•	•	
1	<u> </u>			association of churche		section 170(b)(1)(A)(i).	
2	<u> </u>			1)(A)(ii). (Attach Sch				
3	<u>_</u>			ervice organization de				
4	Γ	A medical research o hospital's name, city		ated in conjunction wit	:h a hospital de	scribed in se	ction 170(b)(1)(A)(iii)). Enter the
5	Г			fit of a college or unive	ersity owned or	operated by	a governmental unit de	escribed in
	•	section 170(b)(1)(A)		=	,	,		
6	\sqcap			or governmental unit d	escribed in sec	tion 170(b)(L)(A)(v).	
7	Г -	An organization that described in section :	normally receive: 170(b)(1)(A)(vi)	s a substantial part of). (Complete Part II)	its support fro	m a governme	ental unit or from the g	eneral public
8	_			on 170(b)(1)(A)(vi) (
9	ļ						butions, membership f	
		*		•	=	-	and (2) no more than 3	
							section 511 tax) from	businesses
	_			e 30, 1975 See secti				
10		-	•	ed exclusively to test	•	•		
11	▽	one or more publicly	supported organi	zations described in s	ection 509(a)(1) or section	ctions of, or to carry o 509(a)(2) See sectio complete lines 11e, 1	n 509(a)(3). Check
а	Γ	Type I. A supporting supported organization	organization ope on(s) the power to	rated, supervised, or o regularly appoint or o	controlled by its	s supported o	rganization(s), typical ors or trustees of the s	ly by giving the
b	Γ	Type II. A supporting management of the s	ı organizatıon sup upportıng organız	zation vested in the sa	in connection v		rted organization(s), b nanage the supported	
c	~	must complete Part 1			onerated in co	nnection with	, and functionally integ	irated with its
•	•			ctions) You must com				iracca Wich, ico
d	\sqcap	Type III non-function	nally integrated.	A supporting organiza	tion operated i	n connection	with its supported org	anızatıon(s) that ıs
			=	-	•	•	ement and an attentive	eness requirement
_	_			Part IV, Sections A a			a a Tuna I Tuna II Tu	ina III fiinationallii
е	,			ly integrated supporti			s a Type I, Type II, Ty	ype III lulictionally
f				rations				1
g				t the supported organ				
_		<u>, </u>		3	(-,			
		ame of supported organization			(iv) Is the order in your docume	governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
				instructions))	Yes	No		
					1 es	140		
	NIVERS JSINES	SITY OF VIRGINIA SCHOOL SS	546001796		Yes		14,239,716	0
Total	1						14,239,716	

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Castian	_	AII	Supporting	0	1:
Section	Α.	AII	Supporting	Organiza	TIONS

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		163	110
_	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	За		No
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		Νo
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
Ŀ	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
Ŀ	DID DID THE ORGANIZATION HAVE ANY EXCESS BUSINESS HOLDINGS IN THE TAX YEAR? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?	TOD		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
_	the governing body of a supported organization?	11a		No
Ŀ	A family member of a person described in (a) above?	11b		No
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Νο

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	Yes	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part IV, Section D, Line 3	The President of the University, Dean of the Darden School, and the COO of the Darden School have ex-officio positions on the foundation, and provides school and Foundation information and needs to the Board of Trustees
Schedule A , Part IV , Section E , Line 1c	Provided monetary support to the University of Virginia's Darden School of Business

Schedule A (Form 990 or 990-EZ) 2014

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

DLN: 93493137020596

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

ema	Revenue Service	Information about Schedule D (Form	1990) and its instructions is at <u>www.ir</u>	s.gov/	<u>form990</u> . Inspection	on
	me of the organ			Emp	oloyer identification number	
	VERSITY OF VIRGIN INDATION	IIA DARDEN SCHOOL		54-	6046419	
Pa		izations Maintaining Donor Adv				ıf the
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	T	(b) Funds and other account	+c
	Total number a	t end of year	(a) Donor advised funds		(b) Fullus allu otilei account	.5
		ie of contributions to (during year)				
		ie of grants from (during year)				
ļ		le at end of year				
;	Did the organiz	zation inform all donors and donor adviso organization's property, subject to the or		nor adv		- No
i	used only for c conferring imp	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?	it of the donor or donor advisor, or for a	ny othe	er purpose Yes 「	_ No
a.		rvation Easements. Complete if		o Forn	m 990, Part IV, line 7.	
2	Preservation Preservation Complete lines	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a he last day of the tax year	or education) Preservation of ar Preservation of a	certifie	d historic structure	
					Held at the End of the Y	ear
а	Total number o	of conservation easements		2a		
b	Total acreage	restricted by conservation easements		2b		
C	Number of con	servation easements on a certified histo	ric structure included in (a)	2c		
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d		
}	Number of con the tax year ►	servation easements modified, transferr 	ed, released, extinguished, or terminate	ed by th	he organization during	
Ļ	Number of stat	tes where property subject to conservati	on easement is located ►			
		nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, han	dling of	f violations, and Tyes 「	– _{No}
,	Staff and volur	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year	
	A mount of exp ► \$	enses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year	
i	Does each con and section 17	nservation easement reported on line 2(o ?0(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17		_ No
)	balance sheet, the organization	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia nts	l stater	ments that describes	
ar	Compl	izations Maintaining Collection ete ıf the organızatıon answered "Y	es" to Form 990, Part IV, line 8.			
a	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public	
b	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to thes	ts held for public exhibition, education,			
	(i) Revenue in	cluded in Form 990, Part VIII, line 1			► \$	
	(ii) Assets inc	luded in Form 990, Part X			► \$	
2	If the organiza	tion received or held works of art, historints required to be reported under SFAS			ncial gain, provide the	
а	Revenue inclu	ded in Form 990, Part VIII, line 1			► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, Hist	oric	al Treası	ures, or O	ther	Similar Ass	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che		•	-		significant use	of its
а	Public exhibition		d		Loan or exc	hange progra	ams		
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and expla	ın how	they	further the	organızatıon'	s exe	empt purpose II	า
5	During the year, did the organization solicit								
Day	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang							<u>'</u>	Yes No
FGI	Part IV, line 9, or reported an ar					ii aliswelet	1 16	:5 (0 0 11 5	9 0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets n		Yes No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the	follow	ng tal	ble	_			
							_	Am	ount
С	Beginning balance					<u> </u>	1c		
d	Additions during the year					<u> </u>	1d		
e	Distributions during the year					<u> </u>	1e		
f	Ending balance					_	1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, fo	oresc	row or cust	todial accour	it liat	oility?	¯Yes
ь	If "Yes," explain the arrangement in Part XI					-			<u> ' </u>
Pai	t V Endowment Funds. Complete	<u>if the organizatior</u> (a)Current year		vered or year					(e)Four years back
1a	Beginning of year balance	298,999,049		252,81		241,115,507	(u)11	232,372,468	192,879,265
b	Contributions	4,657,600		11,26	·	6,384,317		10,728,057	9,853,444
c	Net investment earnings, gains, and losses								
a	Crants or achalarahma	20,802,331 11,207,771		44,47 8 72	0,779 3,608	28,836,732 22,677,416		10,331,210 11,543,387	42,691,784 12,363,368
d e	Grants or scholarships Other expenditures for facilities	11,207,771		0,72	3,000	22,077,410		11,545,507	12,303,300
-	and programs								
f	Administrative expenses	530,069		83	0,243	840,000		772,841	688,657
g	End of year balance	312,721,140		298,99	9,049	252,819,140		241,115,507	232,372,468
2	Provide the estimated percentage of the cur	rent year end balanc	e (line	1g, c	:olumn (a))	held as			
а	Board designated or quasi-endowment 🕨	10 410 %							
b	Permanent endowment ► 46 989 %								
c	Temporarily restricted endowment ► 42	601 %							
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation th	nat ar	e held and	admınıstered	for t	he	
	organization by (i) unrelated organizations							3a(i	Yes No
	(ii) related organizations							3a(i	
b	If "Yes" to 3a(II), are the related organization		d on So	hedu	le R? .			3b	
4	Describe in Part XIII the intended uses of t								
Par	t VI Land, Buildings, and Equipme		he or	ganız	ation ans	wered 'Yes'	to F	orm 990, Pa	rt IV, line
	11a. See Form 990, Part X, line Description of property	10.			Cost or other (investment)	(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) Book value
4-	and						\dashv		
	and		•				\dashv		
	Buildings		•			4,606,	280	2 667 00	1 929 407
	Equipment		•			4,606, 872,	-	2,667,88 692,24	+
	Other					824,		811,24	+
	I. Add lines 1a through 1e (Column (d) must o			nn (B)	, line 10(c).	<u> </u>	• •		2,131,376
	. , , , , , , , , , , , , , , , , , , ,	. ,			. , , , , , ,	-			(Form 990) 2014

See Form 990, Part X, line 12.	iplete if the organization i	answered yes to For	m 990, Part IV, line IID.
(a) Description of security or category	(b) Book value	(c) Method of va	
(including name of security)	+	Cost or end-of-year i	market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other			
(A) UVIMCO MANAGED FUNDS	287,185,298	F	
	+		
	287,185,298		
Part VIII Investments—Program Related. Col	mplete if the organizatior	n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of va	luation
	(-,	Cost or end-of-year	
	+		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization		, Part IV, line 11d See F	
(a) Descrip	otion		(b) Book value
(1) OTHER ASSETS			773,890
(2) RIGHTS OF OCCUPANCY			60,873,089
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			61,646,979
Part X Other Liabilities. Complete if the organ			
Form 990, Part X, line 25.			
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
NOTES PAYABLE TO UVA	16,244,637		
· · · · · · · · · · · · · · · · · · ·	1		

Par		Revenue per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line		nts With Revenue	per R	eturn Complete if
1	•	er support per audited financial statements			1	55,805,130
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	11,840,399		
b	Donated services and use of	facilities	2b	453,043	1	
c	Recoveries of prior year gran	ts	2c		1	
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d		·		2e	12,293,442
3	Subtract line 2e from line 1 .				3	43,511,688
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a	530,069		
b	Other (Describe in Part XIII)	4b		1	
c	Add lines 4a and 4b .		·		4c	530,069
5	Total revenue Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line	12)		5	44,041,757
Pari		Expenses per Audited Financial St nswered 'Yes' to Form 990, Part IV, Im			s per	Return. Complete
1		er audited financial statements			1	42,223,327
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25				
а	Donated services and use of	facilities	2a	453,043		
ь	Prior year adjustments .		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d .				2e	453,043
3	Subtract line 2e from line 1 .				3	41,770,284
4	Amounts included on Form 9	90, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a	530,069		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b .				4c	530,069
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, II	ne 18)		5	42,300,353
Par	Supplemental In	formation				
Part		or Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
Part \	/, line 4	The Foundation's endowment supports the educational programs, and alumni service		n School through schol	arships	s, chairs, research,
Part >	(, Line 2	THE FOUNDATION HAS BEEN GRANTE (IRS) FROM FEDERAL INCOME TAXES I CODE THE IRS HAS ALSO DETERMINE FOUNDATION THE FOUNDATION IS R BUSINESS INCOME TO THE IRS AND CLIABILITY FOR UNRELATED BUSINESS FOUNDATION ALSO FOLLOWS THE PR	D EXEM JNDER ID THA EQUIR THER I	SECTION 501(C)(3) C T THE FOUNDATION I ED TO REPORT AND F LOCAL JURISDICTION ME TAXES AS OF JUNI	FTHE SNOT AYTA STH 30,2	EINTERNAL REVENUE FA PRIVATE AXES ON UNRELATED ERE WAS NO 1015 AND 2014 THE

TAXES MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS OR ANY RELATED PENALTIES AND INTEREST TO ACCRUE FOR THE YEARS ENDED JUNE 20, 2015 AND 2014, AND, ACCORDINGLY, THERE IS NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

UNIVERSITY OF VIRGINIA DARDEN SCHOOL

As Filed Data -

DLN: 93493137020596

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

FOUNDATION				54-6046419					
Part I General Information "Yes" to Form 990, P			ne United States. Co	omplete if the organiz	ation answered				
For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.									
3 Activites per Region (The follo	owing Part I, line 3	3 table can be du	uplicated if additional spa	ace is needed)					
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region				
(1) East Asia and the Pacific		10	Program Services	Executive Education	280,042				
(2) North America		5	Program Services	Executive Education	13,269				
(3) Europe (Including Iceland and Greenland)		4	Program Services	Executive Education	18,891				
(4)									
(5)									
3a Sub-total b Total from continuation sheets to Part I		19			312,202				
c Totals (add lines 3a and 3b)		19			312,202				
For Paperwork Reduction Act Notice, se	e the Instructions	for Form 990.	Cat	No 50082W Schedu	ıle F (Form 990) 2014				

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,		
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)										
(2)										
(3)										
(4)										
2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										
3	Enter total num	nber of other or	ganizations or ent	ities							

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.

Part III can be	duplicated if addit	ional space is ne	eded.				
(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)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	[~	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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	▽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	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)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 54-6046419

Name: UNIVERSITY OF VIRGINIA DARDEN SCHOOL

FOUNDATION

Schedule F (Form 990) 2014

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

Department of the Treasury

Internal Revenue Service

DLN: 93493137020596

OMB No 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) 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. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization JNIVERSITY OF VIRGINIA DAF	RDEN SCHOOL					Employer iden	tification number	
FOUNDATION						54-6046419		
Part I Fundraising Activ filers are not require			janızatıo	on answered "Yes" to	Form	990, Part IV, l	line 17. Form 990-EZ	
1 Indicate whether the organis	zation raised funds	through a		following activities Che				
b Internet and email solic								
c 🔽 Phone solicitations								
d 🔽 In-person solicitations								
2a Did the organization have a or key employees listed in F							V Yes I N	
b If "Yes," list the ten highest to be compensated at least			fundraıse	rs) pursuant to agreem	ents und	ler which the fur		
(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	(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No					
1 JOURNEY GROUP SEE PART IV 418 4TH STREET NE CHARLOTTESVILLE, VA 22902	design and consulting		No			52,247		
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total			▶			52,247		
3 List all states in which the o registration or licensing	rganization is regis	tered or li	censed to	solicit contributions o	r has be	en notified it is	exempt from	
AL, AK, AR, CA, CO, CT, DC, FL, SC, TN, UT, VA, WA, WV, WI	GA, HI, IL, KS, KY,	LA,ME,N	MD, MA, N	MI, MN, MS, MO, NV, N	IH, NJ, N	IM, NY, NC, ND	, O H , O K , O R , P A , R I ,	

Pa	rt I	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	tion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported les 1 and 6b. List					
		3 1 3	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))					
Revenue			(event type)	(event type)	(total number)	(3)					
	1	Gross receipts									
	2	Less Contributions									
	3	Gross income (line 1 minus line 2)									
Expenses	4	Cash prizes									
	5	Noncash prizes									
	6	Rent/facility costs									
ă	7	Food and beverages .									
Direct	8	Entertainment									
ᇫ	9	Other direct expenses .									
	10	Direct expense summary Add line	es 4 through 9 in colum	ın (d)		()					
	11	Net income summary Subtract lir									
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than					
		\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add					
Revenue			(a) billigo	bingo/progressive bingo	(c) other gaming	col (a) through col					
<u>~</u>	1	Gross revenue									
နှင့် မေ	2	Cash prizes									
Expenses	3	Non-cash prizes									
	4	Rent/facility costs									
Direct	5	Other direct expenses									
	6	Volunteerlabor	☐ Yes	Г Yes	│ Yes %	_					
	7	7 Direct expense summary Add lines 2 through 5 in column (d)									
	8	Net gaming income summary Subt	ract line 7 from line 1, c	column (d)							
9	E n	ter the state(s) in which the organiza	tion conducts gaming a	ctivities							
а	F, F.										
b	If"	If "No," explain									
10a b		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain									

D	
Page	

11	Does the organization conduct gamii	ng activities with nonmer	mbers? Yes No
12	Is the organization a grantor, benefic	ary or trustee of a trust	t or a member of a partnership or other entity
	formed to administer charitable gam	ıng?	· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of gaming a	ctivities conducted in	
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the p	erson who prepares the o	organization's gaming/special events books and records
	Name ▶		
	Address ▶		
15a			n whom the organization receives gaming
b			e organization * \$ and the
-	amount of gaming revenue retained b		
_	If "Yes," enter name and address of		
Ī	if fes, enter hame and address of	the third party	
	Name 🟲		
	Address 🟲		
L 6	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🟲 \$		
	Description of services provided 🕨		
	☐ Director/officer	F Employee	☐ Independent contractor
L 7	Mandatory distributions	ı ⊏mpioyee	i Independent contractor
		ate law to make charitah	ble distributions from the gaming proceeds to
-	retain the state gaming license? .		
h	3 3		stributed to other exempt organizations or spent
	in the organization's own exempt act		
Pai	rt IV Supplemental Informa	tion. Provide the exp	planations required by Part I, line 2b, columns (III) and (v), and
	Part III, lines 9, 9b, 10b, instructions).	15b, 15c, 16, and 17b 	b, as applicable. Also provide any additional information (see
	Return Reference		Explanation
SCH	EDULE G, PART I, LINE 2b	1 Journey Group 418	3 4th Street, NE, Charlottesville, VA 22902
			Schodulo C (Form 000 == 000 F7) 2014

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

DLN: 93493137020596

Open to Public **Inspection**

Employer identification number

	UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION 54-6046419			
Pa	art I General Information on Grants and Assistance	•		
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grante selection criteria used to award the grants or assistance?	•	▽ Yes	
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States			
Pa	art II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete		" to	
	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if a	idditional space is needed.		

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) University of Virginia Darden School of Business PO Box 6550 Charlottesville, VA 22906	54-6001796	STATE OF VA	13,436,330				see part IV
(2) University of Virginia Darden School of Business PO Box 6550 Charlottesville, VA 22906	54-6001796	STATE OF VA	401,693				See part IV
(3) University of Virginia Curry School of Education PO Box 400276 Charlottesville, VA 22906	54-6001796	STATE OF VA	401,693				See part IV

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1
3	Enter total number of other organizations listed in the line 1 table	0

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	Explanation						
	The Darden School accounting office reviews supporting documents to ensure compliance with the donor's restricted purpose prior to requesting funding from the Foundation. The Darden School receives a yearly review and report by the UVA internal audit department to ensure donor intention is met. This report is provided to the Darden School foundation and is reviewed by management.						
•	GRANTS ARE TO UNIVERSITY OF VIRGINIA SCHOOLS (1) University of Virginia Darden School of Business - SCHOLARSHIPS, CHAIRS, RESEARCH, FACILITIES, & EDUCATIONAL PROGRAMS (2) University of Virginia Darden School of Business - Partners in Educational Leadership Program (3) University of Virginia Curry School of Education - Partners in Educational Leadership Program						

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

DLN: 93493137020596

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION

Employer identification number

54-6046419

Pai	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide				
	First-class or charter travel	ousing allowance or residence for personal use			
	Travel for companions	ayments for business use of personal residence			
	□ Tax idemnification and gross-up payments □ H	ealth or social club dues or initiation fees			
	Discretionary spending account	ersonal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement or provision of all of the expenses described at		1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?				
and colors, traditions, and color, more and color, regarding the frems checked in line 14				Yes	
3	Indicate which, if any, of the following the filing organization us organization's CEO/Executive Director Check all that apply I used by a related organization to establish compensation of th	Do not check any boxes for methods			
	∇ Compensation committee ∇ W	ritten employment contract			
		ompensation survey or study			
	Form 990 of other organizations	pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, S or a related organization	Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		No
b	Participate in, or receive payment from, a supplemental nonqu	alıfıed retırement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based comp	pensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, d compensation contingent on the revenues of	-			
а	The organization?		5a		No
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, d compensation contingent on the net earnings of	ıd the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, d payments not described in lines 5 and 6? If "Yes," describe in		7		No
8	Were any amounts reported in Form 990, Part VII, paid or acc	ured pursuant to a contract that was			
	subject to the initial contract exception described in Regulatio				
	ın Part III		8	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 $4958-6(c)$?	le presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
	Through the Foundation's standard benefits package, the Foundation will subsidize annually \$185 of the cost of membership to the UVA gym for any benefits-eligible employee
	Line 4b The University of Virginia made contributions to 401a/415 Deferred Compensation Plans for the following persons Robert F Bruner \$ 1,966 John D Simon 45,105 Teresa A Sullivan 205,487
	The foundation pays teaching fees for some employees who teach in Executive Education programs and bonuses that are not tied to revenues or net earnings. Employees have the option of electing to contribute a portion of their salary to the foundation's retirement plan
PART I, LINE 8	Gerald Starsia was appointed as COO and Senior Associate Dean in September 2013

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 54-6046419

Name: UNIVERSITY OF VIRGINIA DARDEN SCHOOL

FOUNDATION

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

(A) Name and Title	(B) Breakdow (i) Base Compensation	vn of W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Susan Chaplinsky, Trustee	(1)	0 0 0	0	0 27,416	0 35,033	0 380,960	0
Luann J Lynch, Trustee	(I) 48,1 (II) 303,0		0 0	0 26,151	0 67,177	48,100 396,332	0
Kenneth M Eades, Ex- Officio Trustee	(I) 8,9 (II) 347,5	900 0 597 0	0 0	0 27,083	0 50,955	8,900 425,635	
Robert F Bruner, Ex-Officio Trustee	(I) (II) 513,7	0 '80 0	0 0	0 53,966	0 22,376	0 590,122	0
Teresa A Sullivan, Ex- Officio Trustee	(I) (II) 630,2	0 288	0 0	0 232,166	0 55,106	0 917,560	0
Scott Snell, SR ASSOC DEAN FOR EXEC EDUCAT	(I) 52,5 (II) 344,3		0 0	1	0 39,862	52,500 414,203	0
Erıka Jamesuntıl 630, Former Sr Assoc Dean - Exec Ed	(I) (II) 189,3	0 377 0	0 0	0 13,765	0 15,229	0 218,371	0
Eugene Meoni, GM OF HOSPITALITY	(I) 163,3 (II)	392 0 46,703 0 0	0 0	17,813 0	24,412 0	252,320 0	0
Michael J Woodfolk, SR EXEC DIR OF ENG STRATEGIES	(1) 210,2	275 0 26,828 0 0	0 0	22,004	8,961 0	268,068 0	0
W Carter Hoerr, Senior Development Officer	(I) 180,0 (II)	023 0 38,000 0 0	0 0	19,188 0	21,149 0	258,360 0	0
Locke W Ogens, SR EX DIR OF DSF AND STRAT REL	(I) 219,9 (II)	924 0 33,750 0 0	0 0	23,663	24,849 0	302,186 0	0
Gerald D Starsia, Senior Associate Dean & COO	(I) (II) 296,4	0 0 127 0	0	0 28,771	0 60,716	0 385,914	0
Luciano Centini, Managing Director of EE	(I) 210,3	313 0 9,585 0 0	0 0	22,318	17,402 0	259,618 0	0
Dean W Kreymeyer, Exec Dir IBIS and BRICE	(I) 181,0 (II)	81 O C	0	19,253 0	19,196 0	219,530 0	0
Jeffrey Pottinger, Senior Director of EE	(I) 170,0 (II)	004 0 28,560 0 0	0	17,647 0	1,503 0	217,714 0	0
Colin Winter, Senior Director of EE	(I) 126,4 (II)	82,000 0 82,000	0	14,300	26,903 0	249,642 0	0
John Simon, Ex-Officio Trustee	(1)	0 276 0	0 0		0 78,935	0 564,006	0

DLN: 93493137020596

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UNIVERSITY OF VIRGINIA DARDEN SCHOOL

Employer identification number

OUI	NDATION 54-6046419							
Pa	art I Types of Property							
	Aut. Words of out.	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri			nts
	Art—Works of art							
	Art—Historical treasures .							
_	Art—Fractional Interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	68	2,935,757	FMV			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other► (rse material)	Х	1	8,084	cost			
26 othe	Other►(er)	Х	11	32,023	cost			
27	O ther ▶()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received by the for which the organization completed F				9			
20-	 During the year, did the organization r 	acama bu	contribution any proporty r	caparted in Dart I lines 1	through 20 that		Yes	No
306								
	it must hold for at least three years fr			, and which is not required	i to be used	_		
	for exempt purposes for the entire hol					30a		No_
	If "Yes," describe the arrangement in					_	\ , .	
31	Does the organization have a gift acco					31	Yes	
32a	Does the organization hire or use third contributions?	a parties or	related organizations to s	olicit, process, or sell no	ncash • • •	32a		No
Ł	If "Yes," describe in Part II]		
33	If the organization did not report an aidescribe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

3 1 1	Supplemental Information. Provide the information required by Part I, lines 30b,
	32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the
	number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part II	The number of contributions or items in column (b) of Part I represents the number of contributions

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137020596

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization	Employer identification number
UNIVERSITY OF VIRGINIA DARDEN SCHOOL	
FOUNDATION	54-6046419

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, line 1 and Part III, line 1	
Form 990, Part VI, Section A, line 1	The authority or delegation of the board of trustees is as follows. The Executive Committe e exercises the authority of the Board of Trustees in directing the management of the business and affairs of the Foundation, except that no committee has the power or authority to i) fill vacancies on the Board or on any of its committees, ii) amend the Articles of Incorporation, iii) adopt, amend, or repeal the By-Laws, iv) approve a plan of merger or consolidation, v) approve the sale, lease or exchange, or the mortgage, pledge or other disposition of all or substantially all of the property and assets of the Foundation, or vi) approve the revocation of the voluntary dissolution proceedings. The Executive Committee must provide a full report of its actions to the Board of Trustees at the regular semi-annual board meetings. Form 990, Part VI, Section A, line 2. Frank M. Sands, Sr. and Frank M. Sands, Jr. have Business & Family Relationships.
Form 990, Part VI, Section B, line 11	After internal review, the Treasurer provided the Form 990 to the Audit/Finance Committee Chair and the Treasurer addressed questions from the Audit/Finance Committee Chair Electr onic copies of the Form 990 are provided to the Full Board in advance of filing
Form 990, Part VI, Section B, Line 12c	Annually, the Foundation distributes a copy of the Conflict of Interest Policy, Policy on University of Virginia Related Foundations, and a Conflict of Interest Form to the Foundat ion's trustees, officers, and key employees. The individuals are required to disclose activity for the next year and verify the activity in the current year.
Form 990, Part VI, Section B, Line 15	DSF offers an incentive compensation program to some of its officers. Each plan is recomme nded by the officer's superior and requires that the officer meet both qualitative and qua ntitative metrics within the officer's specific area(s) of responsibility. Each plan is reviewed for appropriateness based upon external market data. Finally, the incentive plan recommendations along with market data are proposed to DSF's trustee compensation committee prior to the beginning of the plan year and approved by the committee in accordance with the IRS rebuttable presumption of reasonableness standards. After the conclusion of the plan year, the compensation committee reviews and approves any payouts under the incentive plans in advance of payments being made.
Form 990, Part VI, Section C, Line 19	The organization's governing documents, conflict of interest policy, and financial stateme nts are made available to the public upon request
Form 990, Part XII, Line 2c	Oversight of audit There have been no changes during the year in the process for oversight of the audit of the financial statements
FORM 990 PART IX LINE 11G	DESCRIPTION TEACHING FEES, EXEC EDUCATION TOTAL FEES 4605114
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY STAFFING TOTAL FEES 539263
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PROFESSIONAL FEES TOTAL FEES 1112552
FORM 990 PART IX LINE 11G	DESCRIPTION COMMISSIONS TOTAL FEES 41029
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 11361

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

DLN: 93493137020596

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION

Department of the Treasury

Internal Revenue Service

Employer identification number

54-6046419

Part I	Identification of Disregarded	Entities Complete i	f the organization answered "\	es" on Form 990, Part IV, line 33.
--------	-------------------------------	---------------------	--------------------------------	------------------------------------

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total ıncome	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co ent	512(b) ntrolled
						Yes	No
(1) University of Virginia Darden School PO Box 6550	Education	VA	501(C)(3)	2	na		No
Charlottesville, VA 22906 54-6001796							

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	atıon ansv	ered "Ye	s" on Form	990, Part 1	[V, line 3	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											$^{-}$

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	
									ı			

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

chedule K (Form 550) 2014					ı aç	Je J	
Part V Transactions With Related Organizations Complete if the organization answe	red "Yes" on Form	n 990, Part IV, line	e 34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				-	Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1	.a		No	
b Gift, grant, or capital contribution to related organization(s)			[1	b	Yes		
c Gift, grant, or capital contribution from related organization(s)			[1	.c		No	
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)							
f Dividends from related organization(s)			į.	.f		No	
g Sale of assets to related organization(s)			Ī	.g		No	
h Purchase of assets from related organization(s)			Ī	.h		No	
i Exchange of assets with related organization(s)			[:	Li		No	
j Lease of facilities, equipment, or other assets to related organization(s)				Lj		No	
k Lease of facilities, equipment, or other assets from related organization(s)				.k	Yes		
Performance of services or membership or fundraising solicitations for related organization(s)			Ţ:	ıı İ	Yes		
m Performance of services or membership or fundraising solicitations by related organization(s)			[1	.m	Yes		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes		
• Sharing of paid employees with related organization(s)			1	.0	Yes		
p Reimbursement paid to related organization(s) for expenses			<u></u>	.p	Yes		
Reimbursement paid by related organization(s) for expenses			<u> </u>	.q		No	
				\top			
r Other transfer of cash or property to related organization(s)			<u> </u>	lr		No	
s Other transfer of cash or property from related organization(s)				s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including co	overed relationships	and transaction thresholds				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	nt inv	olved/		

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
FORM 990, SCH R, PART V, LINE 1E	LOAN REIMBURSEMENT BY OTHER ORGANIZATIONS UVA HAS AGREED TO REIMBURSE ANY COSTS INCURRED BY THE UNIVERSITY OF
	VIRGINIA DARDEN SCHOOL FOUNDATION FOR LOAN PROGRAMS THE FOUNDATION HAD ENTERED INTO WITH THREE INDEPENDENT THIRD
	PARTIES, WHICH GUARANTEES LOANS FOR INTERNATIONAL STUDENTS THE INTERNATIONAL STUDENT LOAN PROGRAM SUPPORTS THE
	DARDEN SCHOOL'S OBJECTIVES OF ATTRACTING INTERNATIONAL STUDENTS

Schedule R (Form 990) 2014