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### DLN: 93493133001067

# 2015

OMB No 1545-0047

**Return of Organization Exempt From Income Tax** 

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

990 Department of the

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

Open to Public ▶ Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/foim990">www.IRS.gov/foim990</a> Inspection Internal Revenue Service For the 2015 calendar year, or tax year beginning 07-01-2015 and ending 06-30-2016 C Name of organization UNIVERSITY OF VIRGINIA DARDEN SCHOOL D Employer identification number B Check if applicable Address change FOUNDATION 54-6046419 CHARLES L HECKEL Name change Doing business as Initial return -Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated PO BOX 7263 (434) 924-7228 Amended return City or town, state or province, country, and ZIP or foreign postal code CHARLOTTESVILLE, VA  $\,$  22906 Application pending G Gross receipts \$ 74,046,576 Name and address of principal officer H(a) Is this a group return for MICHAEL J WOODFOLK subordinates? PO BOX 7263 Νo CHARLOTTESVILLE, VA 22906 H(b) Are all subordinates Tax-exempt status included? **√** 501(c)(3) 501(c) ( ) **◀** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www darden virginia edu Group exemption number 🕨 L Year of formation 1952 M State of legal domicile VA ✓ Corporation Trust K Form of organization Part I Summary 1 Briefly describe the organization's mission or most significant activities See Schedule O Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 4 42 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 220 Total number of volunteers (estimate if necessary) . 6 808 Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,029,244 **b** Net unrelated business taxable income from Form 990-T, line 34 7b -8,990 **Prior Year Current Year** 10,362,540 11,060,837 8 Contributions and grants (Part VIII, line 1h) Ravenue 23,335,364 25,953,872 Program service revenue (Part VIII, line 2g) 10,077,893 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,638,245 265,960 312,711 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 44.041.757 47,965,665 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14,239,716 16,602,411 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 12,396,423 14,433,043 Expenses 5 - 10)52,247 62.000 Professional fundraising fees (Part IX, column (A), line 11e) . 16a Total fundraising expenses (Part IX, column (D), line 25)  $\triangleright$  3,353,303 b 17 15,611,967 17,526,898 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 42,300,353 48,624,352 18 -658,687 19 Revenue less expenses Subtract line 18 from line 12 1,741,404 Assets or d Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 409,161,516 390,911,817 21 20,507,072 18,731,438 Total liabilities (Part X, line 26) . Net assets or fund balances Subtract line 21 from line 20 388,654,444 372,180,379 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2017-05-11 Signature of officer Sign Here CHARLES L HECKEL TREASURER
Type or print name and title Date 2017-05-11 Print/Type preparer's name PTIN Preparer's signature Check If self-employed Joyce Underwood P00022361 Joyce Underwood Paid

Firm's address ▶ 8401 GREENSBORO DRIVE SUITE 800

MCLEAN, VA 22102

Firm's name ► BDO USA LLP

**Preparer** 

Use Only

Firm's EIN 🕨

Phone no (703) 893-0600

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? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?   If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10	Yes	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	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 2	<b>11</b> d	Yes	
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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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		

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: IV	<b>Checklist of Required</b>	Schedules	(continued)

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

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

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

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

32 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?

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

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 qualified

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

**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 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

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

Νo

Nο

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Νo

Nο

Nο

Nο

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35a

35b

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Yes

Yes

Yes

Yes

Form 990 (2015)

b c 2a	Check if Schedule O contains a response or note to any line in this Part V	5 0 1c	Yes	No
b c 2a	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1c		
c 2a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	gaming (gambling) winnings to prize winners?		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	20	l	l
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 0 1		
b		2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions?	ts <b>6b</b>		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to <b>7c</b>		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	7 <b>g</b>		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions fo additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_	 	 
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No

orm '	990 (2015)			Page (
Part	<b>TVI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8 describe the circumstances, processes, or changes in Schedule O. See instructions.	a, 8b, or 10	Ob belo	·W,
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<b>~</b>
Sec	ection A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	47	165	NO
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent 1b	42		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?	any <b>2</b>	Yes	
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person			No
	Did the organization make any significant changes to its governing documents since the prior Form 990 wa filed?	1S <b>4</b>		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		No
6	Did the organization have members or stockholders?	. 6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint of more members of the governing body?	ne or . 7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh or persons other than the governing body?	olders, <b>7b</b>		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following	the		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	ction B. Policies (This Section B requests information about policies not required by the Inte	rnal Reven	ue Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	. 10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form?	e filing 11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· ·		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?	gıve . <b>. 12b</b>	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," do in Schedule O how this was done	es cribe 12c	Yes	
L3	Did the organization have a written whistleblower policy?	. 13	Yes	
L4	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 deci	sion?		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	. 15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?	with a . 16a		No
	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 th organization's exempt status with respect to such arrangements?			
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed AL,AK,AR,CA,CO,CT,DC LA,ME,MD,MA,MI,MN,MS,NY,NC,ND,OH,OK,OR,PA,WA,WV,WI	S,MO,NV,	NH,NJ	,NM,

.8	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 CHARLES L HECKEL 100 DARDEN BLVD CHARLOTTESVILLE, VA 22903 (434) 924-7228

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

<b>(A)</b> 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)					i	<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations
See Additional Data Table										

	week (list any hours	perso	on is	one l both	oox, an o	heck unless officer stee)	3	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		related organizations
See Additional Data Table										
41 017.1						▶				
<ul> <li>Sub-Total</li> <li>Total from continuation she</li> <li>Total (add lines 1b and 1c)</li> </ul>	•	ection A	١.	•		•		2,342,688	3,358,999	998,635

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Yes 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 I for such 4 Yes 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 1 for such person

services rendered to the organization? If "Yes," complete Schedule J for su	ich person	5 No
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent cont	ractors that received more than \$100,000 c	of
compensation from the organization Report compensation for the calend	dar year ending with or within the organizatio	n's tax year
(A) Name and business address	(B) Description of services	(C) Compensation
Univ of VA Investment Management C, PO Box 400215 CHARLOTTESVILLE, VA 22906	Investment Mgmt	757,115
Clearview Consulting Company, PO BOX 72 HOLDEN, MA 01520	Teaching/Cons Serv	220,400
SCHOOLWORKS LLC, 100 CUMMINGS CENTER STE 236C BEVERLY, MA 01915	TEACHING/CONS SERV	257,860
CARRAWAY ROBERT L, 1813 HEARTGLOW LANE CHARLOTTESVILLE, VA 22901	Teaching Services	200,433
DAVIDSON MARTIN N, POBOX 5101 CHARLOTTESVILLE, VA 22905	TEACHING SERVICES	158,950
2 Total number of independent contractors (including but not limited to thos \$100,000 of compensation from the organization ▶ 10	se listed above) who received more than	

Form 99	•	•						Page <b>9</b>
Part V	***	Statement o						_
		Check if Schedi	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
'o s	1a	Federated cam	paigns 1a					
ants	ь	Membership du	ies <b>1b</b>					
Gra	С	Fundraising ev	ents 1c					
fts. ir A	d	Related organiz	zations 1d					
. Gi	e	Government grant						
Sin	f	_	ons, gifts, grants, and <b>1f</b>	11,060,837		-		
Contributions, Gifts, Grants and Other Similar Amounts	'	sımılar amounts no Noncash contributi	ons included in lines	484,116				
id of		1a-1f \$	- 4 - 46		11 060 937			
<u>2</u>	h	Total. Add line:	s la-lf		11,060,837			
₹				Business Code				
Program Service Revenue	2a	EXECUTIVE EDUCA	ATION	721110	25,953,872	23,961,878	1,991,994	
ąž	Ь							
¥C.	C							
ξ	d							
an	e f	All other progra	am service revenue					
rogi	'							
	g		s 2a-2f		25,953,872			
	3		ome (including dividender ar amounts)	ds, interest,	885,432			885,432
	4		stment of tax-exempt bond	-	0			
	5	Royalties .	<u></u>	•	0			
	6a	Gross rents	(ı) Real	(II) Personal				
	Ь	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental inco	me or (loss)		0			
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	35,833,724					
	ь	Less cost or other basis and	26,080,911					
	С	sales expenses Gaın or (loss)	9,752,813					
	d	Net gain or (los	ss)		9,752,813			9,752,813
e n	8a	Gross income f events (not inc						
Other Revenue		\$of contributions reported on line 1c) See Part IV, line 18						
ıer	ь	Less direction	penses b					
O	c		(loss) from fundraising	events <b>&gt;</b>	0			
		Gross income f	rom gaming activities ne 19	-				
			a					
			penses <b>b</b> (loss) from gaming acti	vutios	0			
		Net income or	(1033) Hom gaming acti	vides ▶				
	10a	Gross sales of returns and allo						
	ь	_	oods sold b					
	C		(loss) from sales of inve		0			
	11a	Miscellaneou ALUMNI RELA	s Revenue TIONS REUNION	Business Code 900099	159,322	159,322		
		FEES		900099	77,784	77,784		
	b c	PARKING REV		900099	37,250	,,,,,,,	37,250	
	d	ADVERTISING All other reven		300033	38,355	38,355	3.,230	
	e	Total. Add lines		▶	,	- 5,0		
	12		See Instructions .		312,711	2125	0.0	10.0
					47,965,665	24,237,339	2,029,244	10,638,245

### Part IX Statement of Functional Expenses

Section	501(c)/3	) and 501(c)(	1) organizations	must complete all	columns	All other organizations	must complete column (	(Δ)

	✓	uns raitix			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	16,602,411	16,602,411		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
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	997,998	430,004	567,994	
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	10,063,477	7,412,056	870,374	1,781,047
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	862,303	627,816	78,756	155,731
9	Other employee benefits	1,789,376	1,283,990	276,334	229,052
10	Payroll taxes	719,889	527,817	64,919	127,153
11	Fees for services (non-employees)		·		·
а	Management	0			
b	Legal	16,907		16,907	
С	Accounting	105,275		105,275	
d	Lobbying	0		·	_
е	Professional fundraising services See Part IV, line 17	62,000			62,000
f	Investment management fees	800,631		800,631	· · · · ·
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,450,193	5,835,556	570,373	44,264
12	Advertising and promotion	917,631	767,093	18,880	131,658
13	Office expenses	1,339,015	1,303,187	15,139	20,689
14	Information technology	424,267	150,527	259,068	14,672
15	Royalties	54,290	54,290		
16	Occupancy	2,100,637	1,927,151	121,242	52,244
17	Travel	2,861,331	2,120,477	267,430	473,424
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	266,086	112,456	56,910	96,720
23	Insurance	124,560	62,033	62,527	
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	COGS	1,277,954	1,277,954		
b	BAD DEBT EXPENSE	268,298	152,606		115,692
c	USE/FOREIGN TAX	39,180	39,180		
d	MISCELLANEOUS EXPENSE	480,643	415,164	16,522	48,957
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	48,624,352	41,101,768	4,169,281	3,353,303
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

### Part X

Form 990 (2015) Page **11 Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . (A) (B) End of year Beginning of year Cash-non-interest-bearing . . . . . 1 447.617 1 2,250 6,004,400 2 3,338,756 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . 12,127,249 3 11,402,594 4 4,438,782 4 4,788,625 Accounts receivable, net . 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 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 n 0 6 0 n 7 7 Notes and loans receivable, net 8 44,967 42,134 Inventories for sale or use . 8 Prepaid expenses and deferred charges 446,436 522,839 9 9 Land, buildings, and equipment cost or other basis Da 6,584,069 10a Complete Part VI of Schedule D 4.362.426 10b 2,131,376 2,221,643 10c b Less accumulated depreciation . Investments—publicly traded securities 37,354,056 11 35,289,063 287, 185, 298 271.409.629 Investments—other securities See Part IV, line 11 12 0 n 13 Investments—program-related See Part IV, line 11

# Assets

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ies	22
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33

34

Net Assets or Fund Balances

Intangible assets . . . .

Grants payable .

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability  $\mbox{ Complete Part IV of Schedule D }$  .

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties . . .

Organizations that do not follow SFAS 117 (ASC 958), check here >

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

persons Complete Part II of Schedule L . . .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

**Total liabilities.** Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

### 372, 180, 379 390,911,817 34 Form 990 (2015)

Ω 14

Ω 18

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0

0 24

16,244,637

20,507,072

96,773,612

144,935,417

146,945,415

388,654,444

409,161,516

15

16

17

19 Ω 20

21

22

23

25

26

27

28

29

30

31

32

33

61.646.979

409,161,516

3,122,011

1.140.424

0

0

0

0

0

0

0

13,811,962

18,731,438

92,864,062

129,366,904

149,949,413

59,228,640

390,911,817

3.662.647

1.256.829

Net unrealized gains (losses) on investments

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?

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,

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

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

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

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

Consolidated basis

Consolidated basis

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

Donated services and use of facilities

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments

4

5

6

7

8

9

10

388,654,444

-15,815,378

372,180,379

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

art	XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A ), line 12)	1		47,965,665

1	Total revenue (must equal Part VIII, column (A), line 12)		
		1	47,965,665
2	Total expenses (must equal Part IX, column (A), line 25)		
		2	48,624,352
2	Pevenue less expenses, Subtract line 2 from line 1		

		_	17,505,005
2	Total expenses (must equal Part IX, column (A), line 25)		
		2	48,624,352
3	Revenue less expenses Subtract line 2 from line 1		
		3	-658,687
4	Net assets or fund balances at beginning of year (must equal Part X, line $33$ , column (A)) $\cdot$		

Cash Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

# Software ID: Software Version:

**EIN:** 54-6046419

\_\_\_\_\_

Name: UNIVERSITY OF VIRGINIA DARDEN SCHOOL

FOUNDATION

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							1
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an	checl , unle office ustee	ess er	(D) Reportable compensation from the organization	from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
James A Cooper Chair	10	x		x				0	0	(
Elizabeth K Weymouth Vice Chair	1 0	x		×				0	0	(
Kırby C Adams Trustee	10	x						0	0	(
WL Lyons Brown III Trustee	1 0 0 0	x						0	0	(
J Andrew Bugas Trustee	1 0 0 0	x						0	0	(
Susan J Chaplinsky Trustee	10	×						0	327,120	40,913
Charles C Cory Trustee	1 0	x						0	0	(
Vidyanidhi N Dalmia Trustee	1 0	x						0	0	(
Karen K Edwards Trustee	1 0	x						0	0	(
Arnold B Evans Trustee	0 0	×						0	0	(

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

Compensated Employees, and Inde	pendent co	illiac	LUI	3				1	i	1
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(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
Jennifer M Finn Trustee	1 0	x						0	0	C
John D Fowler Trustee	1 0	х						0	0	C
Cathy J Friedman Trustee	10	×						0	0	0
Kırstı W Goodwin Trustee	1 0	×						0	0	0
Gordon Grand III Trustee	1 0	×						0	0	0
Peter M Grant II Trustee	10	×						0	0	0
Edwin B Hooper III	1 0	Х						0	0	0

0 0 10

0 0 10

0 0 10

0 0

Х

Χ

Trustee

Trustee

Trustee

Robert J Hugin

William I Huyett Trustee

Martina T Hund-Mejean

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

compensated Employees, and Inde	penaent co			•				1	1	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	compensation from related organizations (W- 2/1099- MISC)	organization and related organizations
David B Kelso	1 0									
Trustee	0 0	Х						0	0	0
Philip W Knisely	1 0									
Trustee	0 0	X						0	0	0
Lemeul E Lewis	1 0									
Trustee	0 0	Х						0	0	0
Nicole M Lindsay Trustee	10	x						0	0	o
Elizabeth H Lynch Trustee	1 0	×						0	0	0
Luann J Lynch	14 0									
Trustee	36 0	Х						147,950	314,924	56,858
	1.0			<b>-</b>						

0 0 10

0 0 10

0 0 10

0 0

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Χ

Carolyn S Miles ......

J Bryne Murphy

Michael E O'Neill

Zhiyuan Peng Trustee

Trustee

Trustee

Trustee

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

316,029

32,652

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(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		Key employee	Highest compensated employee	Former	MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)		organization and related organizations
Scott A Price	1 0	х						0	0	0	
Trustee	0 0										
Frank M Sands Sr	1 0	.,									
Trustee	0 0	X						0	0	U	
Frank M Sands Jr	1 0										
Trustee	0 0	X						0	0	0	
	10										
Henry F Skelsey	1 0	x						0	_	0	
Trustee	0 0	^									
Shannon G Smith	1 0										
Trustee	0 0	X						0	0	0	
Susan Sobbott	1 0										
Trustee	0 0	Х						0	0	0	
	1.0										

0 0 10

0 0 10

0 0 10

50 0

Х

Χ

Bruce R Thompson

Trustee

Trustee

William P Utt

J Michael Balay

Ex-Officio Trustee

Scott C Beardsley

Ex-Officio Trustee

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

998,472

667,177

272,496

164,762

249,567

52,204

Compensated Employees, and Inde	penaent co	a c		•				1	İ	İ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(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)	(W- 2/1099- MISC)	organization and related organizations
Jerome E Connolly Jr	1 0									
Ex-Officio Trustee	0 0	Х						0	0	0
Jonathan R Ebinger	1 0									
Ex-Officio Trustee	0 0	Х						0	0	C
Rosemary B King	1 0									
Ex-Officio Trustee	0 0	Х						0	0	0
Jonathan D Manner	1 0									
Ex-Officio Trustee	0 0	Х						0	0	0
Willard L McCloud III	10									
Ex-Officio Trustee	0 0	Х						0	0	C
Douglas T Moore	1 0									
Ex-Officio Trustee	0 0	Х						0	0	0
Richard M Paschal	10									
		Х			l	1	1	0	0	I 0

0 0 10

50 0 10

0 0

Х

Χ

Ex-Officio Trustee

Richard P Shannon

Ex-Officio Trustee

Teresa A Sullivan

Ex-Officio Trustee

Locke W Ogens

Secretary

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

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

31,969

47,951

Name and Title	A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Forn 10-3	MISC)	MISC)	organization and related organizations	
Charles L Heckel	50 0										
Treasurer	0 0			X				168,970	0	37,380	
Scott Snell	0 0										
CEO Executive Education	50 0				X			0	410,007	58,451	
Luciano Centini	50 0										
MANAGING Dir of Exec EduCATION	0 0				×			362,461	0	37,085	
Dean W Krehmeyer	50 0										
Exec Dir IBIS, Chief OF STAFF	0 0				×			176,353	16,862	40,665	
Michael J Woodfolk	50 0										
SR Exec Dir,ENGMNT Strategies	0 0					X		240,105	0	32,671	
Nicola C Barrett	50 0										
Executive Director of EE	0 0					X		216,878	0	40,942	
William Carter Hoerr	50 0										
Director, Principal Gifts	0 0					X		209,811	0	41,732	
Kathleen Wiesel	50 0										
Director of EE	0 0					X		191,104	0	14,362	
William S Robinson	50 0										

0 0

50 0

Executive Director of PLE

SR Associate Dean & COO

Gerald D Starsia

170,649

18,500

308,408

Χ

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

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S					1	
(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	tor/t	not one n is and rust	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jeffrey Pottinger SR Director of Executive Educa	0 0						×	167,411	0	18,471

**Employer identification number** 

54-6046419

SCHEDULE A (Form 990 or 990EZ)

Internal Revenue Service Name of the organization

UNIVERSITY OF VIRGINIA DARDEN SCHOOL

hospital's name, city, and state

Department of the

Treasury

2

**FOUNDATION** 

Part I

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

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).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

OMB No 1545-004

Open to Public Inspection

5	Г	An organization ope 170(b)(1)(A)(iv).			ersity owned o	r operated by	a governmental unit de	escribed in <b>section</b>
6		A federal, state, or lo	ocal government o	or governmental unit d	lescribed in <b>sec</b>	tion 170(b)(:	1)(A)(v).	
7	Ė	described in <b>section</b>	170(b)(1)(A)(vi)	. (Complete Part II )			ental unit or from the ge	eneral public
8		•		on 170(b)(1)(A)(vi)(	•	•		
9	Γ	receipts from activit from gross investme organization after Ju	ties related to its ent income and un ine 30, 1975 See	exempt functions—su irelated business taxa e <b>section 509(a)(2).</b> (C	bject to certair ible income (le Complete Part I	n exceptions, ss section 51 III )	ibutions, membership f and (2) no more than 3 1 tax) from businesses	31/3% of its support
10		5		ed exclusively to test	•	•		
11	<b>▽</b>	one or more publicly the box in lines 11a	supported organı through 11d that	zations described in s describes the type of	ection 509(a)( supporting org	1) or section and	ctions of, or to carry ou 509(a)(2) See <b>sectior</b> complete lines 11e, 1	<b>1 509(a)(3).</b> Check 1f, and 11g
а		supported organizati	on(s) the power to		elect a majorit		rganization(s), typicall ors or trustees of the s	
b	Γ		upporting organiz	ation vested in the sa			orted organization(s), b manage the supported	
c	J	Type III functionally	<b>, integrated.</b> A su	ipporting organization	operated in co	nnection with	, and functionally integ	rated with, its
			` ' '	ctions) You must com	•			
d		not functionally integ (see instructions) <b>Y</b>	grated The organi ou must complete	zation generally must Part IV, Sections A	: satisfy a distr and D, and Part	ibution requir : <b>V.</b>	with its supported orga ement and an attentive	ness requirement
е							s a ⊤ype I,⊤ype II,⊤y	pe III functionally
£	F-4-			ly integrated supporti	5 5	1	4	
f	Ente	r the number of suppor					· · · · · · · <u> </u>	
g		Provide the following	information abou	t the supported organ	ization(s)			
	Νā	ame of supported	(ii)EIN	(iii)	(iv)	)	(v)	(vi)
	(i)	organization		Type of organization (described on lines 1-9 above (see instructions))	Is the orga listed in your docum	governing	A mount of monetary support (see instructions)	A mount of other support (see instructions)
					Yes	No	]	
(A) UVA	DARDEI	N SCHOOL OF BUSINESS	546001796		Yes		16,602,411	0
Tota	.11						16,602,411	
ivid	II.		1	I	I	I	10,002,411	

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants )						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
h	organization  10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s 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>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	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	<b>Public support.</b> (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0	)(3) organization,  ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	1 /		18	
19a	<b>33 1/3% support tests—2015.</b> If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

### 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,

Se	I, complete Sections A and D, and complete Part V ) ection A. All Supporting Organizations			
36	Ection A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		No
3a	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?			
	If "Yes," answer (b) and (c) below  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		No
Ī	satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> 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?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
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		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	70	<u> </u>	 
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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		I I	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		No
ь	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 <b>Part VI</b> .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		No
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 <b>Part VI</b> .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		No
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		No
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)	10b		
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		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		No

### Part IV Supporting Organizations (continued)

Section	ı R	Tyne	Т	Supporting	Organizations

engaged in these activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

S	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization					
S	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1				
S	ection D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		No		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3	Yes	l		
	The state of the state of the significations supported organizations played in this regular		103			
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1 i	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  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  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a				
	the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have			1		

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**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

2b

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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 Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition 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		
	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		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o 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			
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			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> 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 Applied to underdistributions of prior years			-
<b>b</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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5,

# **Facts And Circumstances Test**

and 6. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2015

Return Reference	Explanation
2	The President of the University and the Dean of the Darden School have ex-officio positions on the foundation board of trustees, and present school information and needs of the school to the Board of Trustees Schedule A, Part IV, Section D, Line 3 School provided a strong advisory capacity in the needs of the school which would be supported by the foundation

Schedule A, Part IV, Section E, Line Provided monetary support to the University of Virginia's Darden School of Business Schedule A (Form 990 or 990-EZ) 2015

Page 8

**SCHEDULE D** 

(Form 990)

Treasury

Department of the

# **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 <a href="www.irs.gov/form990"><u>www.irs.gov/form990</u></a>.

OMB No 1545-0047

DLN: 93493133001067

Open to Public **Inspection** 

Inter	nal Revenue Service	`		znopedaon
Na UN	me of the organization IVERSITY OF VIRGINIA DARDEN SCHOOL UNDATION		'	loyer identification number
	rt I Organizations Maintaining Donoi	r Advised Funds or Other Similar		6046419 Or Accounts
	Complete if the organization answere			or Accounts.
		(a) Donor advised funds		Funds and other accounts
1	Total number at end of year		Ţ	
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			sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or fo	or any othe	r purpose <b>Yes No</b>
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Ye	s" on Fori	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e g , recreducation)		of an histo	rically important land area
	Protection of natural habitat	-		ed historic structure
	Preservation of open space	·		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution	ın the forr	n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	l historic structure included in (a)	<b>2</b> c	
d	Number of conservation easements included in (on historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termii	nated by th	ne organization during the
	tax year <b>&gt;</b>			
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	rding the periodic monitoring, inspection, leasements it holds?	nandling of	· Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enf	orcing con	servation easements during the
	<b>&gt;</b>			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcin	ng conserv	ation easements during the year
8	Does each conservation easement reported on li	ne 2(d) above satisfy the requirements of	section 1	· · · · — —
9	(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization repor	ts conservation easements in its revenue	and expe	<b>Yes No</b> nse statement, and
	balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	asements		
Pai	rt III Organizations Maintaining Collect Complete if the organization answere			her 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 foot	assets held for public exhibition, educati	on, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, educati		
(	(i) Revenue included on Form 990, Part VIII, line :	1	<b>▶</b> \$_	

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

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

**▶**\$\_

Sche	dule D (Form 990) 201											Page <b>2</b>
Part	Organizatio (continued)	ns Maintaining	Collections of	Art, His	torica	l Trea	sures, o	r Ot	her Simil	ar Ass	ets	
3	Using the organization collection items (chec		ession, and other re	ecords, ch	neck any	of the	following th	nat ar	e a significa	ant use	of its	
а	Public exhibition			d	Гι	oan or	exchange ¡	progra	ams			
b	Scholarly researc	r h		e	$\Gamma$	Other						
c	_	future generations										
4	Provide a description	-	's collections and e	xplain hov	w thev fi	urther th	ne organiza	ition's	exempt pu	rnose in		
	Part XIII						g					
5	During the year, did th assets to be sold to ra									Yes	□ No	)
Par			angements. answered "Yes" o	n Form	990, Pa	art IV,	line 9, or	repo	orted an ai	mount	on Forr	n 990,
1a	Is the organization an included on Form 990		stodian or other inte	ermediary	for con	tributioi	ns or other	asse	_	Yes	∏ No	•
ь	If "Yes," explain the	e arrangement in P	art XIII and comple	ete the fol	lowina t	able				A mou	ınt	
c	Beginning balance							<b>1</b> c				
d	Additions during the	e <b>yea</b> r						1d				
e	Distributions during	the year						1e				
f	Ending balance							<b>1</b> f				
2a	Did the organization in	nclude an amount o	n Form 990, Part X	, line 21,	for escr	ow or cu	ustodial ac	count	t liability?	Yes	☐ No	•
b	If "Yes," explain the a	rrangement in Part	XIII Check here it	f the expl	anation	has bee	en provided	l ın Pa	art XIII .			
Pa	rt V Endowment	Funds. Comple	ete if the organiza			"Yes"	to Form 9	<del></del>				
			(a)Current year	<b>(b)</b> Pno		_	Two years bad		Three years		e)Four ye	
1a	Beginning of year bala	nce	312,721,140	29	8,999,049	9	252,819,1	40	241,11	5,507	23	2,372,468
b	Contributions		3,129,831		4,657,600	0	11,262,98	81	6,384	4,317	1	0,728,057
c	Net investment earnin losses	ngs, gains, and	-5,863,396	2	0,802,33	1	44,470,7	79	28,83	6,732	1	0,331,210
d	Grants or scholarships	s	13,032,669	1	1,207,77	1	8,723,6	08	22,67	7,416	1	1,543,387
e	Other expenditures fo and programs	r facilities										
f	Administrative expens	ses	800,631		530,069	9	830,2	43	84	0,000		772,841
g	End of year balance		296,154,275	31	2,721,140	0	298,999,0	49	252,81	9,140	24	1,115,507
2	Provide the estimated	percentage of the	current year end ba	ılance (lın	e 1g, co	olumn (a	a)) held as					
а	Board designated or q	uası-endowment 🕨	9 760 %									
b	Permanent endowment	t ▶ 50 630 %										
C	Temporarily restricted The percentages on lir	i endowinent P	39 610 % should equal 100%	D								
За	Are there endowment	funds not in the po	ssession of the orga	anızatıon	that are	held an	nd administ	ered	for the			
	organization by	-lone								20/	Yes	No No
	<ul><li>(i) unrelated organizate</li><li>(ii) related organizate</li></ul>						•			3a(i 3a(ii		No
b	If "Yes" on 3a(II), are		ations listed as req	uired on S	 Schedul	e R?.	·			. 3b	1	
4	Describe in Part XIII		<del>-</del>	s endowm	ent func	İs						
Par		ngs, and Equip	oment. answered 'Yes' to	Form 0	00 Da	-+ T\/ J.	no 115 C	00 E	orm 900 P	art V	line 10	
		n of property	answered tes to		(a)		(b)		Accum	ulated		k value
	·			Co	st or othe (investm		Cost or othe (other)		(c)depred	ciation		
<b>1</b> a	Land											
b	Buildings											
	Leasehold improvement	ts		· <u> </u>			·	06,288	+	.809,811		1,796,477
d	Equipment						Ω.	74 488	ł I	728 602		145 886

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

279,280

2,221,643

824,013

. •

1,103,293

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the organiz	zation answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or category	у	<b>(b)</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) UVIMCO MANAGED FUNDS		271,409,629	F
<u> </u>		, ,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	271,409,629	
Part VIII Investments—Program Related.			
Complete if the organization answere	d 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			,
Tatal (Column (h) must squal Form 000, Part V, sel (B) line 12.)	<b>.</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organizati	▶ Ion answered 'Yes' on Fo	orm 990, Part IV, line 11	d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization (a) Description		orm 990, Part IV, line 11	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS		orm 990, Part IV, line 11	<b>(b)</b> Book value 866,213
Part IX Other Assets. Complete if the organization (a) Description (1) OTHER ASSETS	cription	orm 990, Part IV, line 11	(b) Book value  866,213  58,362,427
(a) Descent (a) Descent (b) Descent (c) OTHER ASSETS  (2) RIGHTS OF OCCUPANCY  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization (c) Descent (	eription		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Assets. Complete if the organization (a) Description (a) Description (b) Description (b) Part X, col (b) line  See Form 990, Part X, line 25.	15) ganization answered		(b) Book value  866,213  58,362,427
(a) Descent (a) Descent (b) Descent (c) OTHER ASSETS  (2) RIGHTS OF OCCUPANCY  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization (c) Descent (	eription		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Assets. Complete if the organization (a) Description (a) Description (b) Description (b) Part X, col (b) line  See Form 990, Part X, line 25.	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization of liability  (a) Description of liability  (a) Description of liability	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Liabilities. Complete if the organization  See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book value		(b) Book value  866,213  58,362,427
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  NOTES PAYABLE TO UVA	(b) Book value	'Yes' on Form 990, Pa	(b) Book value  866,213  58,362,427

1

2

3

d

3

а

Schedule D (Form 990) 2015

31,642,354

-15,522,680

47,165,034

292,698

800,631

48,624,352

47,823,721

	' ' '			,	J	
b	Other (Describe in Part XIII )	4b				
c	Add lines <b>4a</b> and <b>4b</b>				4c	800,63
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)			5	47,965,66
Part	Reconciliation of Expenses per Audited Financial State  Complete if the organization answered 'Yes' on Form 990, I				s per	Return.
1	Total expenses and losses per audited financial statements				1	48,116,41
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a		292,698		
b	Prior year adjustments	2b			1	

2a

2b

2c

2d

2c

2d

-15,815,378

292,698

800,631

2e

3

2e

3

4c

800,631

### Add lines 4a and 4b . . . . c

Other (Describe in Part XIII) .

Subtract line 2e from line 1 . .

Add lines 2a through 2d .

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII ) . . . . . .

Donated services and use of facilities . .

Recoveries of prior year grants . . . .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation

The Foundation's endowment supports the Darden School through scholarships, chairs, research, Part V, line 4 educational programs, and alumni services Schedule D (Form 990) 2015

Schedule D (Form 990) 2015		Page <b>5</b>		
Part XIII Supplemental Informat				
Return Reference	Explanation			

efile GRAPHIC prin	t - DO NOT	DLN	l: 93493133001067			
SCHEDULE F (Form 990)	Stat	OMB No 1545-0047				
Department of the Treasury Internal Revenue Service	► Informati	2015  Open to Public Inspection				
Name of the organization UNIVERSITY OF VIRGI FOUNDATION		SCHOOL			<b>Employer ide</b> 54-604641	entification number
Part I General 1				<b>he United States.</b> orm 990, Part IV, line		-
and other assista	ance, the gra	ntees' eligibil		s to substantiate the nts or assistance, and	-	a
assistance outsid	s. Describe in the the United	n Part V the or d States		rocedures for monitor		<b>Yes No</b>
(a) Region	on (The follow	(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	
(1) East Asia and the	Pacıfic	0		<del> </del>	Executive Education	84,470
( 2) Central America a Caribbean	nd the	0	3	Program Services	Executive Education	4,616
(3) Europe (Including Greenland)	Iceland and	0	1	Program Services	Executive Education	9,876
(4) South Asia		0	1	Program Services	Executive Education	1,975
(5) Middle East and N	orth Africa	0	1	Program Services	Executive Education	143
3a Sub-total b Total from continu to Part I	ation sheets	0	16			101,080
c Totals (add lines 3	a and 3h)	Λ	16			101 080

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

Cat No 50082W

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

	applicable)		disparsement	assistance	assistance	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 . . . . .

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)									
(8)									
(9)									
( 10)									
( 11)									
( 12)									
( 13)									
( 14)									
( 15)									
( 16)									
( 17)									
( 18)									
	Schedule F (Form 990) 2015								

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

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

Yes ▼ No

Old 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)

Νo

Yes

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

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

Schedule F (Form 990) 2015

Part I. line 3

990 Schedule F, Supplemental Information				
Return Reference	Explanation			

The amounts reported on Part I, line 3 are based upon the accrual method of accounting

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DLN: 93493133001067

SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

organization entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Part I

10

Total

Name of the organization
UNIVERSITY OF VIRGINIA DARDEN SCHOOL
FOUNDATION

Employer identification number

54-6046419

	Form 990-EZ filer	s are not required	d to com	plete th	s part.		
1	Indicate whether the organ	ızatıon raısed funds	through	any of the	following activities	Check all that apply	
а					✓ Solicitation o	f non-government grants	
b	▼ Internet and email soli	citations		f	Solicitation o	f government grants	
c	▼ Phone solicitations			g	Special fundr	aising events	
d	d 🔽 In-person solicitations						
<b>2</b> a	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising   ✓Yes No services?						
b	<b>b</b> If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization						
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipt from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	JOURNEY GROUP 418 4TH STREET NE CHARLOTTESVILLE, VA 22902	design and consulting	Yes	No No		62,000	
2							

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

62,000

Pa	rt II Fundraising Events.  Complete if the organization fundraising event contribution resourts greater than #5,000	ns and gross income	Form 990, Part IV, line on Form 990-EZ, line	18, or reported mo s 1 and 6b. List ever	re than \$15,000 of nts with gross
	receipts greater than \$5,000	. <b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Reverkie					
Seve	1 Gross receipts				
_	2 Less Contributions				
	Gross income (line 1 minus				
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs				
Expenses	<b>7</b> Food and beverages				
	8 Entertainment				
Direct	<b>9</b> Other direct expenses				
ā	10 Direct expense summary Add lines 4	through 9 in column (d	d)		
	11 Net income summary Subtract line 1	0 from line 3, column (	d)		
Pal	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
ses	2 Cash prizes				
Expens	3 Noncash prizes				
	4 Rent/facility costs				
Direct	5 Other direct expenses				
	other unect expenses	<b>┌ Yes</b> %	├ Yes%		
	6 Volunteer labor	☐ No	│ No	☐ No	
	7 Direct expense summary Add lines 2	2 through 5 ın column (	d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
9	Enter the state(s) in which the organizat				Yes No
a b	Is the organization licensed to conduct  If "No," explain	-			165   110
10a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	─────────────────────────────────────
Ь	· · · —				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133001067 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number UNIVERSITY OF VIRGINIA DARDEN SCHOOL 54-6046419 FOUNDATION **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

Program (3) University of Virginia Darden School of Business - Partners in Educational Leadership Program

Schedule I (Form 990) 2015

#### **Additional Data**

Software ID: Software Version:

**EIN:** 54-6046419

Name: UNIVERSITY OF VIRGINIA DARDEN SCHOOL

**FOUNDATION** 

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant ıf applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) University of Virginia Darden 54-6001796 STATE OF VA 15,555,667 see part iv School of Business PO Box 6550 Charlottesville, VA 22906 University of Virginia Curry 54-6001796 STATE OF VA 523,372 See part IV School of Education PO Box 400276 Charlottesville, VA 22906 54-6001796 STATE OF VA 523,372 University of Virginia Darden see part iv School of Bus PO Box 6550 CHARLOTTESVILLE, VA 22906

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Schedule J (Form 990)

Department of the

# 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: 93493133001067

2015

Open to Public Inspection

Schedule J (Form 990) 2015

Cat No 50053T

Treasury Internal Revenue Servici Name of the organization

**Employer identification number** UNIVERSITY OF VIRGINIA DARDEN SCHOOL **FOUNDATION** 54-6046419 Part I **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee Written employment contract ✓ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Nο Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6h Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Nο Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Yes If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9

Selledales (Form 550) 2015					r age 🕳	
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.					
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·		
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(i) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015	Page <b>3</b>					
Part III Supplemental In	art III Supplemental Information					
Provide the information, explanati	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation					
PART I, LINE 1A	Through the Foundations standard benefits package, the Foundation will subsidize annually \$185 of the cost of membership to the UVA gym for benefits eligible employees. Scott Beardsley, Dean of the UVA Darden School of Business and ex-officio trustee of the Foundation is eligible for first-class travel to international destinations while engaging in official Foundation activities.					
PART I, LINE 4B	The University of Virginia made contributions to 401A/415 Deferred Compensation Plans for the following persons Luanne Lynch - \$9,864 Richard Shannon - \$100,000 Teresa Sullivan - \$182,265					
Part I, Line 6a	The Foundation pays teaching fees for some employees who teach in Executive Education programs and bonuses that are not tied to revenues or net earnings. Employees have the option of electing to contribute a portion of their salary to the foundation's retirement plan.					

Schedule J (Form 990) 2015

### Software ID: **Software Version:**

**EIN:** 54-6046419

Name: UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION

Form 990, Schedule J,	Part	II - Officers, Direc	ctors, Trustees, Ke	ey Employees, an	d Highest Comper	sated Employees	5	
(A) Name and Title		(B) Breakdown of (i) Base	f W-2 and/or 1099-MIS (ii) Bonus &	C compensation (iii) Other	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F</b> ) Compensation in column (B) reported as deferred
		Compensation	incentive compensation	reportable compensation				on prior Form 990
1Susan J ChaplinskyTrustee	(1)	0	0	0	0	0	0	0
	(11)	326,520		600	28,613			
			0	000	20,013	12,300	368,033	0
1Luann J LynchTrustee	(1)	147,950	0	0	0	0	147,950	0
	(11)	314,228	0	696	37,672	19,186	371,782	0
2Scott C Beardsley	(1)	0	0	0	0	0	0	0
Ex-Officio Trustee	(11)	215,899	100,000	130	19,443			
			100,000	130	19,443	13,209	348,681	0
<b>3</b> Richard P Shannon Ex-Officio Trustee	(1)	0	0	0	0	0	0	0
	(11)	697,246	300,000	1,226	139,195	25,567	1,163,234	0
<b>4</b> Teresa A Sullivan Ex-Officio Trustee	(1)	0	0	0	0	0	0	0
Ex-Officio Truscee	(11)	530,666	120,622	15,889	235,265			0
				13,003	233,203	14,302	916,744	Ŭ.
5Locke W OgensSecretary	(1)	236,436	35,268	792	25,523	26,681	324,700	0
	(11)	0	0	0	0	- - 0	- 0	0
<b>6</b> Charles L HeckelTreasurer	(1)	168,178	0	792	18,200	19,180	206,350	0
	(11)	0	0	0	0			0
7Scott Snell	(1)	0	_		_	0	0	
CEO Executive Education			0	0	0	0	0	0
	(11)	409,887	0	120	33,918	- 24,533	- 468,458	0
<b>8</b> Luciano Centini MANAGING Dir of Exec	(1)	169,477	14,577	178,407	17,199	19,886	399,546	0
EduCATION	(11)	0	0	0	0			0
9Dean W Krehmeyer Exec Dır IBIS, Chief OF STAFF	(1)	171,723	0	4,630	18,306	19,200	213,859	0
Exec DIF 1815, Chief OF STAFF	(11)	16,862			1,632			
			· ·	0	1,032	1,527	20,021	ŭ
<b>10</b> Michael J Woodfolk SR Exec Dir,ENGMNT	(1)	220,638	19,467	0	23,086	9,585	272,776	0
Strategies	(11)	0	0	0	0	-	_ _ 0	0
11Nicola C Barrett Executive Director of EE	(1)	216,878	0	0	19,240	21,702	257,820	0
Executive Director of LE	(11)	0	0	0	0			0
12William Castan Haam						0	0	
<b>12</b> William Carter Hoerr Director, Principal Gifts	(1)	195,505	14,306	0	20,849	20,883	251,543	0
	(11)	0	0	0	0	-0	_ o	0
13Kathleen Wiesel Director of EE	(1)	125,684	65,420	0	13,069	1,293	205,466	0
Bridge of EE	(11)	0	0	0	0			0
14William S Robinson	(1)	170,649	0	0	18,156	13,813	202,618	0
Executive Director of PLE	(11)	0	0	0	0			0
15Gerald D Starsia	(1)	18,500	_	_	_	0	0	_
SR Associate Dean & COO			0	0	0		18,500	
	(11)	308,408	0	0	29,944	- 18,007	- 356,359	0
16Jeffrey Pottinger SR Director of Executive	(1)	160,710	5,999	702	16,657	1,814	185,882	0
Educa	(11)	0		n				
						0	0	<u> </u>

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DLN: 93493133001067

2015

OMB No 1545-0047

# **Noncash Contributions**

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

► Attach to Form 990.

(Form 990)

Department of the

Treasury

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

iten	iai Revenue Service							
VIN	e of the organization ERSITY OF VIRGINIA DARDEN SCHOOL IDATION				Employer identificat	ion nu	mber	
	rt I Types of Property				54-6046419			
Pa	Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of do noncash contrib	etermı		ts
1	Art—Works of art	X	2	26,000	) fmv			
	Art—Historical treasures .			20,000	, IIII V			
	Art—Fractional interests							
4	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	84	411,296	FMV			
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other ► (	X	1	8,333	Cost			
	se material )				1			
UR	Other►( NITURE)	X	2		FMV			
<b>27</b> othe	Other▶( r)	X	6	36,887	cost			
	Other►( )							
	Number of Forms 8283 received for which the organization comple				29			
				-			Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not regu	ired to be used			l
	for exempt purposes for the enti					20-		
						30a		No
0 31	If "Yes," describe the arrangement of the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?		. ,	,				
h	If "Yes," describe in Part II					32a		No
	If the organization did not report	t an amount	: in column (c) for a type of	property for which column	(a) is checked,			

describe in Part II

Schedule M (Form 990) (2015)

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

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990-EZ)

Treasurv

**FOUNDATION** 

Internal Revenue Service

Name of the organization

UNIVERSITY OF VIRGINIA DARDEN SCHOOL

## Supplemental Information to Form 990 or 990-EZ

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

2015 Open to Public Inspection

OMB No 1545-0047

DLN: 93493133001067

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

990 Schedule O, Supplemental Information

ds, Jr have Business & Family Relationships

Employer identification number 54-6046419

Return Reference	Explanation
Form 990, Part I, line 1 and Part III, line 1	The University of Virginia Darden School Foundation's primary purpose is to promote the advancement and further the aims and purposes of the University of Virginia Darden School of Business. The Foundation manages endowment funds for the exclusive benefit of the Darden School, operates the School's top-ranked Executive Education programs, the Inn at Darden and Abbott Center Hospitality, and promotes philanthropic support by alumni, friends, and corporations
Form 990, Part VI, Section A, line 1	The authority or delegation of the board of trustees is as follows. The Executive Committe e exercises the authority of the Board of Trustees in directing the management of the business and affairs of the Foundation, except that no committee has the power or authority to i) fill vacancies on the Board or on any of its committees, ii) amend the Articles of Incorporation, iii) adopt, amend, or repeal the By-Laws, iv) approve a plan of merger or consolidation, v) approve the sale, lease or exchange, or the mortgage, pledge or other disposition of all or substantially all of the property and assets of the Foundation, or vi) approve the revocation of the voluntary dissolution proceedings. The Executive Committee must provide a full report of its actions to the Board of Trustees at the regular semi-annual board meetings. Form 990, Part VI, Section A, line 2. Frank M. Sands, Sr. and Frank M. Sands.

990 Schedule O, Supplemental Information

Return Reference

Form 990, Part VI,	After internal review , the Treasurer provided the Form 990 to the Audit/Finance Committee Chair and the Treasurer
Section B, line 11	addressed questions from the Audit/Finance Committee Chair Electronic copies of the Form 990 are provided to the
	Full Board in advance of filing

Explanation

Form 990, Part VI,
Section B, Line 12c

Annually, the Foundation distributes a copy of the Conflict of Interest Policy, Policy on
University of Virginia Related Foundations, and a Conflict of Interest Form to the Foundation's trustees, officers, and key employees. The individuals are required to disclose activity for the next year and verify the activity in the current year.

990 Schedule O, Supplemental Information

Return	Explanation
Reference	

and requires that the officer meet both qualitative and quantitative metrics within the officer's specific area(s) of responsibility Each plan is reviewed for appropriateness based upon external market data. Finally, the incentive plan recommendations along with market data are proposed to DSF's trustee compensation committee prior to the beginning of the plan year and approved by the committee in accordance with the IRS rebuttable presumption of reasonableness standards After the conclusion of the plan year, the compensation committee reviews and approves any payouts under the incentive

Line 15

Form 990, Part DSF offers an incentive compensation program to some of its officers. Each plan is recommended by the officer's superior VI. Section B.

VI. Section C.

Line 19

plans in advance of payments being made

nts are made available to the public upon request

Form 990, Part The organization's governing documents, conflict of interest policy, and financial stateme

990 Schedule O, Supplemental Information Return Reference Explanation

11G

	<b>-</b>
Form 990, Part XII, Line 2c	Oversight of audit. There have been no changes during the year in the process for oversight of the audit of the financial statements.

FORM 990 PART IX LINE DESCRIPTION COMMISSIONS TOTAL FEES 112979

990 Schedule O, Supplemental Information

Return Reference Explanation

	·
FORM 990 PART IX LINE 11G	DESCRIPTION TEACHING FEES TOTAL FEES 4755732

DESCRIPTION TEMPORARY STAFFING TOTAL FEES 385629

FORM 990 PART IX LINE 11G

990 Schedule O, Supplemental Information

Return Reference Explanation

Return Reference	explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PROFESSIONAL FEES TOTAL FEES 1195853

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SCHEDULE R | Related Ord

**DLN: 93493133001067**OMB No 1545-0047

# **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 Inspection

**Employer identification number** 

Department of the Treasury
Internal Revenue Service
Name of the organization

Charlottesville, VA 22906

54-6001796

(Form 990)

► Attach to Form 990.

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

UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION	54-6046419						
Part I Identification of Disregarded Entities Complete	ıf the organization a	answered "Yes" or	n Form 990, Part	IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	( <b>b</b> ) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) id-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		ie organization an:	swered "Yes" on	Form 990, Part I	V, line 34 because it l	nad on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		Section (13) co ent	g) n 512(b) ontrolled tity?
(1)University of Virginia Darden School PO Box 6550	Education	VA	501(C)(3)	2	na	Yes	No No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	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	(g) Share of end-of-year assets	(h Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No	
											$\vdash$	
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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>(b)</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	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

Part V Transactions With Related Organizations Complete if the organizations			,,		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				$\vdash$	res	INC
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with o						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)					Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)					Yes	
e Loans or loan guarantees by related organization(s)				1e	Yes	
f Dividends from related organization(s)				1f		No
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)						
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)						
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
Performance of services or membership or fundraising solicitations for related organizati				11	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organizati	on(s)			1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses				1p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		N
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s		No
If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete this line, including c	overed relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am	ount in	volved	
		+				
		+				
		1				

#### 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

evenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

Schedule R (Form 990) 2015							
Part VII Supplemental Information							
Provide additional infor	mation for responses to questions on Schedule R (see instructions)						
Return Reference	Explanation						
	LOAN REIMBURSEMENT BY OTHER ORGANIZATIONS UVA HAS AGREED TO REIMBURSE ANY COSTS INCURRED BY THE UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION FOR LOAN PROGRAMS THE FOUNDATION HAD ENTERED INTO WITH THREE INDEPENDENT THIRD PARTIES, WHICH GUARANTEES LOANS FOR INTERNATIONAL STUDENTS THE INTERNATIONAL STUDENT LOAN PROGRAM SUPPORTS THE						

Schedule R (Form 990) 2015