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EXTENSION GRANTED TO FEBRUARY 15, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

| <u>A</u> | or the | 2014 calendar year, or tax year beginning JUL 1, 2014 and | enaing U | UN 30, 2015 | |
|------------------------|---------------------|---|---------------------------------------|----------------------------------|-----------------------------|
| В | Check if | C Name of organization | | D Employer identification | ation number |
| | applicabl | UNIVERSITY OF VIRGINIA ENGINEERING | ļ | | |
| | Addre | SS DOINIDARTON THE | | | |
| ΪX | Name chang | | • | 54-60 | 52945 |
| Ē | initial return | | Room/suite | E Telephone number | |
| \vdash | Final | PO BOX 400256 | 7100111100110 | | 24-3045 |
| | return. termin | | | G Gross receipts \$ | 3,788,556. |
| | ated Amend | | | | |
| 늗 | —lreturn ⊟Applic | | | H(a) Is this a group ret | |
| L | tion pendir | F Name and address of principal officer of ELTINET 13. DAMPE | | for subordinates? | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates inc | |
| | | empt status X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) (1) | or 527 | | st (see instructions) |
| | | e: > WWW.SEAS.VIRGINIA.EDU/ADMIN/UVEF.PHP | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1953 M | State of legal domicile: VA |
| P | art I | Summary | | ·· · · · · · · · · · · · · · · · | |
| Ð | 1 | Briefly describe the organization's mission or most significant activities $\overline{	ext{SEE}}$ | <u>SCHEDU</u> | LE O | |
| es & Governance | | | | | |
| ű | 2 | Check this box if the organization discontinued its operations or dispositions. | sed of more | than 25% of its net ass | ets |
| 8 | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 28 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | . 26 |
| ဆ | 5 | Total number-of individuals employed in calendar year 2014 (Part V, line 2a) | | 5 | 9 |
| <u> </u> | | Total number of volunteers (estimate if necessary) | | 6 | 26 |
| Activitie Activitie | 1 | | | 7a | 0. |
| , ZX | 1 | Net unrelated business taxable income from Form 990 T, line 34 | | 7b | 0. |
| _a_` ∌ | <u> </u> | Net difference business taxable income from Form 550-1, line 54 - | iê . | Prior Year | Current Year |
| | | Contributions and grants (Part VIII, line 1h) | · · · · · · · · · · · · · · · · · · · | 4,632,527. | 3,248,408. |
| Revenue | 8 | | i - | 0. | 0. |
| \rightarrow 6 | 9 | Program service revenue (Part VIII, line 2g) | , | | |
| ğ É | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | , | 5,347. | 10,225. |
| <u> </u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | ۳ | 46,925. | 62,804. |
| OCTUMED Rev | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 4,684,799. | 3,321,437. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 2,356,431. | 2,424,968. |
| 2 | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | <u> </u> |
| Š, | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 826,635. | <u>871,127.</u> |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| g | Ь | Total fundraising expenses (Part IX, column (D), line 25) 1,044,6 | 66. | | |
| ũ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 884,900. | 767,664. |
| | 1 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 4,067,966. | 4,063,759. |
| | 1 | Revenue less expenses Subtract line 18 from line 12 | | 616,833. | -742,322. |
| 70 | 3 | Trevende 1833 expenses Gubriaet line to nom line 12 | Ro | ginning of Current Year | End of Year |
| Net Assets or | 3 00 | Total assets (Part V. line 16) | 00 | 24,833,731. | 24,891,655. |
| SSE | 20 | Total assets (Part X, line 16) | | 103,778. | 83,736. |
| et / | 21 | Total liabilities (Part X, line 26) | | 24,729,953. | 24,807,919. |
| 7 | 22 | Net assets or fund balances Subtract line 21 from line 20 | | 44, 149, 933. | 24,007,313. |
| | art II | | | | 1 1. d d b alaf dan |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedule | | | knowledge and belief, it is |
| true | e, corre | ct, and complete. Declarated of openarer (other than officer) is based on all information of w | hich preparer | has any knowledge. | |
| | | / June | | 12-21- | - 2013 |
| Sig | gn . | Signature & officer | | Date | |
| He | re | JEFFREY E. SANDS, ASSOCIATE DEAN & EX | ECUTIV | E DIRECTOR | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name | | Date Check | PTIN |
| Pai | d | W. KEITH HANEY W. KUCH HANEY | neg | self-employer | P00320032 |
| | parer | Firm's name HANTZMON WIEBEL LLP, CPA'S | | Firm's EIN | 54-0618213 |
| | Only | Firm's address 818 E. JEFFERSON ST., P.O. BOX | 1408 | | |
| 500 | , | CHARLOTTESVILLE, VA 22902 | | Phone no / 43 | 34)296-2156 _ |
| N.4. | w tha ! | RS discuss this return with the preparer shown above? (see instructions) | | Timone no. (4. | X Yes No |
| | | | | | Form 990 (2014) |
| 432 | 001 11-0 | p7-14 LHA For Paperwork Reduction Act Notice, see the separate instruction | UNS. , | | FORTH 330 (2014) |

| | 990 (2014) FOUNDATION, INC. | 54-6052945 | Page 2 |
|----------|--|---------------------------|---------------|
| Pa | rt III Statement of Program Service Accomplishments | | , |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission | | |
| | THE UNIVERSITY OF VIRGINIA ENGINEERING FOUNDATION SUPPOR | | ION_ |
| | OF THE UNIVERSITY OF VIRGINIA SCHOOL OF ENGINEERING AND | | |
| | SCIENCE BY LEADING EFFORTS TO BUILD AND SUSTAIN BENEFICE | | _ |
| | RELATIONSHIPS AND BY RAISING, INVESTING, MANAGING AND PR | ROVIDING | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | <u> </u> | (Tan) |
| | the prior Form 990 or 990-EZ? | L Yes | X No |
| | If "Yes," describe these new services on Schedule O | r—1 | [|
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | L Yes | X No |
| | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | rs, the total expenses, a | and |
| | revenue, if any, for each program service reported | | |
| 4a | (Code) (Expenses \$ 2,424,968. including grants of \$ 2,424,968.) (Revenue GRANTS & ALLOCATIONS - THE FOUNDATION PROVIDES GRANTS & | | TO ' |
| | THE UNIVERSITY OF VIRGINIA SCHOOL OF ENGINEERING & APPLI | | _10 |
| | (ENGINEERING SCHOOL) AND OTHER ORGANIZATIONS AND STUDEN | | |
| | BENEFIT OF THE ENGINEERING SCHOOL. | TID FOR THE | |
| | BUILTI OF THE ENGINEERING SCHOOL: | | |
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| | | | |
| | | | |
| 4b | (Code) (Expenses \$ 158,019. including grants of \$) (Revenue | ue \$62, | 804.) |
| | SUPPORT SERVICES - IN ADDITION TO FUND RAISING ACTIVITIES | ES, THE | |
| | FOUNDATION PROVIDES INFORMATIONAL SERVICES TO THE GENERAL | AL PUBLIC & | |
| | AUXILIARY SUPPORT TO THE UVA SCHOOL OF ENGINEERING. | | |
| | | <u></u> | |
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| | | | |
| | | | |
| 4c | (Code) (Expenses \$ | ie \$ |) |
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| | | | <u>_</u> |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| →u | Other program services (Describe in Schedule O) | 1 | |
| 40 | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 2,582,987. | | |
| <u> </u> | A 1 3 0 2 1 3 0 1 1 | Eorm C | 90 (2014) |
| 43200 | 2 | FOIIII | (2U14) |

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Form 990 (2014) FOUNDATION, INC.
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)? | | | |
| | If "Yes," complete Schedule A | 1_ | X | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 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_ | | X |
| 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 | . <u> </u> | X |
| 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_ | | X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 3.7 |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7_ | <u> </u> | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | • |
| _ | Schedule D, Part III | _8_ | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | l |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | x |
| 10 | If "Yes," complete Schedule D, Part IV | 9_ | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | ĺ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | 10 | | |
| •• | as applicable | - | | - |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | 1 |
| - | Part VI | 11a | Х | |
| 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 | Х | |
| 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 | | X |
| 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 | | | İ |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| 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 | X | ļ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | <u>12a</u> | X | |
| þ | 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | | |
| D | 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 | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 170 | | -21 |
| 10 | foreign organization? If "Yes, " complete Schedule F, Parts II and IV | 15 | | x |
| 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 | } | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | 1 | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | L | Х |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | <u> </u> | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | ļ | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | <u> </u> | |
| | | Form | 990 | (2014) |

54-6052945 Page 4 Form 990 (2014) FOUNDATION, INC. Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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? If "Yes," complete Schedule J Х 23 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 X Schedule K If "No", go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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 Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X Schedule L. Part I 25b 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," X 26 -complete Schedule L. Part II 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 Х 27 of any of these persons? If "Yes," complete Schedule L, Part III 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) X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation <u>3</u>0 Х contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32

Schedule N. Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

Х

X

Х

X

33

34

35a

35b

36

37

X

| Par | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | | |
|-----|--|------------|-----------|-----|--|
| | Check if Schedule O Contains a response of flote to any line in this fact v | | | Yes | No |
| 12 | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 16 | | 163 | NO |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. | 0 | ſ | 1 | İ |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | |
| | (gambling) winnings to prize winners? | I . | 1c | | İ |
| 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 | 9 | Í | ı | ĺ |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | х | 1 |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | Li | 3a_ | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | 1 | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | - 1 | 1 | ĺ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u> </u> | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <u></u> | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | - | 5с | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so | olicit | ĺ | | |
| | any contributions that were not tax deductible as charitable contributions? | <u> </u> - | 6a_ | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | 1 | | |
| _ | 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 | | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | - | <u>7b</u> | | \vdash |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| а | If "Yes," indicate the number of Forms 8282 filed during the year | | 70 | | |
| | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| g | | | 7g | | |
| _ | and the second of the second o | | 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | j | J | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | _ | 9a | | ļ |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | _ | 9b | | ↓ |
| 10 | Section 501(c)(7) organizations. Enter | Į | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | - } | | ļ |
| b | · · · · · · · · · · · · · · · · · · · | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | |
| а | Gross income from members or shareholders | | - 1 | | |
| b | | - | | | |
| 40 | amounts due or received from them) | | 40. | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | H | 12a | | \vdash |
| | | —— | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | 13a | | |
| а | 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 | <u> </u> | , Ça | | |
| b | | | | | |
| | organization is licensed to issue qualified health plans | | | | |
| С | | | | | } |
| 14a | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 14b | | |
| | | | Form | 990 | (2014 |

UNIVERSITY OF VIRGINIA ENGINEERING 54-6052945 Form 990 (2014) FOUNDATION, INC. Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 28 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 26 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a. The governing body? 8a Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization 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 Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, CO, MD, MA, MI, MN, NH, NJ, NY, NC, OH, OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X 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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► _ UNIVERSITY OF VIRGINIA FUND - 434-243-9015

SEE SCHEDULE O FOR FULL LIST OF STATES

_211 EMMET STREET S., CHARLOTTESVILLE, VA 22903

Form **990** (2014)

Form 990 (2014)

FOUNDATION, INC.

<u>54-605294</u>5

Page 7

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

| Check if Schedule O | contains a re | sponse or r | note to an | y line in tl | his Part VII |
|---------------------|---------------|-------------|------------|--------------|--------------|
| | | | | | |

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

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

| Check this box if neither the organization no (A) | (B) | | | (C Posi | >) | | | (D) | (E) | (F) |
|---|-------------------|--------------------|-----------------------|------------|------|------------------------------|----------|---------------------------------------|------------------------------|------------------------|
| Name and Title | Average | | not c | heck i | more | than | | Reportable | Reportable | Estimated amount of |
| | hours per week | | | | | s botl r/trus | | compensation | compensation from related | other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | r director | | | | pa Ed | | organization | (W-2/1099-MISC) | from the |
| | related | stee or | ustee | | | esusa | | (W-2/1099-MISC) | | organization |
| | organizations | al tru: | ona! tı | | Jose | comp | | | | and related |
| | below line) | Individual trustee | Institutional trustee | Officer | y em | Highest compensated employee | Former | _ | | organizations |
| (1) JAMES H. AYLOR | 4.00 | 드 | 트_ | 0 | ¥ | ±Ψ | | | | |
| EX-OFFICIO TRUSTEE | 4.00 | x | | | | | | 0. | 0. | 0 |
| (2) JOHN DEMASO | 10.00 | - | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0 |
| (3) CHARLES P. BLANKENSHIP, JR. PHD | 1.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0 |
| (4) DAVID S. GEE | 1.00 | | | | | | | | | |
| PRESIDENT | | X | | X | | ļ | | 0. | 0. | 0 |
| (5) JEFFREY E. SANDS | 40.00 | | | | | | | | _ | |
| EXECUTIVE DIRECTOR | | X | | X | | _ | | 187,621. | 0. | 31,331 |
| (6) MICHAEL N. GARRETT | 1.00 | | | | | | | | | _ |
| SECRETARY | | X | | X | | | | 0. | 0. | 0 |
| (7) WILLIAM S. GARRETT | 1.00 | | | | | | ļ | | | |
| TRUSTEE | 4 00 | X | | | | | | 0. | 0. | 0 |
| (8) SIDNEY M. HARRISON, JR. | 1.00 | | | | | 1 | l | | | |
| TRUSTEE | 7 00 | X | | | | | | 0. | 0. | 0 |
| (9) VIVEK M. JOSHI | 1.00 | ٠, | | | | 1 | ĺ | 0. | 0. | _ |
| TRUSTEE | 1 00 | X | | | - | | \vdash | 0. | <u> </u> | 0 |
| (10) FRANCES K. O'SULLIVAN | 1.00 | X | | | | | | 0. | 0. | 0 |
| TRUSTEE | 1.00 | ^ | - - | | - | \vdash | - | | | |
| (11) DAVID T. PERRY TRUSTEE | 1.00 | X | | | Į | | | 0. | 0. | 0 |
| (12) AMB. ALTON G. KEEL, JR | 1.00 | | | \vdash | - | | | | | |
| TRUSTEE | | х | | | İ | ŀ | | 0. | 0. | 0 |
| (13) DAVID MILLER | 1.00 | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| ADVANCEMENT COMMITTEE CHAI | | x | | | | | | 0. | 0. | 0 |
| (14) JOHN D. STOKELY, JR. | 1.00 | | | | | | - | | | |
| TRUSTEE | | X | | | | | | _ 0. | 0. | 0 |
| (15) ROBERT BREMER | 4.00 | | | | | | | | | |
| TREASURER | | X | L. | Х | | | | 16,846. | 0. | 2,510 |
| (16) RANDOLPH V. DANIEL, IV | 1.00 | | | | | 1 | | | | |
| STRATEGIC PLANNING COMM, C | | Х | <u> </u> | | _ | $ldsymbol{f eta}$ | L | 0. | 0. | 0 |
| (17) RUTH FIRSCHING HAILE | 1.00 | | | | | | | | _ | _ |
| FINANCE COMMITTEE CHAIR | | X | | <u> </u> | | <u> </u> | | 0. | 0. | Form 990 (201 |

Form **990** (2014)

FOUNDATION, INC.

| Part VII | Section A. Officers, Directors, Trus | tees, Key Em | oloy | ees, | and | Hi | ghe | st C | ompensated Employe | es (continued) | | | |
|----------|---|-----------------------|--------------------------------|--|----------|------------------|---------------------------------|----------|---------------------------|---|----------|-------------|--------------------|
| | (A) | (B) | | | (0 | ;) | | | (D) | (E) | | | (F) |
| | Name and title | Average | (do | not cl | Posi | | | nne. | Reportable | Reportable | | Est | imated |
| | | hours per | box | , unle: cer an | ss per | son i | s bot | n an | compensation | compensation | ۱ | | ount of |
| | | week (list any | ⊢ | | 0 2 0 | 100.0 | T | , | from the | from related organizations | l | | other pensation |
| | | hours for | Individual trustee or director | | | | | | organization | (W-2/1099-MIS | | | m the |
| | | related | ee or | stee | | | nsate | | (W-2/1099-MISC) | (** = ********************************* | | orga | inization |
| | | organizations | T ts | Institutional trustee | | yee | Highest compensated employee | | , , | | | _ | related |
| | | below | wdua | tutio | Je: | Key employee | hest c | Former | | | İ | orga | nizations |
| | | line) | 豆 | Inst | Officer | Key | ₹5 | 5 | | | | | · |
| (18) STE | VEN L. RABER | 1.00 | | | | | | | | | | | • |
| TRUSTEE | | | X | | _ | | _ | | 0. | | 0. | | 0. |
| (19) WIL | LIAM TALBERT | 1.00 | | | | | | | | | | | • |
| TRUSTEE | | 1 2 2 | X | | | | | | 0. | | 0. | | 0. |
| (20) LOR | IA YEADON | 1.00 | | | | | | | | | _ | | ^ |
| TRUSTEE | | 1 00 | X | _ | | | - | | 0. | | 0. | | 0. |
| (21) J. | MILTON ADAMS, PHD | 1.00 | | | | | | | | | _ | | 0 |
| TRUSTEE | | 1 00 | X | <u> </u> | <u> </u> | | - | - | 0. | | 0. | | 0. |
| (22) KEN | NETH A. BRONFIN | 1.00 | ., | | | | | | 0. | | 0. | | 0. |
| TRUSTEE | | 1 00 | X | - | | | | | 0. | | ٠. | | <u> </u> |
| | K GOGOLEWSKI | 1.00 | · | | | | | | 0. | | ο. | | 0 . |
| TRUSTEE | | 1.00 | X | ├ | - | | \vdash | - | | | ٠. | | |
| | ID A. HEACOCK | 1.00 | X | | | _ | | | 0. | - | 0. | | 0 |
| TRUSTEE | VOND 7 WILVED DUD | 1.00 | ^ | | | - | | | | | <u> </u> | | |
| | MOND J. KILMER, PHD | 1.00 | x | | | | | | 0. | | 0. | | 0 |
| TRUSTEE | AN J. JACKSON | 1.00 | 1 | | | | <u> </u> | - | | | | | |
| TRUSTEE | AN U. UACKSON | 1.00 | X | | | | | | 0. | | 0. | ı | 0 |
| 1b Sub- | total | | 1 | | | ı | | — | 204,467. | | 0. | 3 | 3,841 |
| | I from continuation sheets to Part VI | I. Section A | | | | | | • | 0. | - | 0. | | 0 |
| | l (add lines 1b and 1c) | , 000 | | | | | | • | 204,467. | | 0. | 3 | 3,841 |
| | I number of individuals (including but n | ot limited to th | nose | liste | ed al | bov | e) wl | no r | eceived more than \$100 | 0,000 of reportable | <u></u> | | |
| | pensation from the organization | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | | Yes No |
| 3 Did t | he organization list any former officer, | director, or tri | uste | e, ke | y er | nplo | yee | , or | highest compensated e | mployee on | | | |
| line 1 | a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | <u> </u> |
| | any individual listed on line 1a, is the su | | | | | | | | | the organization | | - | _ |
| and | related organizations greater than \$15 | 0,000? If "Yes, | ," cc | mpl | ete S | Sch | edul | e J | for such individual | | | 4 | Х |
| 5 Did a | any person listed on line 1a receive or a | accrue compe | nsat | tion | from | ary | y uni | ela | ted organization or indiv | idual for services | | | |
| | ered to the organization? If "Yes," com | plete Schedu | e J | for s | uch | per | son | | | | | 5 | X |
| | 3. Independent Contractors | | | | | | | | | | | | |
| | plete this table for your five highest co | | | | | | | | | | pens | ation i | rom |
| the c | organization Report compensation for | the calendar y | /ear | end | ing v | vith | or w | /ithi | | year | | | ··· |
| | (A) Name and business | address | | | | | | | (B) Description of | services | c | O) eamo: | nsation |
| MOLINIO | AIN HIGH MEDIA LLC, | | СT | | | | | _ | | | | | |
| | RSON ST., CHARLOTTE | | | | 220 | an | 2 | | MARKETING CO | NSIILTING | | 20 | 2,329 |
| OEFFE. | RSON SI., CHARDOITE | 2 A TTTT ⁷ | V | <u> </u> | <u> </u> | , , , | 4 | | MMINDIINO CC | HOUBITHO | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | _ | | _ | | | | <u> </u> | | | | |
| | | · | | | | | | | | | | | |
| | | | _ | | | | | | <u> </u> | | | | |
| 2 Tota | I number of independent contractors (| including but i | not l | ımıte | d to | the | se li | ste | d above) who received r | nore than | | | |
| | 0,000 of compensation from the organ | | | | | | 1_ | | | | | | |
| S | EE PART VII, SECTIO | N A CON | ΤI | NU. | AT: | IO: | N · | SH | EETS | | | Form | 990 (2014 |

Form 990 54-6052945 FOUNDATION, INC. Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated (check all that apply) compensation compensation amount of hours from from related other per week the organizations compensation Highest compensated employee (W-2/1099-MISC) from the Individual trustee or director organization (list any (W-2/1099-MISC) organization hours for Institutional trustee and related related Key employee organizations organizations below Former Officer (ine) 1.00 (27) GLENN M. MCGONNIGLE X 0. 0. 0. AUDIT COMMITTEE CHAIR 1.00 (28) PAUL K. VOIGT 0 0. 0. X TRUSTEE 1.00 (29) STEPHEN H. WADSWORTH X 0. 0. 0. TRUSTEE

Total to Part VII, Section A, line 1c

FOUNDATION, INC.

| [T al | LVII | Check if Schedule O conf | | or note to any lin | o in this Part VIII | | | [|
|--|----------|---|-------------------|--------------------|---------------------|--|---|--|
| | | Check if Schedule O com | tains a response | or riote to any in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts Tts | 1 a | Federated campaigns | 1a | | | | | |
| Sa Ou | b | Membership dues | 1b | | | | | |
| A, (| С | Fundraising events | 1c | | | | | |
| ia g | d | Related organizations | 1d | | | | | |
| Si S | е | Government grants (contribut | tions) 1e | | , | | | |
| e jë | f | All other contributions, gifts, gran | | | | ł | | |
| 들 | | similar amounts not included abo | | 248,408. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | Noncash contributions included in lines | s 1a-1f \$ | <u> 193,681</u> | 2 242 422 | | | |
| 0 6 | <u>h</u> | Total. Add lines 1a 1f | | | 3,248,408. | | | |
| | • | | | Business Code | | | | |
| Š | 2 a | | | | | | | |
| Ser | b | | | | | | | |
| Program Service Revenue | c d | | | | | | | |
| | u _ | | | | | | | |
| <u>r</u> | f | All other program service reve | enue | <u> </u> | | | · | |
| 1 | | Total. Add lines 2a 2f | 0.1.23 | • | | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| - | | other similar amounts) | | > | 13,269. | - | - | 13,269. |
| | 4- | Income from investment of ta | x-exempt bond p | oroceeds 🕨 | | | | |
| | 5 | Royalties | | | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| 1 | b | Less rental expenses | | | | | | |
| ŀ | | Rental income or (loss) | | <u></u> | | | | |
| ł | | Net rental income or (loss) | | D | | | | |
| ļ | 7 a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| ! | | assets other than inventory | 464,075. | | | | | |
| { | b | Less cost or other basis | 467,119. | | | | | |
| İ | _ | and sales expenses Gain or (loss) | -3,044. | | | | | |
| | | Net gain or (loss) | _3,044. | > | -3,044. | | | -3,044. |
| | | Gross income from fundraisir | na events (not | | 3,011. | | · · · · - · · · · · | |
| nue | | including \$ | of | | | | - | |
| Other Revenu | | contributions reported on line | | 1 | | | | |
| œ | | Part IV, line 18 | а | , , | |] | | |
| the | b | Less direct expenses | b | | | | | |
| ١ | С | Net income or (loss) from fun | draising events | > | | | | |
| | 9 a | Gross income from gaming a | ctivities See | | | | | i |
| | | Part IV, line 19 | а | | | | | |
| 1 | b | Less direct expenses | b | | | | | |
| 1 | | Net income or (loss) from gar | = | | | | | |
| 1 | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | а | | | | | 1 |
| | | Less cost of goods sold | b | | | | | |
| ŀ | | Net income or (loss) from sale | | | | | | |
| ŀ | | Miscellaneous Revenu | | Business Code | 62 904 | 62,804. | | |
| ł | | GIFT ASSESSMENT | ī. | 900099 | 62,804. | 02,004. | | |
| | b | | | | | | | - |
| | c | All other revenue | | | | | | |
| ĺ | - | Total. Add lines 11a-11d | | | 62,804. | | | |
| | 12 | Total revenue See instructions. | | | 3,321,437. | 62,804. | 0. | 10,225. |
| 43200 | | | · | | | | | Form 990 (2014) |

Form 990 (2014) FOUNDATION, INC.

Part IX | Statement of Functional Expenses

| | Check if Schedule O contains a respons | | his Part IX | (6) | <u>(D)</u> |
|--------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 2,424,968. | 2,424,968. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | : | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 262 500 | | 142,509. | 120,080 |
| • | trustees, and key employees | 262,589. | | 142,503. | 120,000 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) | 456,879. | 44,517. | 93,245. | 319,117 |
| 7 8 | Other salaries and wages | 430,073. | 44,311. | 93,243. | 319,111 |
| 0 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 50,062. | 5,108. | 8,613. | 36,341 |
| 9 | Other employee benefits | 68,247. | 3,112. | 16,400. | 48,735 |
| 10 | Payroll taxes | 33,350. | 3,265. | 6,635. | 23,450 |
| 11 | Fees for services (non-employees) | 33,330. | - 3,203. | 0,033. | 23,430 |
| ''a | Management | 55,250. | 28,768. | 26,482. | |
| b | Legal | 5,273. | 20,7000 | 5,273. | |
| C | Accounting | 17,730. | | 17,730. | |
| d | · · · · · · · · · · · · · · · · · · | 17,730. | | 2.7.500 | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | - | | | |
| g | . | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | 30,744. | | 29,675. | 1,069 |
| 12 | Advertising and promotion | 256,637. | 3,280. | 1,121. | 252,236 |
| 13 | Office expenses | 32,326. | | 19,874. | 12,452 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 749. | | 749. | |
| 17 | Travel | 91,263. | 5,125. | | 86,138 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 2,208. | 485. | 475. | 1,248 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | · · | | | |
| 22 | Depreciation, depletion, and amortization | 778. | | 778. | |
| 23 | Insurance | 18,096. | | 18,096. | <u> </u> |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | ALUMNI AND PARENT ACTIV | 173,078. | 251. | 40,905. | 131,922 |
| b | CTEM ACCRECION FRANCE | 62,804. | 62,804. | | |
| C | MISCELLANEOUS | 20,728. | 1,304. | 7,546. | 11,878 |
| d | | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 4,063,759. | 2,582,987. | 436,106. | 1,044,666 |
| 26 | Joint costs Complete this line only if the organization | | | | · |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| | tΧ | Balance Sheet | | | 0032343 Fage 11 |
|-----------------------------|----------|---|--------------------------|----------|---------------------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | ···· | 1 | |
| | 2 | Savings and temporary cash investments | 4,183,081. | 2 | 4,399,088. |
| | 3 | Pledges and grants receivable, net | 3,796,214. | 3 | 2,389,887. |
| | 4 | Accounts receivable, net | | 4 | 550,271. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| l | 6 | Loans and other receivables from other disqualified persons (as defined under | | 1 | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| Assets | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instr) Complete Part II of Sch L | | _6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| ` | 8 | Inventories for sale or use | 20 402 | 8 | 20 520 |
| | 9 | Prepaid expenses and deferred charges | 38,183. | 9 | 30,732. |
| | 10a | Land, buildings, and equipment cost or other | | Ì | |
| | | basis Complete Part VI of Schedule D 10a 54,543. | 1 122 | | 355 |
| | | Less accumulated depreciation 10b 54,188. | 1,133. | | 355. |
| | 11 | Investments - publicly traded securities | 2,674,177. | 11 | 2,389,622. |
| _ ' | 12 | Investments other securities See Part IV, line 11 | 11,739,073. | 12 | 13,130,210. |
| | 13 | Investments · program-related See Part IV, line 11 | | 13_ | |
| , | 14 | Intangible assets | 2,401,870. | 14 | 2,001,490. |
| | 15 | Other assets See Part IV, line 11 | 24,833,731. | 15 16 | 24,891,655. |
| | 16 17 | Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses | 103,778. | 17 | 83,736. |
| | 18 | Grants payable | 103,770. | 18 | 03,730. |
| | 19 | Deferred revenue | - | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | ~ |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| s | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons | | | |
| lide | | Complete Part II of Schedule L | | 22 | |
| Ę | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | - | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 103,778. | 26 | 83,736. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| Se | | complete lines 27 through 29, and lines 33 and 34. | | | |
| ŭ | 27 | Unrestricted net assets | 3,071,197. | 27 | 3,006,434. |
| 3ala | 28 | Temporarily restricted net assets | 10,850,070. | 28 | 9,455,479. |
| Pd. | 29 | Permanently restricted net assets | 10,808,686. | 29 | 12,346,006. |
| Fu | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ŏ | | and complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | <u> </u> |
| Ass | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Z | 33 | Total net assets or fund balances | 24,729,953. | 33 | 24,807,919. |
| | 34 | Total liabilities and net assets/fund balances | 24,833,731. | 34 | 24,891,655. Form 990 (2014) |

Form **990** (2014)

| | 990 (2014) FOUNDATION, INC. | 54-60 | 52945 | Pag | _{7e} 12 |
|----|---|-----------|--------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,321 | .,4 | <u>37.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,063 | 3,7 | <u>59.</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -742 | 2,3 | <u>22.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24,729 | 9,9 | <u>53.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | 820 |),2 | 88. |
| 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 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 24,807 | 7,9 | 19. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | \mathbf{x} |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | _ | | ĺ |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both | | | | 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | - | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | 1 |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | 1 |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audıt | | | |
| | Act and OMB Circular A-133? | _ | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2014)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

2014

OMB No. 1545-0047

Inspection

Internal Revenue Service

Name of the organization

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

UNIVERSITY OF VIRGINIA ENGINEERING Emplo

Employer identification number

54-6052945 FOUNDATION INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g I Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (ii) EIN organization (described on lines 1-9 support (see other support (see governing document? above or IRC section instructions) (instructions) (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A [Form 990 or 990 EZ] 2014 FOUNDATION, INC.

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec | tion A. Public Support | | | | | | |
|-----|--|---------------------|---|-------------------------|------------------------|---------------------|--------------------|
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | ınclude any "unusual grants ") | 4,244,191, | 6,844,043. | 2,986,104, | 4,632,527. | 3,248,408, | 21,955,273, |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | 1 | | ļ | |
| | furnished by a governmental unit to | | J | J | | J | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | 4,244,191. | 6,844,043, | 2,986,104. | 4,632,527. | 3,248,408. | 21,955,273, |
| 5 | The portion of total contributions | | | į. | | | |
| | by each person (other than a | | Ì | | | | |
| | governmental unit or publicly | | | | ļ | ļ | |
| | supported organization) included | | | İ | | Ì | |
| | on line 1 that exceeds 2% of the | | | , | | | |
| | amount shown on line 11, column (f) | | | ľ | 1 | Ì | |
| c | '' | | | | | - | 6,074,771, |
| | Public support. Subtract line 5 from line 4 | | | | | | 15 880 502. |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | Amounts from line 4 | 4,244,191. | 6 844 043 | 2,986,104, | 4,632,527. | 3,248,408, | 21 955 273. |
| 8 | Gross income from interest, | | , | | | | |
| | dividends, payments received on | | 1 | | | | |
| | securities loans, rents, royalties | | ł | | | ļ | |
| | and income from similar sources | 136,027. | 1,051. | 1,161. | 7,814. | 13,269. | 159,322. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain | | | | ĺ | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 22,114,595, |
| 12 | Gross receipts from related activities, | etc (see instructio | ns) | | Į | 12 | <u>259,147.</u> |
| 13 | First five years. If the Form 990 is for | | first, second, third | I, fourth, or fifth tax | year as a section | n 501(c)(3) | . \square |
| 57 | organization, check this box and stor ction C. Computation of Publ | here | contogo | | | | |
| | | | | -1 (0) | | 44 | 71.81 % |
| | Public support percentage for 2014 (I | | • | olumn (t)) | | 14 | 71.81 % 69.12 % |
| | Public support percentage from 2013 33 1/3% support test - 2014. If the control o | | | line 12 and line 1 | ا 4 ده 22 1/20/ محص | 15 | |
| 104 | stop here. The organization qualifies | | | i iiile 13, and iiile 1 | 4 15 33 1/376 01 11 | iore, check this be | ►X |
| H | 33 1/3% support test - 2013. If the c | | _ | ne 13 or 16a and I | ine 15 is 33 1/3% | or more check th | |
| - | and stop here. The organization qual | | | | "" 13 15 66 17670 | or more, erroen u | <i>™</i> |
| 17a | 10% -facts-and-circumstances tes | • • | · · | | 13. 16a. or 16b. a | and line 14 is 10% | or more. |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | J- | ▶□ |
| b | 10% -facts-and-circumstances tes | • | | • | - | 7a, and line 15 is | 10% or |
| _ | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | | | | | | ▶□ |
| 18 | Private foundation. If the organization | | • | | | | s ▶ □ |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2014 |

432022 09-17-14

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

| Section A. Public Support | ow, please com | piete Fait II / | | | | |
|--|------------------|-----------------------|--|----------------------|-----------------------|-------------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | · | <u> </u> | | - | - | - |
| b 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 | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | l | L | ļ | |
| Section B. Total Support | | | - | T | | |
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | <u> </u> | al formation of the contract o | | F01/-1/01 | |
| 14 First five years. If the Form 990 is for t | ne organization' | s tirst, second, thii | ra, rourtn, or tirth t | ax year as a section | on out (c)(3) organiz | auon, |
| check this box and stop here Section C. Computation of Public | Support Pe | rcentage | | | | |
| 15 Public support percentage for 2014 (lin | | | column (fl) | | 15 | |
| 16 Public support percentage for 2014 (iii) | | • | Solutini (1)) | | 16 | % |
| Section D. Computation of Invest | | | | | | |
| 17 Investment income percentage for 201 | | | | - | 17 | % |
| 18 Investment income percentage from 20 | | | , | | 18 | % |
| 19a 33 1/3% support tests - 2014. If the o | | | on line 14, and line | e 15 is more than | | |
| more than 33 1/3%, check this box and | | | | | | |
| b 33 1/3% support tests - 2013. If the c | = | = | | | | and |
| line 18 is not more than 33 1/3%, chec | = | | | | | |
| 20 Private foundation, If the organization | did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | |

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

| Sec | Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V) tion A. All Supporting Organizations | | | |
|-----|---|-----------|--------------|--|
| | tion A. All Supporting Organizations | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? 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 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2) | _ 2 | | 1 |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below | 3a | | |
| b | 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 | 1 | į | 1 |
| | organization made the determination | 3b | <u> </u> | |
| С | 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. | <u>3c</u> | ļ | ļ |
| 4a | 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_ | ļ | <u> </u> |
| b | 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 | ļ | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | Ì | | ļ |
| | under sections 501(c)(3) and 509(a)(1) or (2)? 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) | l | 1 | |
| | purposes | 4c | | |
| 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, | ĺ | İ | ĺ |
| | (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action | | } | ļ |
| | was accomplished (such as by amendment to the organizing document) | 5a | - | |
| þ | 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 | ļ | | |
| | anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class | 1 | | 1 |
| | 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 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial | | 1 | |
| | contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent | l | | |
| | controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) | 7 | | |
| 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 I of Schedule L (Form 990) | 8 | + | ├ |
| 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 | | ├ |
| þ | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which | ľ | ĺ | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | + | ┼ |
| 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. | <u>9c</u> | + | |
| 10a | 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 | | | 1 |
| | organizations)? If "Yes," answer (b) below | 10a | + | + |
| Ь | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | 1 | 1 |

Schedule A (Form 990 or 990-EZ) 2014

14281211 700786 06223

determine whether the organization had excess business holdings)

| | dule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC. | <u> 54-605294</u> | 5 P | age 5 |
|-----|---|----------------------|-------------|--|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | ŀ | |
| а | 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 | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | 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 | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 1 | |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | | | | ļ |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | 1 | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | l | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | 1 | |
| _ | 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 | Ì | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | | L |
| Sec | tion 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 | | |
| Sec | tion D. 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 ta | × | | , |
| | 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 | | ! |
| 2 | | | | |
| 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 | | ļ | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | - | |
| 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 | | 1 | |
| _ | supported organizations played in this regard | 3_ | | <u> </u> |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see In | structions): | | |
| а | The organization satisfied the Activities Test. Complete line 2 below | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government ent | ity (see instruction | s) | |
| 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 | | 1 | |
| | that these activities constituted substantially all of its activities | 2a | | |
| ь | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | 1 | t |
| | 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 | | | |
| | | 2b | 1 | |
| _ | activities but for the organization's involvement | 20 | +- | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | 1 | |
| а | | | | |
| | trustees of each of the supported organizations? Provide details in <i>Part VI</i> . | 3a | ╁ | +- |
| 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_ | | |

| | dule A [Form 990 or 990-EZ] 2014 FOUNDATION, INC. | | | <u>4-6052945 Page</u> |
|------|---|---------------|----------------------------------|--------------------------------|
| Pai | Type in item i diletterially integrated ecolaries cupper in | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on I | Nov 20, 1970. See instr u | uctions. All |
| | other Type III non-functionally integrated supporting organizations must co | omplete Se | ctions A through E | ···- |
| Sect | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| _1_ | Net short-term capital gain | 1 | <u></u> | <u> </u> |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | <u></u> |
| 4 | Add lines 1 through 3 | 4 | | <u> </u> |
| 5 | Depreciation and depletion | 5 | <u> </u> | |
| 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 | | |
| Sect | ion B - Mınimum 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) | | | |
| 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 | | |
| е | 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 | | <u> </u> |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | · | |
| Sect | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly-integrate | ed Type III supporting org | anization (see |

Schedule A (Form 990 or 990-EZ) 2014

instructions)

| | Jule A (Form 990 or 990-EZ) 2014 FOUNDATION, I | | | 4-6052945 Page 7 |
|----------|---|-------------------------------|------------------------|------------------|
| Par | V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
| Section | on D - Distributions | | | Current Year |
| 1_ | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| _7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | • | |
| | (provide details in Part VI) See instructions | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | | | Pre-2014 | Amount for 2014 |
| | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014 | | | |
| <u>a</u> | | | <u> </u> | |
| b | | | | |
| С | | | | |
| d | | | | |
| | From 2013 | | , | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | * |
| | Applied to 2014 distributable amount | | | |
| | Carryover from 2009 not applied (see instructions) | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7 \$ | | | |
| | Applied to underdistributions of prior years | | <u> </u> | |
| | Applied to 2014 distributable amount | | | |
| <u>_</u> | 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 3; | | | |
| | and 4c | | | |
| _8_ | Breakdown of line 7 | | | |
| a | | | | - |
| <u> </u> | | | | |
| <u>C</u> | | | | |
| | Excess from 2013 | | | |
| е | Excess from 2014 | l | | <u> </u> |

Schedule A (Form 990 or 990-EZ) 2014

UNIVERSITY OF VIRGINIA ENGINEERING 54-6052945 Page 8 Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC. Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D

(Form 990)

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.

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

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF VIRGINIA ENGINEERING

Employer identification number 54-6052945

| Pa | irt I Organizations Maintaining Donor Advised | Funds or Other Similar Funds | or Accounts. Complete if the |
|----|---|--|--|
| | organization answered "Yes" to Form 990, Part IV, line 6 | | |
| | Signification answered 103 to 10111 330; 1 art 17, into | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (4) 50.00 10.00 | |
| 2 | | | |
| | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | No. 14 to 14 to 15 | d & |
| 5 | Did the organization inform all donors and donor advisors in wr | • | |
| _ | are the organization's property, subject to the organization's ex | | L Yes L No |
| 6 | Did the organization inform all grantees, donors, and donor adv | • • | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose c | |
| Pa | int il Conservation Easements. Complete if the organ | | Yes No |
| | | | Int IV, line / |
| 1 | Purpose(s) of conservation easements held by the organization | | weather was a stand land and |
| | Preservation of land for public use (e.g., recreation or edi | · — | rically important land area |
| | Protection of natural habitat | Preservation of a certification | led historic structure |
| _ | Preservation of open space | A second of the second of the second of | f |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | d conservation contribution in the form o | t a conservation easement on the last |
| | day of the tax year | | Hold same Fed same Tou Year |
| _ | Total mumb as of consequences | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | 2a |
| b | | . A | 2b |
| C | | , , , | 2c |
| d | | ter 8/17/06, and not on a historic structul | I |
| _ | listed in the National Register | A control of a boson and a discount | 2d |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or terminated by the | organization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation ease | | |
| 5 | Does the organization have a written policy regarding the perio | • | Yes No |
| ^ | violations, and enforcement of the conservation easements it h | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, al | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and er | | |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170(r | —————————————————————————————————————— |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | • | |
| | include, if applicable, the text of the footnote to the organization conservation easements | m s ilhanciai statements that describes ti | ne organization's accounting for |
| Pa | ert III Organizations Maintaining Collections of | Art Historical Treasures or Ot | her Similar Assets |
| | Complete if the organization answered "Yes" to Form 9 | · | |
| | If the organization elected, as permitted under SFAS 116 (ASC | | ent and balance sheet works of art |
| | historical treasures, or other similar assets held for public exhib | • • • | |
| | the text of the footnote to its financial statements that describe | · | or public service, provide, in a crain, |
| h | If the organization elected, as permitted under SFAS 116 (ASC | | and halance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, edu | | |
| | relating to these items | ication, or research in fartherance of pub | ile service, provide the following amounts |
| | | | ▶ \$ |
| | • | | S |
| 0 | (ii) Assets included in Form 990, Part X | uuron or other eimiler seeste for financial | \$ |
| 2 | If the organization received or held works of art, historical treas | • | gain, provide |
| _ | the following amounts required to be reported under SFAS 116 | (ASC 936) relating to these items | ~ c |
| a | | • | 5 |
| b | Assets included in Form 990, Part X | | > \$ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

| Sche | | ION, INC. | | | | | | Page 2 |
|-------|--|--------------------------|--------------------------|-------------------------|--------------|---------------|--|-----------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tre | easures, or Oth | er Simil | ar Asse | ts(continu | ıed) |
| 3 | Using the organization's acquisition, accessi | on, and other records | s, check any of the | following that are a | significant | use of its | collection | ıtems |
| | (check all that apply). | | | | | | | |
| а | Public exhibition d Loan or exchange programs | | | | | | | |
| b | Scholarly research e Other | | | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | n how they further th | ne organization's ex | empt purp | ose in Par | t XIII. | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, historical treas | sures, or other simil | ar assets | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of the | ne organization's co | llection? | | | Yes | No_ |
| Par | t IV Escrow and Custodial Arrangereported an amount on Form 990, Par | | te if the organization | n answered "Yes" to | o Form 990 |), Part IV, I | ine 9, or | |
| 1a | Is the organization an agent, trustee, custodi | | lary for contribution | s or other assets no | ot included | | | |
| | on Form 990, Part X? | an or other intermed | iary for commodition | 0 01 011 101 100015 111 | | | Yes | ☐ No |
| h | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table | | | | 00 | |
| | Tes, explain the arrangement in Fart Ains | and complete the for | lowing table | | | | Amount | |
| _ | Beginning balance | | | | 1c | | 741104111 | |
| | Additions during the year | | | | 1d | | | |
| | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 11 | | | |
| | Did the organization include an amount on Fo | orm 990 Part Y line | 21 for escrow or cu | istodial account liab | | <u></u> | Yes | □ No |
| | If "Yes," explain the arrangement in Part XIII | | | | - | L | _ 103 | |
| Par | | | | | | | | |
| | - Table 1 and 1 and 2 and 2 and 3 an | (a) Current year | (b) Prior year | (c) Two years back | | years back | (e) Four \ | years back |
| 1a | Beginning of year balance | | | | | 546,094. | | |
| | Contributions | 11,739,073, | 9,721,200, | 8,941,617 | | | 1 | <u>266,961.</u> |
| | Net investment earnings, gains, and losses | 1,224,924. | 794,965, | 221,467 | | 667,943, | • | 633,860. |
| | Grants or scholarships | 905,115. | <u>- 1,858,938.</u> | 1,148,135 | | 386,519. | 1 | 798,858, |
| | · | 738,902, | 636,030, | 590,019 | · · | 558,939, | - | 151,585. |
| е | Other expenditures for facilities | | | | 1 | | 1 | |
| | and programs | | | | | | | |
| 1 - | Administrative expenses | 12 120 210 | 11 720 073 | 0 701 000 | | 242 617 | | |
| | End of year balance | 13,130,210, | 11,739,073, | 9,721,200 | . 8,3 | 941,617, | <u> </u> | 548,094, |
| 2 | Provide the estimated percentage of the curr | ent year end balance | - i - | ij) neid as | | | | |
| a | Board designated or quasi-endowment | 0/ | _% | | | | | |
| | Permanent endowment ► 75.80 | % | | | | | | |
| С | • | 4.20 % | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c should be a sh | | | | 41 | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation that are neid a | no administered for | the organi | zation | Γ, | <u> </u> |
| | by | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) | X |
| | (ii) related organizations | | 0 1 1 1 70 | | | | 3a(ii) | ^ _ |
| | If "Yes" to 3a(ii), are the related organizations | | | | | | 3b | |
| Bo: | Describe in Part XIII the intended uses of the | | wment funds | | | | | |
| Fai | <u> </u> | | | 5 000 D 11 | | | | |
| | Complete if the organization answere | | | | | | | |
| | Description of property | (a) Cost or of | 1-7 | 1 , , | Accumulat | | (d) Book | value |
| | | basis (investri | nent) basis | (ourier) d | epreciation | 1 | | |
| | Land | | | | | | | |
| | Buildings | | | | | | | |
| С | Leasehold improvements | | | | | | | |
| d | Equipment | | | 4 542 | F 4 - | | | |
| | Other | | | 4,543. | 54,1 | 88. | | <u>355.</u> |
| Total | . Add lines 1a through 1e (Column (d) must e | gual Form 990, Part | X. column (B), line 1 | Oc) | | | | 355. |

| • | | | | |
|--|----------------------------|------------------------|---------------------|----------------------|
| UNIVERSITY (Schedule D (Form 990) 2014 FOUNDATION, | OF VIRGINIA E | ENGINEERING | 54-6 | 052945 Page 3 |
| Part VII Investments - Other Securities. | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11b See Form 990, Part | X, line 12 | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua | tion Cost or end-of | year market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) POOLED INVESTMENT ACCOUNT | 13,130,210 | END-OF-YEA | R MARKET V | ALUE |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total (Col (b) must equal Form 990, Part X, col. (B) line 12.) | 13,130,210 | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11c See Form 990, Part | X, line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valua | tion Cost or end-of | year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | _ | | |
| (6) | | | | |
| (7) | | | | |
| (8) | - | | | - |
| (9) | | | | |
| Total (Col (b) must equal Form 990, Part X, col (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11d See Form 990, Part | X, line 15 | |
| (a) | Description | | | (b) Book value |
| (1) CASH VALUE OF LIFE INSURA | NCE | | | 232,490 |
| (2) NET PRESENT VALUE OF INTE | REST IN SPLI | I-INTEREST | | |
| (3) AGREEMENTS | | | | 1,769,000 |
| (4) | | | | |
| (5) | _ | | | |
| (6) | | | | |
| (7) | | · · · · · · · | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) lin | e 15) | | > | 2,001,490 |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11e or 11f See Form 99 | 0, Part X, line 25. | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| | | | | |

(2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ightharpoons

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

| | dule D (Form 990) 2014 FOUNDATION, INC. | | ···· | <u>54-6</u> | 5052945 Pag | _{ie} 4 |
|-------|--|-----------|-------------------------|-------------|------------------------|-----------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | nts Wi | th Revenue per R | eturn | • | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 4,163,68 | <u>5.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | <u>820,288.</u> | | | |
| b | Donated services and use of facilities | 2b | <u>21,960.</u> | | | |
| С | Recoveries of prior year grants | 2c | | | | |
| d | Other (Describe in Part XIII) | 2d | | | | |
| е | Add lines 2a through 2d | | | 2e | 842,24 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,321,43 | <u>7.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII) | 4b | | | | |
| С | Add lines 4a and 4b | | | 4c | | 0. |
| _5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | 3,321,43 | <u>7.</u> |
| Pai | t XII Reconciliation of Expenses per Audited Financial Stateme | ents W | ith Expenses per | Retu | rn. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | | · | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,085,71 | <u>9.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | | |
| а | Donated services and use of facilities | 2a | 21,960. | | | |
| b | Prior year adjustments | 2b | | | | |
| С | Other losses | 2c | |] | | |
| d | Other (Describe in Part XIII) | 2d | |] | | |
| e | Add lines 2a through 2d | | | 2e | 21,96 | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,063,75 | 9. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | - | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII) | 4b | |] | | |
| c | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 | 4,063,75 | 9. |
| Pa | rt XIII Supplemental Information. | | | | | |
| Prov | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part | IV, lines | 1b and 2b, Part V, line | 4, Part | X, line 2, Part XI, | |
| | 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add | | | | | |
| | | | | | | |
| | | | | | | |
| PA | RT V, LINE 4: | | | | | |
| | | | | | | |
| TH: | E FOUNDATION'S ENDOWMENT CONSISTS OF INDIV | IDUA | L FUNDS ESTA | BLI | SHED FOR | |
| | | | | | | |
| SC | HOLARSHIPS AND OPERATIONAL USE. NET ASSET | S AS | SOCIATED WIT | H E | NDOWMENT | |
| | | | | | | |
| FU | NDS ARE CLASSIFIED AND REPORTED BASED ON T | HE E | XISTENCE OR | ABS | ENCE OF | |
| | | | | | | |
| DO | NOR-IMPOSED RESTRICTIONS. | | | | | |
| | | | | | | |
| | to the second se | | | | | |
| | | | | | | |
| PA | RT X, LINE 2: | _ | | | | |
| | | | | | . NEDITO C | \ T3 |
| TH | E FOUNDATION HAS REVIEWED AND EVALUATED TH | E RE | LEVANT TECHN | ILCA | L MERITS C |) F |
| | | A | D1110E E0E1DI | T 011 | ED DV MIIE | |
| EA | CH OF ITS TAX POSITIONS IN ACCORDANCE WITH | GUL | DANCE ESTABL | TSH | ED BY THE | |
| | | | ATOD MILLAM MILL | 3D E3 | ADE NO | |
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| 43200 | ATEMENTS OF THE FOUNDATION. | | | Saha | dule D (Form 990) 2 | 2014 |
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| Schedule D (Form 990) 2014 | UNIVERSITY | OF VIRGINIA | ENGINEERING | 54-6052945 Page 5 |
|---|--------------------|--------------|--------------|----------------------------|
| Schedule D (Form 990) 2014 Part XIII Supplemental Inform | mation (continued) | , 1140. | | Ja 0032343 Fages |
| | (Continued) | | | |
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| | • | | | Schedule D (Form 990) 2014 |

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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.

| 1545-0047 | 14 | Public ' |
|-----------|-----|------------------------------|
| OMB No 15 | 20- | Open to Public Inspection |
| | | |

Employer Identification number UNIVERSITY OF VIRGINIA ENGINEERING Name of the organization

| EA COESOAE | C#67C00-#C | | [: | X Yes No | | I Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | | od of (g) Description of book, non-cash assistance or assistance | |
|--|------------------|---|--|--|--|--|--|--|--|
| | , | | rantees' eligibility for the grant | | States | nplete if the organization ansv | | (f) Amount of value non-cash FMV | |
| | | | or assistance, the g | | funds in the United | Governments. Cor | onal space is needer | (d) Amount of cash grant non-cash assistance | |
| THE THOUSE | | | amount of the grants | | oring the use of grant t | rations and Domestic | be duplicated if additic | (c) IRC section if applicable | |
| TOTAL TOTAL | N, INC. | nd Assistance | o substantiate the | tance? | cedures for monite | Domestic Organiz | 5,000 Part II can | (b) EIN | |
| Name of the organization ONLY DAYOUT I OF A LINGTHIER DAYOUT OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI | FOUNDATION, INC. | Part 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 grants or assistance, and the selection | criteria used to award the grants or assistance? | 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | Part II Grants and Other Assistance to Domestic Organizations and | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | 1 (a) Name and address of organization or government | |
| Name of the | i | Part | 1 Does | criter | 2 Desc | Part II | | 1 (a) N | |

DPERATING SUPPORT

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CHARLOTTESVILLE, VA 22902

UNIVERSITY OF VIRGINIA

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UNIVERSITY OF VIRGINIA

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CHARLOTTESVILLE, VA 22902

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

432101 10-15-14

31

FOUNDATION, INC.

Page 2

54-6052945

Schedule i (Form 990) (2014) FOUNDATION, INC.

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 | (c) Amount of cash grant | (d) Amount of non- | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------|--------------------------|--|---|--|
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| | | | - | | |
| Part IV Supplemental Information. Provide the information required in | ured in Part I, In | ne 2, Part III, column | Part I, line 2, Part III, column (b), and any other additional information | dditional information | |
| PART I, LINE 2: | | | | | |
| THE FOUNDATION MAKES GRANTS TO THE | | UNIVERSITY OF VIRGINIA | | AND OTHER | |
| ORGANIZATIONS TO SUPPORT THE SCHOOL OF | | INEERING | ENGINEERING AND APPLIED SCIENCE | SCIENCE | |
| (SEAS), INCLUDING OPERATIONAL SUPPORT | 1 | FACILITIES IN | IMPROVEMENT AND | AND | |
| MANAGEMENT, AND ENGINEERING EDUCATION | TION AWARDS | AND | SCHOLARSHIPS. | FOUNDATION | |
| MANAGEMENT REVIEWS AND APPROVES AL | IL FUNDIN | ALL FUNDING REQUESTS | FROM SEAS. | THE | |
| FOUNDATION DOES NOT MAINTAIN DISCRETIONARY | RETIONARY | | POWER OVER DISTRIBUTION | TION OF FUNDS | |
| FOR INDIVIDUAL AWARDS AND SCHOLARSHIPS. | | EAS AWARD | SEAS AWARD AND SCHOLARSHIP | RSHIP | |
| RECIPTENTS ARE SELECTED AND MONITORED | BY | THE ENGINEERING | | SCHOOL'S FACULTY | |

432102 10-15-14

| Schedule I (Form 990) | FOUNDATION | . INC. | ENGINEERING | 54-6052945 Page 2 |
|---|------------|-------------|--------------|---------------------------------------|
| Schedule I (Form 990) Part IV Supplemental Ir | nformation | | | |
| AND ADMINISTRATOR | Q | | | |
| MD ADMINISTRATOR | | | _ | |
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| | | | | Schedule I (Form 990) |

SCHEDULE J (Form 990)

Compensation Information

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. UNIVERSITY OF VIRGINIA ENGINEERING

Employer identification number FOUNDATION, INC. 54-6052945

| | | | Yes | No |
|----|---|-----|-----|----------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | |
| | Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| D | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | 46 | | |
| ^ | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b_ | | - |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | _ | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to | | | ŀ |
| | establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | Compensation committee X Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | 1 | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | | ĺ |
| | organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only continue 501/a)/2) 501/a)/4) and 501/a)/00) arrangestions must complete lines 5-9 | | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| J | contingent on the revenues of | i | | |
| а | The organization? | 5a | | x |
| | Any related organization? | 5b | | X |
| - | If "Yes" to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| - | contingent on the net earnings of | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | | _X_ |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 9 | | <u> </u> |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

FOUNDATION, INC. Schedule J (Form 990) 2014 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

54-6052945

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

| | 1 | (B) Breakdown of W.2 | 9/V 2 2/V 1099-MIS | and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (F) Total of columns | (F) Compensation |
|---|------------|--------------------------|-------------------------------------|-------------------------------------|--------------------|----------------|----------------------|----------------------------|
| | | (a) Decardon | | o combanda | other deferred | | (B)(I)-(D) | |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | g E |
| (1) TEREBRY R CANING | (5 | 187,621. | c | 0 | 18.922. | 12,409. | 218,952. | 0 |
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UNIVERSITY OF VIRGINIA ENGINEERING FOUNDATION, INC. Schedule J (Form 990) 2014

Page 3

54-6052945

Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open To Public Inspection

Name of the organization

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990. UNIVERSITY OF VIRGINIA ENGINEERING FOUNDATION. INC.

Employer identification number 54-6052945

Part I Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1a Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods 30,000. FMV X 6 Cars and other vehicles Boats and planes 7 8 Intellectual property X 38 464,075. OUOTED MARKET VALUES 9 Securities - Publicly traded 10 Securities - Closely held stock Securities · Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Y<u>es</u> No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2014)

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| Schedule M (Form 990) (2014) FOUNDATION, INC. | 54-6052945 Page 2 |
|--|--------------------------------------|
| Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information | and 33, and whether the organization |
| SCHEDULE M, LINE 32B: | |
| THE FOUNDATION USES THE SERVICES OF THIRD PARTY BROKES | RS TO SELL DONATED |
| PUBLICLY-TRADED STOCK. NONCASH GIFTS WILL BE ACCEPTED | ONLY WHEN IT IS |
| REASONABLY EXPECTED THAT THEY CAN BE CONVERTED INTO CA | ASH WITHIN A |
| REASONABLE PERIOD OF TIME OR WHEN THE FOUNDATION OR TH | HE UNIVERSITY OF |
| VIRGINIA SCHOOL OF ENGINEERING AND APPLIED SCIENCE (SI | EAS) CAN_UTILIZE |
| THE PROPERTY OR SERVICES IN ITS OPERATIONS. GENERALLY | , (SIX MONTHS TO |
| ONE YEAR) SHALL BE CONSIDERED REASONABLE FOR CONVERSION | ON TO CASH. ALL |
| NONCASH GIFTS TO THE FOUNDATION WILL BE SOLD AT THE D | ISCRETION OF THE |
| FOUNDATION, WHOSE EXPRESS POLICY WILL BE TO CONVERT THE | HE PROPERTY TO |
| CASH AT THE EARLIEST OPPORTUNITY, KEEPING IN MIND CURI | RENT MARKET |
| CONDITIONS AND THE POTENTIAL USE OF THE PROPERTY IN THE | HE ACCOMPLISHMENT |
| OF THE MISSION OF THE FOUNDATION AND SEAS. | |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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. OMB No 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF VIRGINIA ENGINEERING FOUNDATION, INC.

Employer identification number 54-6052945

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|--|
| THE FOUNDATION IS ORGANIZED TO SUPPORT THE UNIVERSITY OF VIRGINIA |
| SCHOOL OF ENGINEERING AND APPLIED SCIENCE. |
| |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| EXTERNAL PRIVATE FINANCIAL RESOURCES. |
| FORM 990, PART VI, SECTION B, LINE 11: |
| FORM 990 IS REVIEWED BY THE FOUNDATION'S MANAGEMENT WITH THE EXTERNAL |
| AUDITORS UPON COMPLETION OF THE AUDITED FINANCIAL STATEMENTS. MANAGEMENT |
| THEN PROVIDES EACH VOTING MEMBER OF THE BOARD WITH A FINAL VERSION OF FORM |
| 990. AFTERWARDS, THE FORM 990 IS FILED AND MADE AVAILABLE FOR PUBLIC |
| INSPECTION. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| EACH BOARD MEMBER IS PROVIDED A COPY OF THE WRITTEN CONFLICT OF INTEREST |
| POLICY. ANNUALLY, THIS POLICY IS REVIEWED BY THE BOARD OF DIRECTORS WITH |
| EACH MEMBER COMPLETING A CONFLICT OF INTEREST STATEMENT, WHICH IS RETAINED |
| UNTIL REQUIRING AN UPDATE DURING THE YEAR OR ANNUAL FALL MEETING. |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: |
| CA, CO, MD, MA, MI, MN, NH, NJ, NY, NC, OH, OR, WV, SC, UT, WA, DC, AK, AR, HI, KY, ME |
| FORM 990, PART VI, SECTION C, LINE 18: |
| THE FOUNDATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

39

PLEDGES REPORTED AS REVENUE IN PRIOR YEARS' IRS FORM 990.

(g) Section 512(b)(13) Employer identification number OMB No 1545-0047 Open to Public Inspection controlled 2014 Direct controlling Yes 54-6052945 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 Direct controlling End-of-year assets status (if section Public charity 501(c)(3)) ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code 9 section ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. UNIVERSITY OF VIRGINIA ENGINEERING Primary activity Primary activity INC. FOUNDATION, Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

Schedule R (Form 990) 2014

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entity?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

FOUNDATION,

Schedule R (Form 990) 2014

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

Page 2

54-6052945

| (j) (k) Ceneral or Percentage | | | | | | | | | | | | |
|-------------------------------|--|---|---|----------|---|---|---|--|--|--|---|----------|
| (j) neral or | Yes No | | _ | | | | _ | | | | | \Box |
| Ger A Ger | . e (S | | | \dashv | | | - | | | | | \dashv |
| (i) Code V-UBI | 20 of Schedule K-1 (Form 1065) Y | | | | | | | | | | | ļ |
|) toonate | | | | | | | | | | | | |
| (h) Disproportionate | Yes No | | | | | | | | | | | |
| (g) Share of | • | | | | | | | | | | | |
| (f) Share of total | econe | | | | | _ | | | | | • | |
| (e) Predominant income | excluded from tax under sections 512-514) | - | = | | 1 | | - | | | | | |
| (d) Direct controlling | entity | | | | | | | | | | | |
| (c) Legal domicile | (state or foreign country) | | | | | | | | | | | |
| (b) Primary activity | | | | | | | | | | | | |
| (a) Name, address, and EIN | of related organization | | | | | | | | | | | |

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 Part IV

| organizations treated as a corporation of trust during the tax year | חווות וווכ ומע אכמו | | | | | | | |
|---|---------------------|--|------------------------------|---|--------------------------|-----------------------------|----------------------------|-------------------------------------|
| (a) | (a) | (2) | (0) | (e) | (£) | (6) | (L) | (i) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | 512(b)(13) controlled entity? |
| CHARTMARE REMAINDER TRISTS (9) | TIVVESTMENTS | VA | N/A | TRUST | | | | × |
| | | | · · · | HD11GH | | | | × |
| Charliable remainder irusis (1) | INVESTMENTS | | | 10011 | | | | |
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| 432162 08-14-14 | | 42 | - | | | Sche | Schedule R (Form 990) 2014 | 990) 2014 |

Page 3

54-6052945

Schedule R (Form 990) 2014 FOUNDATION, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | Š |
|---|----------------------------------|-----------------------------|---|----------------------------|--------|-----|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | with one or more re | lated organizations listec | I in Parts II·IV? | | | 1 1 |
| Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | _ | | -E | | × |
| Gift, grant, or capital contribution to related organization(s) | | _ | | đ | | × |
| Gift, grant, or capital contribution from related organization(s) | | | | 10 | | × |
| Loans or loan guarantees to or for related organization(s) | | - | | 14 | | × |
| Loans or loan guarantees by related organization(s) | | | | 1e | | × |
| Dividends from related organization(s) | | | | * | | × |
| Sale of assets to related organization(s) | | | | ₽ | | × |
| Purchase of assets from related organization(s) | | | | ŧ | | × |
| Exchange of assets with related organization(s) | | | | ÷ | | × |
| Lease of facilities, equipment, or other assets to related organization(s) | | | | Ŧ | + | × |
| Lease of facilities, equipment, or other assets from related organization(s) | | | | ¥ | | × |
| Performance of services or membership or fundraising solicitations for related organization(s) | zation(s) | | | = | 1 | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | zation(s) | | | £ | 7 | × |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | (s) | | | Ę | | × |
| Sharing of paid employees with related organization(s) | | | | 9 | | × |
| Reimbursement paid to related organization(s) for expenses | | | | £ | | × |
| Reimbursement paid by related organization(s) for expenses | | | | 10 | \top | × |
| Other transfer of cash or property to related organization(s) | | | | + | | × |
| Other transfer of cash or property from related organization(s) | | | | ts | 7 | × |
| If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | o must complete the | ils line, including covered | relationships and transaction thresholds. | | | - 1 |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | t involved | | |
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| | 43 | | Sche | Schedule R (Form 990) 2014 | 990) 2 | 8 |

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UNIVERSITY OF VIRGINIA ENGINEERING

INC. FOUNDATION,

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2014

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

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| (h) (i) (i) (j) (k) Dispropor- United amount in box 20 managing ownership ves No (Form 1065) ves No | | | | | | | | |
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| (j) neral or naging urtner? s No | | | | | - | | | <u> </u> |
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| (g) Share of end-of-year assets | | | | | | | | |
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| (f) Share of total income | | | | | II | | | |
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| Are all partners sec 501(c)(3) orgs? | | - | | | | | | |
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| (d) Inant I, unre from t | | | | | | | | |
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| Predominant income (related, unrelated, excluded from tax under sections 512-514) | | | | | | - | - | |
| (c) Legal domicile (state or foreign country) | | | | | | | | |
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| (c) Legal domicile (state or foreign country) | | | | | | | | |
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| (b) Primary activity | | | | | | | | |
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