Form **990**

Department of the

Return of Organization Exempt From Income Tax

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

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

Open to Public

Ireasu Interna		nue Servic	e	instructions is at w	WW 1K3 QU	<u> </u>		Inspection	
A Fo	or the	2015 ca	endar year, or tax year beginning 07-01-2015 , a	nd ending 06-30-20	16				
B Che	eck ıfaı	pplicable	C Name of organization			D Emplo	oyer i	dentification number	
_	ldress c		VIRGINIA TECH FOUNDATION INC			54-0	7216	590	
☐ Nā	ame cha	ange	% DR JOHN E DOOLEY Doing business as						
	ıtıal reti	urn	2						
Fir return/	nal 'termina	ated	Number and street (or P O box if mail is not delivered to st	treet address) Room/su	uite	E Telephone number			
_	ended		902 PRICES FORK ROAD Suite 4000	'-5751					
App	olication	n pending	City or town, state or province, country, and ZIP or foreign BLACKSBURG, VA 24061						
			BBICKSBOKO, WY 21001			G Gross	receip	ts \$ 542,911,905	
			F Name and address of principal officer DR JOHN E DOOLEY		H(a) I	s this a group	o retu	ırn for	
			902 PRICES FORK ROAD STE 4000			ubordinates? No	1	┌ Yes 🗸	
			BLACKSBURG, VA 24061			re all subord	ınate	es Evas Ena	
I Tax	k-exem	pt status	√ 501(c)(3)	(a)(1) or 527		ncluded?		Yes No	
J W	ebsite	e:► ww	W VTF VT EDU			•		st (see instructions)	
						Group exemp		number ► M State of legal domicile VA	
K Forr	n of org	ganızatıon	▼ Corporation Trust Association Other ►		— Litear	or rollination 1	940	PI State of legal doffliche VA	
Pa	rt I	Sum	mary						
	1 Br	HE FOU	cribe the organization's mission or most significant	ES PRIVATE GIFT	S IN SUPF	PORT OF PRO) GR	AMS AT VIRGINIA	
œ.	<u>PC</u>	DLYTEC	HNIC INSTITUTE AND STATE UNIVERSITY (VIR	RGINIA TECH)					
e E									
e II									
Governance	2 (Check th	s box ▶ ┌─ if the organization discontinued its oper	rations or disposed	of more th	nan 25% of it	s net	assets	
	١,,	Lumahar	fusting members of the governing body (Dart VI. I	no 10)			3	34	
e ç			f voting members of the governing body (Part VI, li f independent voting members of the governing boo	•			4	33	
Activities &			nber of individuals employed in calendar year 2015				5	125	
Act			nber of volunteers (estimate if necessary)				6	0	
•			elated business revenue from Part VIII, column (C				7a	-130,494	
			ted business taxable income from Form 990-T, line	• •			7b	-2,086,256	
						Prior Year	ı	Current Year	
			outions and grants (Part VIII, line 1h)			98,537	,794	93,511,227	
ēnuē A			m service revenue (Part VIII, line 2g)	e revenue (Part VIII, line 2g)		19,232,398		15,268,058	
ďΑċ	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and	d7d)		61,358	,214	34,815,051	
å	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	, 10c, and 11e)		18,040	,012	12,684,619	
	12		evenue—add lines 8 through 11 (must equal Part V	'III, column (A), lın	ne	197,168	,418	156,278,955	
	13	12)	and similar amounts paid (Part IX, column (A), line	os 1 2)		25,040	181	26,712,640	
	14		es paid to or for members (Part IX, column (A), line	•		23,040	404 ,	20,712,040	
	15		es, other compensation, employee benefits (Part IX				-	<u> </u>	
82	15	5-10)		, column (71), mes		5,611	,031	4,221,623	
ens	16a	Profes	sional fundraising fees (Part IX, column (A), line 1	1e)			0	0	
Expenses	b	Total fu	ndraising expenses (Part IX, column (D), line 25) \triangleright 9,075,867						
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f	f-24e)	·	96,462	,915	113,251,837	
	18		expenses Add lines 13–17 (must equal Part IX, co	, ,,		127,114		144,186,100	
	19	Reven	ue less expenses Subtract line 18 from line 12 .			70,053	,988	12,092,855	
Net Assets or Fund Balances					Beginni	ing of Current	Year	End of Year	
set	20	Total	ussets (Part X, line 16)			1,488,911	,823	1,491,192,534	
t As	21		rabilities (Part X, line 26)			417,064		435,592,309	
ξŞ	22		sets or fund balances Subtract line 21 from line 20			1,071,847		1,055,600,225	
	t II	Sign	ature Block						
my kr	nowled	dge and i	perjury, I declare that I have examined this return, belief, it is true, correct, and complete $$ Declaration owledge						
		****	**			2017-05-12			
Sign		Signature of officer Date							
Here		DR J	DHN DOOLEY CEO, Sec-Treasurer						
_		Type or print name and title							
			nnt/Type preparer's name Preparer's signature G White JG White	1	Date	Check I if	PTIN PO1	N 498698	
Paid		-				self-employed	' ' '		
_	pare	ur [F	rm's name F KPMG LLP			Firm's EIN 🟲			

Use Only

Firm's address \blacktriangleright 1676 INTERNATIONAL DRIVE

McLean, VA 22102

Phone no (703) 286-8000

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I \stackrel{\text{def}}{\longrightarrow} \dots \dots$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d	Yes	I
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII **	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a		14a	Yes	
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	Yes	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Yes

Nο

Nο

Nο

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

	750 (2013)			1 agc ¬
Pa	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes."	23	Yes	

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 💆 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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?

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		. 🗸
	Factor the growth of growth day Dev 2 of Factor 1006 Factor 0 of act combined at 1	220	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	338		
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	le . 1 0	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	125		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author over, a financial account in a foreign country (such as a bank account, securities account, or other financia account)?		Yes	
b	If "Yes," enter the name of the foreign country SG , SZ			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR)	ts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	? 5 b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ī	The same said say, and the digamental meronin society in the first transfer of the same said and the significant meronin society.	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of were not tax deductible?	or gifts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor?	and 7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requirely Form 8282?	ured to 70	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	:t? 7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88 required?	899 as 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f Form 1098-C?	ile a 7h	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any during the year?	time 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instruction additional information the organization must report on Schedule O	ns for 13	a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand		ļ	[
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14	3	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	. 141)	

orm	990 (2015)					Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" describe the circumstances, processes, or changes in Schedule O. S			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					[
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management control of the control			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	ganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?			7 b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken durıng the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not i	requi	red by the Internal R	even	ue Cod	e.)
			•		V	

10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Yes **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Yes Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

▶DR JOHN E DOOLEY 902 PRICES FORK RD SUITE 4000 BLACKSBURG, VA 24061 (540) 231-5751

Part VII

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

Check if Schedule O contains a response or note to any line in this 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033 MI3C)	` MISC)	organization and related organizations
See Additional Data Table										

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estim Estim amount comper from	nated of other nsation the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former			organıza rela organız	ted
See Additional Data Table											
1b Sub-Total				•		. 🔪					
c Total from continuation sh d Total (add lines 1b and 1c)	•			٠.	٠.	•		1,545,028	1,497,264		708,969
2 Total number of individuals \$100,000 of reportable co	(including but not	lımıted	to the	se I	ıste	d abov	e) wl	no received more t	han		
										Yes	No

	_		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
i	<u> </u>	-	1 03	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

services rendered to the organization? If "Yes," complete Schedule I for such	h norson	5 No
Section B. Independent Contractors		
Complete this table for your five highest compensated independent contra compensation from the organization. Report compensation for the calenda.		
(A) Name and business address	(B) Description of services	(C) Compensation
BLACKBAUD, PO BOX 105090 ATLANTA, GA 303485090	ONLINE SERVICES	954,116
THE SNYDER COMPANY INC, 500 S MAIN STREET BLACKSBURG, VA 24060	RENOVATION SERVICES	787,618
UNCORK-IT LLC, 302 N MAIN ST SUITE 2 BLACKSBURG, VA 24060	PRINT SVC & WEB DES	581,140
LONGENT LLC, 7517 PRECISION DR SUITE 102 RALEIGH, NC 27617	EQUIP& INST SVC	508,975
NATIONAL PUBLIC RADIO, PREC 635 MASSACHUSETTS AVE NW WASHINGTON, DC 200103753	RADIO PROG FEES	461,163
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ▶ 23	listed above) who received more than	
		Form 990 (2015)

Form 99								Page 9
Part V	1111	Statement o						_
		Check If Schedu	ule O contains a respoi	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v 8	1a	Federated cam	paigns 1a					
ant un1	ь	Membership du	es 1b					
Gifts, Grants ilar Amounts	С	Fundraising eve	ents 1c					
fts. IT A	d	Related organiz	zations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grants		261,615				
Sin		_		93,249,612				
Contributions, and Other Sim	f g	similar amounts no		24,120,863				
Contr and (1a-1f \$	- 4 - 46		02 511 227			
<u>ة ت</u>	h	Total. Add lines	s 1a-1f	· · · •	93,511,227			
ā			SUAN DO GEO 111	Business Code				
หะน	2a	AFFILIATE MEMBER	RSHIP PROGRAM	900099	6,439,925	6,439,925		
å	b	RIVERCOURSE	AANACEMENT	713910	1,267,925	209,869	1,058,056	
Program Service Revenue	c d	DEVELOPMENT & M ENDOWMENT FEES SALES		900099	1,226,791 861,153	1,226,791 861,153		
δ E	e	VT SERVICES SURF	PLUS	900099	727,000	727,000		
grar	f	All other progra	am service revenue		4,745,264	4,745,264		
Æ	_	Total Addings						
	д 3		s 2a-2f ome (including dividen		15,268,058			
		and other simila	, _		16,308,533		-1,213,237	17,521,770
	4		stment of tax-exempt bond	proceeds >	6,282			6,282
	5	Royalties	(1) Dool	(u) Dorconal	299,795			299,795
	6a	Gross rents	(I) Real 21,475,060	(II) Personal				
	ь	Less rental	13,936,401					
	c	expenses Rental income	7,538,659	0				
	d	or (loss) Net rental inco	me or (loss)		7,538,659			7,538,659
	_		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	391,082,309					
	b	Less cost or other basis and sales expenses	372,582,073					
	С	Gain or (loss)	18,500,236					
	d	Net gain or (los	s)		18,500,236			18,500,236
nue	8a	Gross income f events (not inc	_					
Other Revenue			s reported on line 1c) ne 18 a					
ŧ	b		penses b					
0	C		(loss) from fundraising	events ▶	0			
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь	Less directles	penses b					
	c		(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo		>				
	ь	Less costofa	a oods sold b	177,684 114,476				
			(loss) from sales of inv	· · · · · ·	63,208			63,208
		Miscellaneous	s Revenue	Business Code				
	11a	<u>ALUMNI TOUR</u>	RS	900099	24,687		24,687	
	b	OTHER INV IN IN SUB	ICOME - EQUITY	900099	4,610,494			4,610,494
	С	RADIO STATI	O N	900099	147,776			147,776
	d		ue					
	e	Total. Add lines	s 11a-11d	•	4,782,957			
	12	Total revenue.	See Instructions .	•	156,278,955	14,210,002	-130,494	48,688,220
					, -,	, -,	-,	, -,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	26,712,640	26,712,640		· ·
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	20,712,010		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
_	and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	378,578		378,578	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,991,430	164,972	1,826,458	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	216,905	14,565	202,340	
9	Other employee benefits	284,110	39,042	245,068	
10	Payroll taxes	1,350,600	40,976	1,309,624	
11	Fees for services (non-employees)	1,000,000	10/270	1,003,021	
а	Management	0			
b	Legal	180,954	139,858	41,096	
c	Accounting	90,050		90,050	
d	Lobbying	142,952	142,952		
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	1,099,866	1,097,116	2,750	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,109,424	2,697,614	69,911	341,899
12	Advertising and promotion	652,232	587,484	2,858	61,890
13	Office expenses	2,359,936	1,521,677	123,167	715,092
14	Information technology	176,042	86,979	22,528	66,535
15	Royalties	0			
16	Occupancy	959,045	841,699	53,266	64,080
17 18	Travel	3,307,495	2,416,600	57,500	833,395
10	state, or local public officials	0			
19	Conferences, conventions, and meetings	228,636	197,250	21,287	10,099
20	Interest	6,426,243	1,519,010	4,907,233	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,206,528	2,151,247	55,281	
23	Insurance	649,307	526,445	121,439	1,423
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 O)				
а	OTHER UNIV OPERATING SUPPORT	24,852,563	24,820,333	508	31,722
b	UNIV SALARY WAGE BEN SUPP	22,411,903	17,071,812	73,619	5,266,472
С.	UNIVERSITY SPONSPORED RESEARCH	7,698,118	7,631,098		67,020
d	MEALS AND ENTERTAINMENT	3,613,347	3,172,263	18,199	422,885
e 25	All other expenses Total functional expenses Add lines 1 through 24e	33,087,196	30,561,850	1,331,991	1,193,355
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	144,186,100	124,155,482	10,954,751	9,075,867
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	. V	Balance Sheet			1 age 11
Fai	LX	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	0	1	0
	2	Savings and temporary cash investments	25,089,439	2	18,471,861
	3	Pledges and grants receivable, net	99,115,351	3	93,428,350
	4	Accounts receivable, net	1,889,754	H - H	6,230,885
	5	Loans and other receivables from current and former officers, directors,	.,,,	•	-,,
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
			0	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
AS	7	Notes and loans receivable, net	174,268,083	-	158,155,036
	8	Inventories for sale or use	2,130,828	H - H	2,305,488
			4,672,476	-	4,828,075
	9	Prepaid expenses and deferred charges	4,072,470	9	4,626,073
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 194,675,902	2		
	ь	Less accumulated depreciation 10b 54,440,239	143,285,397	10 c	140,235,663
	11	Investments—publicly traded securities	368,358,729	11	373,539,333
	12	Investments—other securities See Part IV, line 11	571,402,631	12	597,987,848
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	98,699,135	15	96,009,995
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,488,911,823	16	1,491,192,534
	17	Accounts payable and accrued expenses	6,244,770	17	4,335,500
	18	Grants payable	0	18	0
	19	Deferred revenue	7,435,738	19	6,896,465
	20	Tax-exempt bond liabilities	254,998,502	20	242,117,893
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L	0	22	0
Liab	23	Secured mortgages and notes payable to unrelated third parties	7,591,021	23	7,591,271
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24) Complete Part X of Schedule D			171 051 100
			140,794,504	25	174,651,180
	26	Total liabilities. Add lines 17 through 25	417,064,535	26	435,592,309
Fund Balances		complete lines 27 through 29, and lines 33 and 34.	400 740 577		104 506 027
ala	27	Unrestricted net assets	196,710,577 420,326,806	27	194,596,937
ă	28	Temporarily restricted net assets		28	381,811,575
Ξ	29	Permanently restricted net assets	454,809,905	29	479,191,713
Уr F.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,071,847,288	33	1,055,600,225
	34	Total liabilities and net assets/fund balances	1,488,911,823	34	1,491,192,534

144,186,100

12,092,855

1,071,847,288

-25,572,756

-2,767,162

No

Νo

Nο

Form 990 (2015)

1,055,600,225

Yes

Yes

Yes

2a

2b

2c

3a

3b

4

5

6

7

8

9

10

XΙ	Reconcilliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							. 🔽

Net unrealized gains (losses) on investments . . .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

	T		
	Total revenue (must equal Part VIII, column (A), line 12)	1	156,278,955
2	Total expenses (must equal Part IX, column (A), line 25)		

otal expenses (must equal Part IX, column (A), line 25)	
evenue less expenses. Subtract line 2 from line 1	_

Software ID: Software Version:

EIN: 54-0721690

Name: VIRGINIA TECH FOUNDATION INC

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

Compensated Employees, and Inde	pendent Co	ntrac	tors						•	
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	office ustee	ess er e)	from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊬ë	Officer	Key employee	Highest compensated employee	Former	, ,	(W- 2/1099- MISC)	organization and related organizations
NANCY H AGEE BOARD MEMBER	2 0	×						0	0	C
JAMES K ASSELSTINE CHAIRMAN	2 0	×		х				0	0	C
MARY BLACKWOOD BOARD MEMBER	2 0	×						0	0	C
SANDRA C DAVIS BOARD MEMBER	2 0	х						0	0	C
DR AMY B HAYES BOARD MEMBER	2 0	x						0	0	C
GREG J HERREMA BOARD MEMBER	2 0	х						0	0	C
DAVID L CALHOUN BOARD MEMBER	2 0	x						0	0	(
GEORGE B CLARKE IV BOARD MEMBER	2 0	×						0	0	C
GRETA J HARRIS BOARD MEMBER	2 0	×						0	0	C
DOUGLAS C CURLING BOARD MEMBER	2 0	х						0	0	C

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

(A) (B) (C) (D) (E)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	m unle:	ore t ss pe offi lirect	han erso cer tor/t	not one n is and crust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
BEN J DAVENPORT JR	2 0									
BOARD MEMBER	0 0	X						0	0	O
THEODORE S HANSON	2 0				H					
		Х						0	0	o
BOARD MEMBER	0 0									
DARRELL D MARTIN	2 0							_		
BOARD MEMBER	0 0	X						0	0	U
LEONARD P HARRIS	2 0									
		X						0	0	o
BOARD MEMBER	0 0									
ROBERT D MOSER JR	2 0									
BOARD MEMBER		X						0	0	0
- BOARD MEMBER	0.0									
W TODD HOLTZMAN	2 0	x						0	0	0
BOARD MEMBER	0 0	^						· ·	0	J
JEEEDEN C HARTMAN	2 0				H					
JEFFREY C HARTMAN		х						0	0	o
BOARD MEMBER	0 0									
JOHN R LAWSON II	2 0									
BOARD MEMBER	0 0	Х						0	0	O
JAMES E PEARMAN JR	2 0									
		Х						0	0	0
BOARD MEMBER	0.0									

2 0

0 0

BOARD MEMBER

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

(A) (B) (C) (D) (E)

Compensated Employees, and the	pendent co	iili at	LUI	3			ı	ı	i
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer	not one n is and trus	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BRANDON D PERRY BOARD MEMBER	2 0	×					0	0	
DEBORAH PETRINE BOARD MEMBER	2 0	x					0	0	
JOHN B ROWSELL BOARD MEMBER	2 0	x					0	0	
KRISTI L ROWSELL BOARD MEMBER	2 0	×					0	0	
PETER M RUP BOARD MEMBER	2 0	×					0	0	
WINSTON A SAMUELS BOARD MEMBER	2 0	x					0	0	
DEBORAH A KOLLER BOARD MEMBER	2 0	×					0	0	
DR TIMOTHY D SANDS BOARD MEMBER	2 0	×					0	551,434	251,77
PRISCILLA MCCALL	2 0	V							

0 0

0 0

BOARD MEMBER

JOHN A URQUHART JR BOARD MEMBER Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related	Average Position (do not check ours per more than one box, reek (list unless person is both an officer and a director/trustee) ((D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
CARL G VERBONCOEUR	2 0									
BOARD MEMBER	0 0	X						0	0	0
DR A CAROLE PRATT	2 0									
BOARD MEMBER	0 0	X						0	0	0
JAMES R SMITH	2 0									
BOARD MEMBER	0 0	X						0	0	0
WILLIAM HANSON WEST JR BOARD MEMBER	2 0	×						0	0	0
CHARLES D PHLEGAR EXECUTIVE VICE PRESIDENT	2 0			×				0	381,505	41,074
M DWIGHT SHELTON EXECUTIVE VICE PRESIDENT	2 0			×				0	327,955	111,262
DR JOHN E DOOLEY CEO and SECRETARY TREASURER	30 0			×				345,000	0	39,639
JOHN CUSIMANO UNIVERSITY TREASURER	40 0				х			39,390	236,370	47,217
KEVIN SULLIVAN	40 0					х		191,167	0	44,731

0 0

182,167

24,602

AVP FOR ADMIN & GEN COUNSEL

AVP FOR ADMIN & CONTROLLER

TERRI T MITCHELL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E)
Average Position (do not check Reportable Reportable (A)

Name and Title

(F)

valle and title	hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	tor/t	one n is and trus	tee)	compensation from the organization (W- 2/1099- MISC)		amount of other compensation from the organization and related organizations
JACOB HARDWICK DIRECTOR OF GOLF OPERATIONS	40 0					х	120,600	0	27,039
EBENHARD STODDARD SENIOR INVESTMENT ANALYST	40 0					х	191,653	0	40,765
DANIEL WARD DIRECTOR OF INVESTMENTS	40 0					х	475,051	0	80,869

etile	GRAPHIC	print -	DO NOT	PROCESS	AS Filed	Data

DLN: 93493132074317 OMB No 1545-0047

Employer identification number

54-0721690

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.

Open to Public Inspection

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

VIRGINIA TECH FOUNDATION INC

(i)

Total

990EZ)

Part I

1

2 3

Treasury

Department of the

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 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 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 81,098,266 73,762,659 83,621,867 98,537,794 93,511,226 430,531,812 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the 0 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 73,762,659 83,621,867 81.098.266 98,537,794 93,511,226 430,531,812 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 29.741.739 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 400,790,073 from line 4 Section B. Total Support

(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f)Total
7	Amounts from line 4	73,762,659	83,621,867	81,098,266	98,537,794	93,511,220	430,531,812
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,222,047	32,798,781	42,317,441	47,143,513	38,089,670	188,571,452
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,091,413	6,866,832	3,003,483	5,326,352	4,758,270	22,046,350
11	Total support. Add lines 7 through 10						641,149,614
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	84,431,539
13	First five years.If the Form 990 is	s for the organizat	ion's first, secon	d, thırd, fourth, or	fifth tax year as a	section 501(c)	(3) organization,

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	62 511 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	61 290 %

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽ b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	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						
-	organization'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 Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
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	Yes	No
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		
3а	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 organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
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		
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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	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, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
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		
c	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	11 c		

each of the supported organizations? Provide details in Part VI

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

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

3a

3b

	eck here if the organization satisfied the Integral Part Test as a qualifying tr pe III non-functionally integrated supporting organizations must complete S		•	ructions. All other
:	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L I	Net short-term capital gain	1		
1	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
,	Add lines 1 through 3	4		
I	Depreciation and depletion	5		
9	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	A cquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
;	Section C - Distributable Amount			Current Year
,	Adjusted net income for prior year (from Section A , line 8 , Column A)	1		
1	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
:	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)					
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 Amounts paid to perform activity that directly furthe excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons						
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec	quired)							
6 Other distributions (describe in Part VI) See instru	ıctions							
	200.0110							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111					
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
a .								
b c								
d From 2013								
e From 2014								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7 \$								
A pplied to underdistributions of prior years								
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
a								
b								
c Excess from 2013								
d From 2014								
e From 2015								
		Calcadada A	(F 000 000 F7) (201 F					

DLN: 93493132074317

Employer identification number

54-0721690

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

VIRGINIA TECH FOUNDATION INC

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

2	Political expenditures			>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	·	e tax incurred by the organization un	•		<u> </u>
2	,	e tax incurred by organization manac			\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		Yes No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				1 100 1 110
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
	amount of political contribution	For each organization listed, enter the second of the second that were promptly and of political action committee (PAC). If	directly delivered	to a separate political orga	nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 99	0-EZ. (Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Grassroots lobbying expenditures

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)).

A	Check	\blacktriangleright	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EII –
			expenses, and share of excess lobbying expenditures)

N,

	bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influence public lobbying)	opinion (grass roots		
Total lobbying expenditures to influence a legi	slative body (direct lobbying)	142,952	
Total lobbying expenditures (add lines 1a and	142,952		
Other exempt purpose expenditures	144,048,497		
Total exempt purpose expenditures (add lines	144,191,449		
Lobbying nontaxable amount Enter the amoun	it from the following table in both columns	1,000,000	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

	reporting section 4911 tax for this year?		Г	Yes ∏No						
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
	Lobbying Expend	tures During 4	4-Year Avera	ging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
_c	Total lobbying expenditures	383,307	214,717	163,188	142,952	904,164				
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000				
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				

250,000

Return Reference

	edule C (Form 990 or 990-EZ) 2015				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO				
		(a)		(b)	
ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No		4 moun	it
_	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	01 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		[1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information	<u> </u>	I			
	• • • • • • • • • • • • • • • • • • • •		D	т А '		
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	тр IIST), 	, Part I	1-A,I	ines 1	and

Explanation

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

DLN: 93493132074317

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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 <u>www.irs.gov/form990</u>.

OMB No 1545-0047

<u> 2015</u>

Open to Public Inspection

Interr	nal Revenue Service	•				31313711
Na	me of the organization GINIA TECH FOUNDATION INC			Emple	oyer identification num	ber
					721690	
Pa	organizations Maintaining Donor			nds o	r Accounts.	
	Complete if the organization answere	·	7, line 6.			
	Takal assaulas and afterna	(a) Donor advised funds		(b)	Funds and other accoun	ts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			r advıs	sed Yes	∏ N o
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advi	sor, or for an	y other	Yes	┌ No
Pa	rt II Conservation Easements. Comple	te if the organization answer	ed "Yes" or	n Form	1 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by th	e organization (check all that app	oly)			
	Preservation of land for public use (e g , recreducation)		rvation of an	hıstorı	ically important land are	ea
	Protection of natural habitat	Prese	rvation of a c	ertifie	d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neld a qualified conservation cont	cribution in th	ie form	of a conservation	
			[Held at the End of t	he Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme	nts		2b		
c	Number of conservation easements on a certified	historic structure included in (a)		2 c		
d	Number of conservation easements included in (or historic structure listed in the National Register) acquired after 8/17/06, and no	tona	2d		
3	Number of conservation easements modified, trai	nsferred, released, extinguished,	or terminated	by the	e organization during the	e
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is located >				
5	Does the organization have a written policy regar			— ling of		
•	violations, and enforcement of the conservation e		cecion, nana	inig or	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations,	and enforcin	ıg cons	ervation easements dui	ring the
	>					
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and	enforcing co	nserva	tion easements during t	the year
•	▶ \$					
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^{7}$	ne 2(d) above satisfy the requiren	nents of sect	ion 17	· · · ·	No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organizatio			se statement, and	
Pai	Organizations Maintaining Collect Complete if the organization answers			r Oth	er Similar Assets.	
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	AS 116 (ASC 958), not to report assets held for public exhibition,	t ın its reveni education, o	r resea	arch in furtherance of pu	
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	AS 116 (ASC 958), to report in assets held for public exhibition,	its revenue s	tateme	ent and balance sheet	blic

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

5,638,669

Par	t III	Organizations Maintaining (continued)	g Collections of	Art, His	torica	al Tr	easures, oi	Otl	ner Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other r	ecords,ch	eck an	y of th	he following tha	at are	e a significant us	e of its
а	✓	Public exhibition		d	Г	Loan	or exchange p	rogra	ms	
b	~	Scholarly research		e	Γ	O the	r			
c		Preservation for future generations	i I							
4	Provi Part	de a description of the organization	n's collections and e	xplain hov	v they f	urthe	r the organizat	ıon's	exempt purpose	ın
5	Durir	ig the year, did the organization sol ts to be sold to raise funds rather t							ımılar Ye s	s √ No
Pa	rt IV	Escrow and Custodial Arr Complete if the organization Part X, line 21.		on Form	990, P	art I\	۷, line 9, or ۱	еро	rted an amoun	t on Form 990,
1a		e organızation an agent, trustee, cu ded on Form 990, Part X?	ıstodıan or other ıntı	ermediary	for cor	itribut	tions or other a	sset	s not	s √ No
ь	If	"Yes," explain the arrangement in F	Part XIII and comple	ete the fol	lowing	table		ſ	A m	ount
c		ginning balance						1c		
d		ditions during the year						1d		
e		stributions during the year					<u> </u>	1e		
f		ding balance					├	1f		
2a		unig balance he organization include an amount (on Form 990, Part X	(, line 21,	for esc	row or			liability? Yes	 5
b	If"Ye	es," explain the arrangement in Par	t XIII Check here i	f the expl	anation	has h	peen provided i	ın Pa	rt XIII	
Pa	rt V	Endowment Funds. Comple								
		·	(a)Current year	(b)Prio	year	b (c)Two years back	(d	Three years back	(e)Four years back
1 a	Begir	nning of year balance	771,759,482	75	3,590,31	.6	611,230,05	1	547,327,438	556,200,384
b	Cont •	ributions · · · · · · ·	65,455,577	2	9,953,27	0	45,600,52	4	21,087,458	19,062,000
С	Net i losse	nvestment earnings, gains, and es	-14,862,122	2	7,969,92	.0	137,144,459	9	87,429,015	6,695,606
d	Gran •	ts or scholarships • • • •	13,541,650	1	3,143,27	6	14,131,42	5	23,677,931	12,154,413
е		r expenditures for facilities programs 	1,839,511	1	7,071,44	-2	18,231,27	6	14,331,471	15,468,599
f	A dm	inistrative expenses	8,097,559		9,539,30	6	8,022,01	7	6,604,458	7,007,540
g	End o	of year balance	798,874,217	77	1,759,48	2	753,590,310	6	611,230,051	547,327,438
2	Provi	de the estimated percentage of the	current year end ba	alance (lın	e 1g, c	olumr	n (a)) held as			
а	Board	d designated or quasi-endowment	3 910 %							
b	Perm	anent endowment ► 53 240 %								
c	Temp	porarily restricted endowment > percentages on lines 2a, 2b, and 2c	42 850 %	/-						
За	A re t	here endowment funds not in the po			that are	e held	and administe	red f	or the	
	_	nization by nrelated organizations							3a	(i) Yes No
	` '	elated organizations								(ii) No
b	If"Ye	es" on 3a(II), are the related organi	zations listed as red							b
4		ribe in Part XIII the intended uses		s endowm	ent fun	ds				
Pa	rt VI	Land, Buildings, and Equipole Complete of the organization		n Form 9	an Da	r+ T\/	lina 11a Sa	o Fo	rm 990 Dart Y	line 10
		Description of property	answered res to	Cos	(a) t or othe	r basıs	(b) Cost or other b		Accumulated (c)depreciation	(d)Book value
1a	Land				investm	ent)	(other) 29,097	7,040		29,097,040
	Buildir						1			
				<u> </u>			132,624	1,269	41,265,529	91,358,740
c	Leasel	nold improvements		· <u> </u>			650	,576	406,837	243,739
d	Equipr	nent		·			12,888	3,013	6,394,475	6,493,538
е	Other						1			

140,235,663

Part VII Investments—Other Securities. Comp	lete if the orga	nızatıon answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category		(b) Book value	(c)Method of valuation
(Including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3)Other (A) PARTNERSHIP INVESTMENTS		453,710,436	F
(B) INVESTMENT IN SUBSIDIARIES		47,752,211	С
(C) REAL ESTATE INVESTMENTS		32,682,987	F
(D) OTHER INVESTMENTS		63,842,214	F
(D) OTHER TAVESTMENTS		03,042,214	'
Total (Column (h) must equal Form 000, Part V col. (P) line 12.)	•	597,987,848	
Part VIII Investments—Program Related.			
Complete if the organization answered 'Y (a) Description of investment	es' on Form 99	(b) Book value	Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization a		Form 990, Part IV, line 1	
(1) DIRECT FINANCING LEASES	ion		(b) Book value 32,734,471
(2) IRR TRUSTS HELD BY OTHERS			10,496,523
(3) COLLECTION ITEMS			5,629,621
(4) DUE FROM SUBSIDIARIES (5) BOND DEBT COST OF ISSUANCE			1,396,880 1,698,547
(6) TRUST INVESTMENT RECEIVABLE			43,728,788
(7) PATENT			48,290
(8) DUE FROM PARENT CORP			276,875
Part X Other Liabilities. Complete if the organi		d 'Yes' on Form 990 Pa	▶ 96,009,995
See Form 990, Part X, line 25.	Zacion answere		are IV, intel II e or III.
1. (a) Description of liability	(b) Book valu	e	
Federal income taxes		0	
AGENCY DEPOSITS HELD IN TRUST	142,709	,533	
TRUST PAYMENT LIABILITIES	16,451		
THIRD PARTY TRUST OBLIGATIONS	9,069		
ANNUITY OBLIGATIONS	6,420	,/9/	
Total (Column (h) must equal Form 000, Part V and (D) for 25.)	174751	180	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide t	174,651 the text of the foot		financial statements that reports the
organization's liability for uncertain tax positions under FIN			

Schedule D (Form 990) 2015

1

1	Total revenue, gains, and othe	er support per audited financial statements		. 1					
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12							
а	Net unrealized gains (losses)	on investments	2a						
b	Donated services and use of fa	acılıtıes	2b						
c	Recoveries of prior year grant:	s	2c						
d	Other (Describe in Part XIII)		. 2d						
e	Add lines 2a through 2d			. 2e					
3	Subtract line 2e from line 1 .			3					
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a						
b	Other (Describe in Part XIII)		4b						
c	Add lines 4a and 4b			4c					
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	e 12)	5					
Par		xpenses per Audited Financial St		penses per	Return.				
	·	nization answered 'Yes' on Form 990,	<u>'</u>	1 2					
1	·	r audited financial statements		. 1					
2		it not on Form 990, Part IX, line 25	1 1						
а		acılıtıes	2a						
b	Prior year adjustments		2b						
c	Otherlosses		2c						
d	Other (Describe in Part XIII)	·	. 2d						
e	Add lines 2a through 2d			2e					
3	Subtract line ${f 2e}$ from line ${f 1}$.			3					
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	. 4a						
b	Other (Describe in Part XIII)		. 4b						
c	Add lines 4a and 4b			4c					
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, li	ıne 18)	5					
					•				
Par	Supplemental Inf	ormation							
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and			de any additional				
	Return Reference Explanation								
СНЕ	DULE D, PART III, LINE 4	COLLECTIONS OF ART VINTAGE AND	OTHER COLLECTION	ITEMSARE	JSED TO SUPPORT				
		COLLEGION OF ART VIRTUE AND OTHER COLLEGION THE COLL TO SUFFICIENT							

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

STATE UNIVERSITY

Additional Data

Software ID: Software Version:

EIN: 54-0721690

Name: VIRGINIA TECH FOUNDATION INC

FORM S	990,	Scheaule	υ,	Parti	IX, -	otner	Assets	5
							10	$\overline{}$

(1) DIRECT FINANCING LEASES

(4) DUE FROM SUBSIDIARIES

(8) DUE FROM PARENT CORP

(3) COLLECTION ITEMS

(7) PATENT

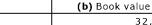
(2) IRR TRUSTS HELD BY OTHERS

(5) BOND DEBT COST OF ISSUANCE

(6) TRUST INVESTMENT RECEIVABLE

(a)	Description
(4)	Description









1,396,880 1,698,547

32,734,471

10,496,523

5,629,621

- 43,728,788 48,290

- 276,875

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SCHEDULE F (Form 990)	tatement of Activities Outside the United States				OMB No 1545-0047		
Department of the Treasury	·	Part IV, line ► Attach	on answered "Yes" to Form 14b, 15, or 16. to Form 990. and its instructions is at w		2015 Open to Public Inspection		
Name of the organization VIRGINIA TECH FOUNDATION I	NC			Employer id 54-072169	entification number		
			the United States. Form 990, Part IV, line	14b.			
1 For grantmakers. Does the and other assistance, the used to award the grants	grantees' eligibi			-			
2 For grantmakers. Describ assistance outside the Un		rganızatıon's p	procedures for monitor	ing the use of its gr	ants and other		
3 Activites per Region (The fo	llowing Part I, line	3 table can be o	duplicated if additional sp	ace is needed)			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, describ specific type of service(s) in region			
(1) Europe (Including Iceland ar Greenland)	nd 1		Program Services	RENT	282,459		
(2) Sub-Saharan Africa			Program Services	EDUCATION	1,220,872		
(3)							
(4)							
(5)							
3a Sub-total b Total from continuation shee to Part I	ets 1				1,503,331		
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice,	see the Instructions	for Form 990	Cat	No 50082W Scl	1,503,331 nedule F (Form 990) 2015		

Schedule F (Form 990) 2015

organization	and EIN (if applicable)	grant 	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2015

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
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(9)				
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(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)							,					
(17)												
(18)												
	Schedule F (Form 990) 2015											

8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes

Yes

Nο

▽ (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) Yes Νo (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Schedule F (Form 990) 2015

990 Schedule F. Supplemental Information

Return Reference

THE AMOUNT OF INVESTMENTS IN SUB-SAHARAN AFRICA TOTALED \$218.445 AND THE AMOUNT OF

this part to provide any additional information (see instructions).

Explanation

Page 5

SCHEDULE F. PART I. LINE 3 EXPENDITURES TOTALED \$1,220,872 efile GRAPHIC print - DO NOT PROCESS | As Filed Data - Schedule I (Form 990) | Grants and Other Control of the Control of the

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

Department of the

Internal Revenue Service

Name of the organization

VIRGINIA TECH FOUNDATION INC

Treasury

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

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

lacktriangle Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

DLN: 93493132074317OMB No 1545-0047

2015

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

54-0721690

Part I General Inform	nation on Grants	and Assistance				
Does the organization main the selection criteria usedDescribe in Part IV the organization	to award the grants	orassistance?			ssistance, and	⊽ Yes
			<mark>omestic Governments.</mark> (dditional space is neede	ızatıon answered "Yes" o	on Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY 150 STUDENT SERVICES BUILDING BLACKSBURG, VA 24061	54-6001805	501 (C)(3)	26,719,270			SCHOLARSHIPS
Enter total number of sectEnter total number of othe		-				1

Cat No 50055P

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

DLN: 93493132074317

reasury
Internal Revenue Se
Name of the org

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service		► Information about Schedule J (Fo	orm 990)) and its instructions is at <u>www.irs.</u>			o Pul ectio	
Naı	ne of the organiz					on nui	nber	
Do.	rt I Questi	one Describing Componention			54-0721690			
Ра	Questi	ons Regarding Compensation					Yes	Na
1 a							Yes	No
	990, Part VII,	Section A, line 1a Complete Part III	to provi	ide any relevant information regardir	g these items			
	First-class	s or charter travel	Г	Housing allowance or residence for	personal use			
	Travel for	the organization TECH FOUNDATION INC Questions Regarding Compensation sick the appropriate box(es) if the organization provided any of the following to or for a person listed on Form y, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel						
	Tax idemr	ufication and gross-up payments		Health or social club dues or initiat	ion fees			
	Discretion	ary spending account	Г	Personal services (e g , maid, chau	ffeur, chef)	 	 	
b	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					1b		
2								
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
3	organization's (CEO/Executive Director Check all the	at apply	Do not check any boxes for method	ds			
	✓ Compensa	ation committee	Г	Written employment contract				
	✓ Independe	ent compensation consultant	✓					
	✓ Form 990	of other organizations	✓	Approval by the board or compens	ation committee			
4			Part VII	, Section A , line 1a with respect to t	the filing organization			
а	Receive a seve	rance payment or change-of-control p	ayment	t?		4a		Νo
b	Participate in, c	or receive payment from, a supplemen	tal nond	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	sed con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide the	e applicable amounts for each item i	n Part III			
			-					
5	For persons list	ed on Form 990, Part VII, Section A,		=	any			
а	The organizatio	n?				5a		Νo
b	-					5b		Νο
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•		line 1a	, did the organization pay or accrue	any			
а	The organizatio	n?				6 a		Νo
b	Any related org	anızatıon?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A , escribed in lines 5 and 67 If "Yes," do			n-fixed	7		No
8	,	nts reported on Form 990, Part VII, p nitial contract exception described in		•		8		No
9	If "Yes" on line section 53 495	8, did the organization also follow the $8-6(c)$?	rebutta	able presumption procedure describe	ed in Regulations	9		

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

For each individual whose compensation must be reported on 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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 CHARLES D PHLEGAR EXECUTIVE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	310,470	71,035	0	0	0	381,505	0
2 M DWIGHT SHELTON EXECUTIVE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	327,955	0	0	0	0	327,955	0
3 DR JOHN E DOOLEY CEO and SECRETARY	(i)	345,000	0	0	36,812	2,827	384,639	0
TREASURER	(ii)	0	0	0	0	0	0	0
4 DR TIMOTHY D SANDS BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	522,385	9,528	19,521	0	0	551,434	0
5 JOHN CUSIMANO UNIVERSITY TREASURER	(i)	0	39,390	0	0	0	39,390	0
	(ii)	236,370	0	0	0	0	236,370	0
6 KEVIN SULLIVAN AVP FOR ADMIN & GEN	(i)	191,167	0	0	0	0	191,167	0
COUNSEL	(ii)	0	0	0	0	0	0	0
7 TERRIT MITCHELL AVP FOR ADMIN &	(i)	182,167	0	0	0	0	182,167	0
CONTROLLER	(ii)	0	0	0	0	0	0	0
8 EBENHARD STODDARD SENIOR INVESTMENT	(i)	154,653	37,000	0	0	0	191,653	0
ANALYST	(ii)	0	0	0	0	0	0	0
9 DANIEL WARD DIRECTOR OF INVESTMENTS	(i)	338,280	136,771	0	0	0	475,051	0
	(ii)	0	0	0	0	0	0	0

Return Reference	Explanation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page 3

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 54-0721690

Name: VIRGINIA TECH FOUNDATION INC

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1CHARLES D PHLEGAR EXECUTIVE VICE PRESIDENT	(1)	0	0	0	0	0	0	
	(11)	310,470	71,035	0	0	0	_ 381,505	•
1M DWIGHT SHELTON EXECUTIVE VICE PRESIDENT	(1)	0	0	0	0	0	0	
		327,955	o	o	О	0	- 327,955	•
2DR JOHN E DOOLEY CEO and SECRETARY	(1)	345,000	0	0	36,812	2,827	384,639	(
TREASURER	(11)	0	0	0	0	<u>-</u> 0	0	(
3DR TIMOTHY D SANDS BOARD MEMBER	(1)	0	0	0	0	0	0	(
	(11)	522,385	9,528	19,521	0	-0	551,434	(
4 JOHN CUSIMANO UNIVERSITY TREASURER	(1)	0	39,390	0	0	0	39,390	
	(11)	236,370	0	0	0	0	236,370	
5 KEVIN SULLIVAN AVP FOR ADMIN & GEN	(1)	191,167	0	0	0	0	191,167	
COUNSEL	(11)	0	0	0	0	-	- 0	
6TERRI T MITCHELL AVP FOR ADMIN &	(1)	182,167	0	0	0	0	182,167	
CONTROLLER	(11)	0	0	0	0	- 0	- 0	(
7EBENHARD STODDARD SENIOR INVESTMENT	(1)	154,653	37,000	0	0	0	191,653	(
ANALYST	(11)	0	0	0	0	-	_ 	(
8DANIEL WARD DIRECTOR OF INVESTMENTS	(1)	338,280	136,771	0	0	0	475,051	(
	(11)	0	0	0	0	-		(

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

DLN: 93493132074317

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

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

Employer identification number

	ne of the organization	N.C							Em	ployer ic	lentifica	ition nui	mber	
VIF	RGINIA TECH FOUNDATION I	.NC							54	-07216	90			
P	art I Bond Issues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pric	e	(f) Description	n of purpose	(g) De	feased	beha	On alf of uer		Pool
									Yes	No	Yes	No	Yes	No
A	Series 2010 A	54-1643441	613741BN6	08-26-2010	57,123,9	09 Cc	onstruction			Х		Х		Х
В	Series 2009 A	54-1643441	613755BN6	02-12-2009	73,380,0	00 20	007 Facilities to	support VA		х		Х		Х
C	Series 2005	54-1643441	613755BJ5	08-25-2005	49,830,0	000 20 Ur	2005 Facilities to support the			Х		Х		Х
D	Series 2011A	54-1643441	613741DK0	11-17-2011	55,889,6	03 Cc	onstruction			Х		Х		Х
Pa	rt II Proceeds								-	l	<u> </u>			
					Α		1	В		С			D	
1	A mount of bonds retired.				6	,514,9	94	10,435,000		26,28	35,000		4,	445,000
2	A mount of bonds legally def	eased					0	0			0			0
3	Total proceeds of issue				57	,123,9	09	73,746,256		50,43	32,421		55,	964,336
4	Gross proceeds in reserve f						0	0			0			0
5	Capitalized interest from pro	oceeds					0	0			0			0
6	Proceeds in refunding escro	ws			48	,147,1	00	24,480,000		31,32	0,000		4,	245,604
7	Issuance costs from procee	eds				501,8	09	515,259		18	88,741			388,987
8	Credit enhancement from pr					0 0		0	0			0		0
9	Working capital expenditure	s from proceeds					0	0			0			0
10	Capital expenditures from p	roceeds			8	8,475,000 48,384,741		48,384,741	18,321,259			9 51,255,01		255,012
11	Other spent proceeds						0	0			0			0
12	Other unspent proceeds .						0	0			0			0
13	Year of substantial complet	ion			2010)	20	10	2	2007			2013	
					Yes	No	Yes	No	Yes	- 1	No	Yes		No
14	Were the bonds issued as pa	art of a current refund	ing issue?		×		×		X			Х		
15	Were the bonds issued as pa	art of an advance refu	ındıng ıssue?			X		×			x			X
16	Has the final allocation of pr	las the final allocation of proceeds been made?					Х		X			Х		
17	Does the organization maint allocation of proceeds?	·		port the final	х		×		Х			×		
Da			• •											
-	Filvate Dusilless	-J-E			A		i	3		С	I		D	
					Yes	No	Yes	No	Yes		No	Yes		No
1	Was the organization a parti		r a member of an L	LC, which owned		Х		Х			х			×

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

Χ

Х

Х

			-	١ ١	D			C		U
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private bus of bond-financed property?	siness use		x		х		x		x
	If "Yes" to line 3a, does the organization routinely engage bond counsel or oth	her outside								
_	counsel to review any management or service contracts relating to the finance	ed								
prope	erty? Are there any research agreements that may result in private business use of	f hond-								
С	financed property?			Х		Х		X		Х
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by eighter than a section $501(c)(3)$ organization or a state or local government .			0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government	ection								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х		х		×		×
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	posed of			•			•		•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sec 1 141-12 and 1 145-2?	ctions		х		Х		х		х
9	Has the organization established written procedures to ensure that all nonqua bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		х		×		х		х	
Par	t IV Arbitrage			'	•	<u>'</u>		•	•	'
	_	А		В			С		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×		×			X		X
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?									
b	Exception to rebate?			Х		Х				
С	No rebate due?	Χ							Х	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х	Х		Х				Χ
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×	×		Х				X
b	Name of provider			Morgan Ke	eganSun	BO A We	lls Fargo	0		
С	Term of hedge				2025 %		18	375 %		
d	Was the hedge superintegrated?				Х			Х		
e	Was the hedge terminated?				×			Х		

COLUMN (A)

MONTGOMERY COUNTY

Page **3**

D

		Yes	No	Yes	No	Yes	No	Yes	No
	e gross proceeds invested in a guaranteed investment ract (GIC)?		х		х		х		Х
b Name	e of provider	0		0		0		0	
c Term	n of GIC								
	the regulatory safe harbor for establishing the fair market e of the GIC satisfied?								
6 Were period	e any gross proceeds invested beyond an available temporary od?		X		х		X		Х
	the organization established written procedures to monitor requirements of section 148?	Х		×		×		×	
Part V	Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		165	110	163	110	163	110	res	110
that v and c	violations of federal tax requirements are timely identified corrected through the voluntary closing agreement program if	X	NO	X	, inc	X	NO	X	
that v and c	violations of federal tax requirements are timely identified corrected through the voluntary closing agreement program if remediation is not available under applicable regulations?	x		X		х			
that v and c self-r Part VI	violations of federal tax requirements are timely identified corrected through the voluntary closing agreement program if remediation is not available under applicable regulations?	x		X		х			

AUTHORITY OF MONTGOMERY COUNTY BOND (F) ECONOMIC DEVELOPMENT AUTHORITY OF

В

Return Explanation Reference RFBATE COMPUTATION SCHEDULE DATES BOND K, PART IV, AUGUST 20, LINE 2C 2015 BOND (D) MAY 31, 2016

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Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990.

2015

Open to Public Inspection

DLN: 93493132074317 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Amount of bonds retired

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

Employer identification number

54-0721690

Bond Issues

VIRGINIA TECH FOUNDATION INC

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	behalf				Pool ncing
							Yes	No	Yes	No	Yes	No
A	SERIES 2012	54-1643441	99999999	12-27-2012	4,365,000	Partial Current Ref of Series 2005		Х		Х		X
В	Series 2013	54-1643441	613741EN3	10-30-2013	18,650,559	Construction		Х		Х		X
Pa	rt III Proceeds											
			•		Δ.	B						

3	Total proceeds of issue		4,365,000	18,669,779					
4	Gross proceeds in reserve funds		0		137,735				
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	4,365,000			0				
7	Issuance costs from proceeds		0		219,381				
8	Credit enhancement from proceeds		0		0				
9	Working capital expenditures from proceeds	0			0				
10	Capital expenditures from proceeds	0		18,431,178					
11	Other spent proceeds		0	0					
12	Other unspent proceeds		0	0					
13	Year of substantial completion	20	07	2015					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	Х			X				
15	Were the bonds issued as part of an advance refunding issue?		×		Х				
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	х		X					
<u> </u>									

Par	t III Private Business Use								
			4		В		С	Г	<u> </u>
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		×				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		х		Х				

1,568,978

1,355,000

			Δ		ı	В		С		 D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private bus of bond-financed property?	iness use		Х		Х				
b prope	If "Yes" to line 3a, does the organization routinely engage bond counsel or oth counsel to review any management or service contracts relating to the financiarty?									
С	Are there any research agreements that may result in private business use of financed property?	bond-		Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth counsel to review any research agreements relating to the financed property?	ner outside								
4	Enter the percentage of financed property used in a private business use by e other than a section $501(c)(3)$ organization or a state or local government.			0 %		0 %		1		•
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government	ection								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?		Х		Х					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds issued?			×		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	posed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sed 1 141-12 and 1 145-2?			×		х				
9	Has the organization established written procedures to ensure that all nonqua bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		х		×					
Par	IV Arbitrage			<u> </u>						•
	_	А			В		С		D	
		Yes	No	Yes	No	Ye	5	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		X					
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?	Х		Х						
b	Exception to rebate?		Х		X					
c	No rebate due?									
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х					
b	Name of provider			0						
С	Term of hedge									
d	d Was the hedge superintegrated?									
e	Was the hedge terminated?									

No

No

D

Yes

Page **3**

Were any gross presents invested bound an available temperary

Were gross proceeds invested in a guaranteed investment

Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?

	P	а
_	_	_

6 were any gross proceeds invested beyond an available temporary period?		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X			
Part V Procedures To Undertake Corrective Action						
	Δ.	1	В		С	
	Yes	No	Yes	No	Yes	
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	x		x			
Part VI Supplemental Information. Provide additional information	nation for res	ponses to qu	uestions on So	chedule K (s	ee instructio	ns).

Yes

No

Х

Yes

No

Yes

No

No

Yes

Schedule K (Form 990) 2015

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

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

DLN: 93493132074317 OMB No 1545-0047

Treasury Internal Revenue S	Service			www.irs.	gov/form 990 .					In	specti	on
Name of the o VIRGINIA TECH F	rganization							nploye 1-072		ication	number	r
Part I Exc	ess Benefit Tr	ansaction	IS (sectio	n 501(c)(3).	section 501(c)	(4). and 501(only)		
	plete if the organiz										40b	
1 (a) Nai	me of disqualified p	person	(b) R	elationship b	etween disquali	fied person an	nd (c) Des	cription	of	(d) Corr	ected?
						trans	saction		Yes	No		
			•									
.,,,,	amount of tax, If a				the organization				▶ \$ ▶ \$			
C	oans to and/or omplete if the orga ganization reporte	nızatıon ans	wered "Ye	s" on Form 9	90-EZ, Part V,	line 38a, or F	orm 99	0, Par	t IV , lin	e 26, o	r ıf the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loar or from organizat	the	(e)Original principal amount	(f) Balance due	(g) defa	In ult?	(h) A ppro by boa commit	ved rd or	or	
			To	From			Yes	No	Yes	No	Yes	No
											\perp	
											\perp	
							<u> </u>					
Total		▶ \$				0						

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization	(c) Amount of assistance	(a) Type of assistance	(e) i dipose oi assistance
For Paperwork Reduction Act N	otice, see the Instructions for	Form 990 or 990-EZ. Ca	t No 50056A Schedul	a (Form 000 or 000-F7) 2015

Page 2

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zation's
				Yes	No
(1) NANCY H AGEE	BOARD MEMBER	331,460	GROUND LEASE, TENANT UPFI		No
Part V Supplemental Information		s on Schedule L (see ins	tructions)		
Return Reference	·	Explanat	•		

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SCHEDULE M

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

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

DLN: 93493132074317

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** VIRGINIA TECH FOUNDATION INC 54-0721690 **Types of Property** Part I (b) (c) (d) (a) Check Number of contributions Noncash contribution Method of determining noncash contribution amounts ١f or items contributed amounts reported on applicable Form 990, Part VIII, line 1 g 3,800 FMV Art-Works of art . . . Χ Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 50,351 FMV Χ Cars and other vehicles Х 45,612 FMV Boats and planes . Intellectual property 11,001,026 FMV Securities-Publicly traded . Χ 316 Securities—Closely held stock Χ 2 6,320 FMV Securities—Partnership, LLC, or trust interests Securities—Miscellaneous . Qualified conservation contribution-Historic structures Qualified conservation contribution-Other . Real estate—Residential . Х 1,018,600 FMV Real estate—Commercial -17 Real estate-Other . . 69,900 FMV **18** Collectibles . . . 5,000 FMV Χ 10 Food inventory . . . 19 20 Drugs and medical supplies 21 Taxidermy . 22 Historical artifacts . . Scientific specimens . . 24 Archeological artifacts . 142,901 FMV 25 Other ▶ (Χ 22 Livestock) **26** Other ▶ (Χ 58 2,361,518 FMV Equipment) Х 114 623,817 FMV 27 Other ▶ (28 Other ▶ (Х 8 8,792,018 FMV Software) Number of Forms 8283 received by the organization during the tax year for contributions 25 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes 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 exempt purposes for the entire holding period? . 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes

contributions? . . .

b If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

32<u>a</u>

Yes

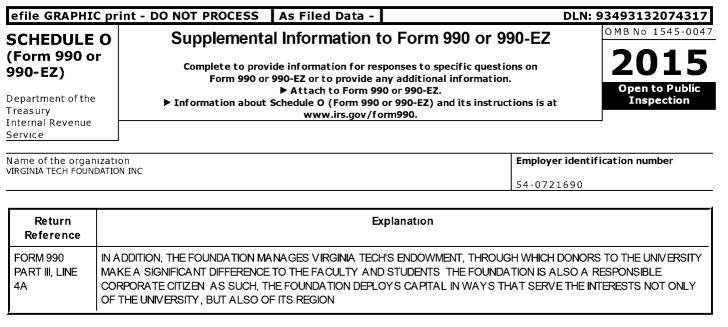
Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

SCHEDULE M. LINE 32A IVARIOUS REAL ESTATE BROKERS ARE UTILIZED TO ASSIST WITH THE SALE OF DONATED

PROPERTIES



Return Reference	Explanation
FORM 990 PART VI, LINE 11B	REVIEW OF FORM 990 MANAGEMENT AND THE FOUNDATION ACCOUNTING STAFF PROVIDE THE NECESSARY FINANCIAL AND OTHER INFORMATION TO THE FOUNDATION'S INDEPENDENT THIRD PARTY TAX CONSULTANTS THE TAX CONSULTANTS REVIEW AND COMPILE THE INFORMATION INTO THE 990 AND 990T FORMS AND PROVIDE A DRAFT TO MANAGEMENT MANAGEMENT AND THE ASSOCIATE VICE PRESIDENT AND CONTROLLER PERFORM A DETAILED REVIEW OF THE FORM PRIOR TO FORWARDING IT TO THE CEO FOR REVIEW THE CEO THEN REVIEWS THE FORMS ANY ISSUES AFTER THESE REVIEWS ARE COMMUNICATED BACK TO THE THIRD PARTY TAX CONSULTANTS ANY ISSUES ARE CORRECTED AND ADDRESSED BY BOTH PARTIES TWO WEEKS PRIOR TO THE FILING DEADLINE, THE FORMS ARE ELECTRONICALLY PROVIDED TO ALL MEMBERS OF THE FOUNDATION BOARD OF DIRECTORS IF THERE ARE NO COMMENTS OR ISSUES THAT COULD NOT BE RESOLVED, THE CHIEF EXECUTIVE FOLINDATION.
	REQUIRED BY THE IRS, ON BEHALF OF THE FOUNDATION DISCLOSURE OF THE 990 AND 990T WILL BE MADE IN FULL COMPLIANCE WITH THE REQUIREMENTS ESTABLISHED BY THE IRS

Return Reference	Explanation
FORM 990 PART VI LINE 12C	CONFLICT OF INTEREST POLICY THE VIRGINIA TECH FOUNDATION, INC. HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT REQUIRES EACH MEMBER (FOUNDATION BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES (RESPONSIBLE PERSONS)) TO COMPLETE AN ANNUAL STATEMENT SETTING FORTH ANY AND ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST THAT OCCURRED DURING THE PAST FISCAL YEAR. IN ADDITION TO THE STATEMENT, AN ANNUAL COMPLIANCE QUESTIONNAIRE MUST BE COMPLETED AND SUBMITTED BY EACH MEMBER. ALSO, IF A CONFLICT SHOULD ARISE THAT WAS NOT PREVIOUSLY DISCLOSED IN THE ANNUAL STATEMENT OR THE QUESTIONNAIRE, A STATEMENT MUST BE SUBMITTED TO THE VIRGINIA TECH FOUNDATION DISCLOSING THE FACTS OF THE SITUATION. THE EXECUTIVE COMMITTEE OF THE FOUNDATION REVIEWS THE QUESTIONNAIRES AND STATEMENTS AND WILL DETERMINE IF A CONFLICT DOES ACTUALLY EXIST. THE EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER TO AUTHORIZE APPROVE OR RATIFY THE ARRANGEMENT/TRANSACTION BASED SOLELY ON WHETHER IT IS IN THE BEST INTERESTS OF THE FOUNDATION IN PERFORMING ITS MISSION.

Return Reference	Explanation
FORM 990 PART VI, LINE 15	BOARD OF DIRECTORS DIRECTORS RECEIVE NO COMPENSATION FOR SERVICE TO THE FOUNDATION OFFICERS - EXECUTIVE VICE PRESIDENTS EXECUTIVE VICE PRESIDENTS OF THE FOUNDATION ARE THE UNIVERSITY'S VICE PRESIDENT FOR ADVANCEMENT, AND CHIEF FINANCIAL OFFICER THESE POSITIONS ARE EMPLOYED BY AND FUNDED 100% BY THE UNIVERSITY AND THEIR SALARIES AND BENEFITS ARE APPROVED BY THE UNIVERSITY'S BOARD OF VISITORS BASED UPON RECOMMENDATION BY THE UNIVERSITY PRESIDENT THE UNIVERSITY UTILIZES VARIOUS HIGHER EDUCATION SALARY STUDIES AND DATA FROM PEER INSTITUTIONS IN ESTABLISHING SALARIES AND BENEFITS FOR THESE POSITIONS OFFICER - CHIEF EXECUTIVE OFFICER AND SECRETARY/TREASURER SALARY AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER AND SECRETARY TREASURER ARE RECOMMENDED BY THE UNIVERSITY PRESIDENT AND APPROVED BY THE FOUNDATION'S COMPENSATION COMMITTEE COMPARATIVE SALARY AND BENEFITS INFORMATION IS PROVIDED TO THE COMPENSATION COMMITTEE FOR ITS CONSIDERATION IN MAKING SALARY ADJUSTMENTS AND ESTABLISHING BENEFIT PROGRAMS PROFESSIONAL AND CLASSIFIED STAFF IT IS THE FOUNDATION'S POLICY TO PROVIDE SALARY AND BENEFITS AS CLOSE AS PRACTIBLE TO THOSE PROVIDED TO UNIVERSITY EMPLOYEES PROFESSIONAL AND CLASSIFIED STAFF SALARIES ARE APPROVED BY THE CHIEF EXECUTIVE OFFICER AND SECRETARY TREASURER AND INCLUDED IN THE BOARD APPROVED ANNUAL OPERATING BUDGET COMPARATIVE DATA INCLUDING UNIVERSITY AVERAGES FOR SIMILAR POSITIONS ARE USED IN ESTABLISHING AND ADJUSTING SALARIES MERIT ADJUSTMENTS MIRROR THE UNIVERSITY APPROVED MERIT ADJUSTMENTS EACH YEAR

Return Reference	Explanation
FORM 990 PART VI. LINE 16B	JOINT VENTURE THE FOUNDATION ADOPTED A JOINT VENTURE POLICY ON SEPTEMBER 1, 2009 THE POLICY REQUIRES THAT THE FOUNDATION EVALUATE ITS PARTICIPATION IN JOINT VENTURE AGREEMENTS UNDER FEDERAL TAX LAW AND
VI, LINE 10D	TAKE STEPS TO SAFEGUARD THE FOUNDATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS

Return Reference	Explanation	
FORM 990 PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN SPLIT-INTEREST AGREEMENTS	(\$2,797,754)

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER	DESCRIPTION NON-MONETARY SUPPORT TO PROG TOTAL EXPENSES 11588008 PROGRAM
EXPENSES	SERVICES 11588008

Return Reference	Explanation
FORM 990 PART IX LINE 24 -	DESCRIPTION PUBLIC RELATIONS TOTAL EXPENSES 1248770 PROGRAM SERVICES 921125
OTHER EXPENSES	MANA GEMENT AND GENERAL 11068 FUNDRAISING 316577

Return Reference	Explanation
FORM 990 PART IX LINE 24 -	DESCRIPTION RADIO STATION TOTAL EXPENSES 1181199 PROGRAM SERVICES 637234 MANAGEMENT
OTHER EXPENSES	AND GENERAL 278654 FUNDRAISING 265311

Return Reference	Explanation
FORM 990 PART IX LINE 24 -	DESCRIPTION MISCELLANEOUS TOTAL EXPENSES 14821550 PROGRAM SERVICES 14553243
OTHER EXPENSES	MANAGEMENT AND GENERAL 81358 FUNDRAISING 186949

Return Reference	Explanation
FORM 990 PART IX LINE 24 -	DESCRIPTION UNIVERSITY EQUIPMENT PURCHASE TOTAL EXPENSES 1856930 PROGRAM
OTHER EXPENSES	SERVICES 1554788 MANAGEMENT AND GENERAL 1692 FUNDRAISING 300450

Return Reference	Explanation
	DESCRIPTION RIVERCOURSE TOTAL EXPENSES 1652761 PROGRAM SERVICES 714571
EXPENSES	MANA GEMENT AND GENERAL 938190

Return Reference	Explanation
FORM 990 PART IX LINE 24 -	DESCRIPTION MAINTENANCE TOTAL EXPENSES 72138 PROGRAM SERVICES 38616 MANAGEMENT AND
OTHER EXPENSES	GENERAL 710 FUNDRAISING 32812

Return Reference	Explanation
FORM 990 PART IX LINE 24 -	DESCRIPTION PROFESSIONAL MEMBERSHIPS TOTAL EXPENSES 301446 PROGRAM SERVICES 261686
OTHER EXPENSES	MANAGEMENT AND GENERAL 19324 FUNDRAISING 20436

Return Reference	Explanation
FORM 990 PART IX LINE 24 -	DESCRIPTION OTHER EQUIPMENT RENTALS TOTAL EXPENSES 190493 PROGRAM SERVICES 118678
OTHER EXPENSES	MANAGEMENT AND GENERAL 995 FUNDRAISING 70820

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER	DESCRIPTION ANNUITY DEFERRED GIVING TOTAL EXPENSES 44986 PROGRAM
EXPENSES	SERVICES 44986

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION TAXES TOTAL EXPENSES 128915 PROGRAM SERVICES 128915

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

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

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

Inspection

Employer identification number

IRGINIA TECH FOUNDATION INC				54-072169	Ω			
Part I Identification of Disregarded Entities Com	plete if the organization	n answered "Yes" or	n Form 990, Pa	•	<u> </u>			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dire	(f) ect controlling entity		
(1) RIVER COURSE LLC 902 PRICES FORK RD STE 4000 BLACKSBURG, VA 24061 06-1654343	GOLF COURSE	VA	1,257,775	10,010,499	NA			
(2) VA TECH BUS TECH CENTER LLC 902 PRICES FORK RD STE 4000 BLACKSBURG, VA 24061 54-0567560	BUS ASSIST	VA	0	0	NA			
(3) VT TECHNOLOGY ASSETS LLC 902 PRICES FORK RD STE 4000 BLACKSBURG, VA 24061 54-0721690	INFO TECH	VA	456,653	5,922,695	NA			
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during (a)		the organization an	swered "Yes" c	on Form 990, Part	IV, line 3	4 because it		e g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code sec			rect controlling entity	Section (13) co	1512(b
(1)VA TECH REAL ESTATE FOUNDATION INC 902 PRICES FORK RD SUITE 4000	PROPERTY MGMT	VA	501 (C) (3)	11A TYPE I	NA		Yes	"
BLACKSBURG, VA 24061 54-1528809								
(2)VIRGINIA POLYTECHNIC INST & STATE UNIV 201 SOUTHGATE CENTER	UNIVERSITY	VA	501 (C) (3)	2	NA			No
BLACKSBURG, VA 24061 54-5001805								
(3)THE FERRARI FOUNDATION 902 PRICES FORK RD SUITE 4000	EUROPEAN STUD	SZ			NA		Yes	
BLACKSBURG, VA 24061								<u> </u>
							\perp	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(h Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		(k) Percentage ownership
				311,		Yes	No	1	Yes	No							
	HOTEL OPERATIONS	VA	NA														

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

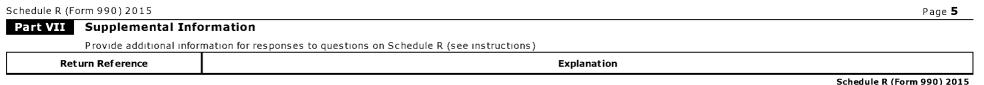
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(: contro entit	n 512 13) olled
(1) VIRGINIA TECH CORPORATE RESEARCH CENTER 1715 PRATT DRIVE SUITE	RENTAL	VA	VTF	C Corp	5,819,004	14,638,146	100 000 %	Yes Yes	No
1000 BLACKSBURG, VA 24061 54-1324469 CHARITABLE REMAINDER (2)UNITRUSTS(2) 902 PRICES FORK RD SUITE	TRUST	VA	NA	Trust				Yes	
4000 BLACKSBURG, VA 24061 (3)HR FOUNDATION INC 902 PRICES FORK RD SUITE 4000	PROPERTY MGMT	VA	VTREF	C Corp				Yes	
BLACKSBURG, VA 24061 54-1702474									

Da	Transactions With Related Organizations Complete if the organization answ	ered "Ves" on Form	990 Part IV line	34 35h or 36			90 -
F.C.	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	ered res on rollin	T JJO, Farc IV, line	. 54, 556, 61 56.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	isted in Parts II-IV2				
	Receipt of (i) interest, (ii)annuities, (iii)royalties, or (iv)rent from a controlled entity	-			1a	Yes	
	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
	Gift, grant, or capital contribution from related organization(s)				1c	Yes	
	Loans or loan guarantees to or for related organization(s)				1d	Yes	
	Loans or loan guarantees by related organization(s)				1e		No
Ĭ	Estatis of four guarantees by related organization(s) in the first ind						
f	Dividends from related organization(s)				1f	Yes	
	Sale of assets to related organization(s)				1g		No
_	Purchase of assets from related organization(s)				1h		No
	Exchange of assets with related organization(s)				1i		No
	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
,	zease of tacinicies, equipment, or other assets to related organization(s) i i i i i i i i i i i i				F		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	$Performance\ of\ services\ or\ membership\ or\ fundraising\ solicitations\ by\ related\ organization(s)\ . \ .$				1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
-	Reimbursement paid to related organization(s) for expenses				1p	Yes	
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
					-		
	Other transfer of cash or property to related organization(s)				1r 1s	Yes	No
S	Other transfer of cash or property from related organization(s)				15		NO
	If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	overed relationships	and transaction thresholds	5		
_	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining ar	mount	nvolved	
e Ad	dditional Data Table	cype (d 3)					
		1	i				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r																							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		organizations?		organizations?		organizations?		organizations		organizations?		(f) (g) Share of total end-of-year assets		f-year allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No											
													<u></u>										
				l		L				l .	l												



Additional Data

(6)

(7)

(8)

(9)

VIRGINIA TECH REAL ESTATE FOUNDATION

VIRGINIA TECH REAL ESTATE FOUNDATION

VIRGINIA TECH CORPORATE RESEARCH CENTER

VIRGINIA TECH CORPORATE RESEARCH CENTER

Software ID: Software Version:

EIN: 54-0721690

Name: VIRGINIA TECH FOUNDATION INC

Form 990, Schedule R, Part V - Transactions With Related Organizations (a) (b) (c) (d) Name of related organization Amount Involved Transaction Method of determining amount type(a-s) involved (1) VIRGINIA TECH CORPORATE RESEARCH CENTER 493,884 FMV (1) VIRGINIA TECH REAL ESTATE FOUNDATION 387,284 FMV VIRGINIA TECH CORPORATE RESEARCH CENTER a(IV) FMV (2) 1,474,414 (3) VIRGINIA TECH REAL ESTATE FOUNDATION a(ıv) 362,879 FMV FMV (4) VIRGINIA TECH CORPORATE RESEARCH CENTER 60,126 VIRGINIA TECH CORPORATE RESEARCH CENTER a(ı) 283,550 FMV (5)

a(ı)

a(ı)

R

5,432,257

81,715

450,000

1,000,000

FMV

FM V

FMV