efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# Return of Organization Exempt From Income Tax

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

DLN: 93493134078899 OMB No 1545-0047

Open to Public

Department of the Treasur Internal Revenue Service

foundations)

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

▶ Information about Form 990 and its instructions is at www IRS gov/form990

Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization UNIVERSITY OF RICHMOND D Employer identification number B Check if applicable ☐ Address change 54-0505965 % LAURIE F MELVILLE ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return ☐ Application pending (804) 289-8150 City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 231730001 **G** Gross receipts \$ 902,718,561 F Name and address of principal officer H(a) Is this a group return for RONALD A CRUTCHER ☐Yes ☑No subordinates? 201 MARYLAND HALL H(b) Are all subordinates RICHMOND, VA 231730001 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW RICHMOND EDU L Year of formation 1830 M State of legal domicile VA Summary 1 Briefly describe the organization's mission or most significant activities TO OPERATE A UNIVERSITY FOR ACADEMIC SCIENTIFIC, AND PROFESSIONAL EDUCATION AND LEARNING Activities & Governance Check this box  $\blacktriangleright$   $\square$  if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 28 Number of independent voting members of the governing body (Part VI, line 1b) 26 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 4,856 Total number of volunteers (estimate if necessary) . . 6 2,291 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 16,702,769 **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 19,563,241 23,366,511 8 Contributions and grants (Part VIII, line 1h) . 204,896,683 208,047,050 **9** Program service revenue (Part VIII, line 2g) . . . 219,076,416 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 171,854,460 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 43,166,414 46,355,102 486,702,754 449,623,123 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . 78,819,693 83,682,154 Benefits paid to or for members (Part IX, column (A), line 4) . 183,788,398 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 175,194,921 16a Professional fundraising fees (Part IX, column (A), line 11e) . 155,219 166,999 b Total fundraising expenses (Part IX, column (D), line 25) ▶12,262,623 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 105,494,067 107,343,883 359,663,900 374,981,434 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 74,641,689 19 Revenue less expenses Subtract line 18 from line 12 . 127,038,854 Assets or d Balances **Beginning of Current Year End of Year** 3,063,808,657 20 Total assets (Part X, line 16) . 2,898,239,320 359,412,441 21 Total liabilities (Part X, line 26) . . . . 351,010,163 2,704,396,216 2,547,229,157 22 Net assets or fund balances Subtract line 21 from line 20 . Part III 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 2019-05-14 Signature of officer Sign Here DAVID B HALE EXEC VP & COO Type or print name and title Print/Type preparer's name TRAVIS L PATTON Preparer's signature TRAVIS L PATTON Date PTIN Check  $\square$  if 2019-05-14 P00369623 Paid self-employed Firm's EIN Firm's name PricewaterhouseCoopers LLP **Preparer** Firm's address ▶ 600 13TH ST NW STE 1000 Phone no (202) 414-1000 Use Only

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

WASHINGTON, DC 20005

✓ Yes 🗆 No

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly describe the o	rganızatıon's mıssıon				
COLL WOR DIVE PURS AND COLL ESTA	ABORATIVE COMMUNI K A RICHMOND EDUC RSE WORLD FORGING UIE ITS MISSION THE SUCCEED IN, A COMPI EGES AND UNIVERSIT	TY DEDICATED TO THATION PREPARES STU GOUR FUTURE, BUILD LARGER PURPOSE IS EX WORLD, PRODUC IES CAN EFFECTIVELY RD OF TRUSTEES "TO	IE HOLISTIC DEV JDENTS FOR LIVE JING FROM STRE TO OPERATE AS ING KNOWLEDGI / MEET THE CHAI D EDUCATE IN AN	ELOPMENT OF STUDEN' ES OF PURPOSE, THOUG NGTH, THE UNIVERSITY A LEADER IN HIGHER E E TO ADDRESS THE WO LLENGES OF OUR TIME	CHALLENGING, INTELLECTUAL IS AND THE PRODUCTION OF S HITFUL INQUIRY, AND RESPONS IS STRATEGIC PLAN, ESTABLIS EDUCATION, PREPARING STUDE RLDS PROBLEMS, AND MODELII THE STRATEGIC PLAN AIMS TO ENGING, INTELLECTUALLY VIBRATERIS	CHOLARLY AND CREATIVE SIBLE LEADERSHIP IN A HES HOW RICHMOND WILL WITS TO CONTRIBUTE TO, NG THE WAY THAT FULFILL THE MISSION
2	Did the organization	undertake any signific	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗆 Yes 🛭 No
	If "Yes," describe the	se new services on So	hedule O			
3	Did the organization services? If "Yes," describe the			changes in how it condu	cts, any program	☐ Yes 🗹 No
4	Section 501(c)(3) an		ions are required	to report the amount of	argest program services, as me f grants and allocations to other	
4a	(Code	) (Expenses \$	171,669,464	including grants of \$	83,329,247 ) (Revenue \$	196,018,966 )
	See Additional Data					
4b	(Code	) (Expenses \$	48,636,116	including grants of \$	) (Revenue \$	)
	See Additional Data					
4c	(Code See Additional Data	) (Expenses \$	45,107,430	including grants of \$	) (Revenue \$	32,470,344 )
4d		tes (Describe in Sched	•		07.1/0	750 502 )
	(Expenses \$	<u> </u>	cluding grants of	·	07 ) (Revenue \$ 4	,758,592 )
4e	Total program serv	rice expenses ▶	313,334,2	91		

Yes

Page 3

No

Nο

Nο

Nο

No

No

Nο

Nο

Nο

or X as applicable

Section 501(c)(3) organizations.

Form 990 (2017) **Checklist of Required Schedules** 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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 . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

3 4

7

R

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

1

2

5 6

Yes

Nο Nο Nο No Nο Form **990** (2017)

Form	m 990 (2017)								
Par	t IV Checklist of Required Schedules (continued)								
			Yes	No					
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No					
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b							
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	Yes						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?								

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

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

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

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

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

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

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

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

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

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

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 conservation

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

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

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

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . \*\*

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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)?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

26

27

29

31

33

34

36

37

instructions for applicable filing thresholds, conditions, and exceptions)

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2017)

Nο

Nο

No

Nο

Νo

Nο

Νo

Nο

Nο

No

Νo

orm	990 (2017)			Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5,724			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7				
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

1a b	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI		Yes	nes  No
1a b	Enter the number of voting members of the governing body at the end of the tax year  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		Yes	
b 2	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		Yes	No
b 2	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b 2	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
2	Enter the property of vetors members included in line 1s, about 10th and 10th and 10th			
	Enter the number of voting members included in line 1a, above, who are independent  1b  26			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
<b>b</b> .	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	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 at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
1	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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)			
1	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 the organization's exempt status with respect to such arrangements?	4.51		
	tion C. Disclosure	16b		
	List the States with which a copy of this Form 990 is required to be filed▶			
18	IL , MD , MA , MI , NH , NY , OK , OR , SC Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	, WI		
i	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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  LAURIE F MELVILLE 201 MARYLAND HALL RICHMOND, VA 23173 (804) 289-8150			

orm 990 (2	017)										Page <b>7</b>			
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,			
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>			
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees				
ear	e this table for all persons require													
of compensa	of the organization's <b>current</b> off tion Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas į	paid			-				
	of the organization's <b>current</b> key		•											
vho received organization	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the				
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-							
List all o organization	of the organization's <b>former dire</b> , more than \$10,000 of reportab	ectors or trust le compensation	<b>ees</b> that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	<b>2</b>			
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest				
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee				
	(A) Name and Title  (B) Average hours per week (list any hours for related organizations for related organizations compensated any current officer, director, or trustee  (C) Reportable compensation from the organization (W-2/1099-MISC)  (B) Average hours per week (list any hours for related organizations or related organizations or some for the organization and related organization from the organization and related organization from the organization and related organization and related organization from the organization and related organization compensated any current officer, director, or trustee  (D) Reportable compensation from the organization organization from the organization and related organization organization and related organization organization organization organization and organization and organization and organization and organization organization organization organization and organization and organization organiz													
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	MISC)	related organizations			
See Additiona	al Data Table													

RICHMOND, VA 23233 ETEC MECHANICAL CORP,

8820 PARK CENTRAL DR RICHMOND, VA 23227 RVA CONSTRUCTION LLC,

RICHMOND, VA 23229

8001 FRANKLIN FARMS DR SUITE 138

compensation from the organization ▶ 28

Name and Title

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

	ivanie and Title	hours per week (list any hours for related	than o	ne bo	ox, u n off or/tr	nles icer rust	and a	son	compe fron organiza	nsation n the ation (W- 9-MISC)	compensation from related organizations ( 2/1099-MISC	w-	amount of compen from organizat	of other sation the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033	, mise,	2,1033 1133		relat organiz	:ed	
See	Additional Data Table														
												-			
1b S	Sub-Total			ι	Щ.		▶					$\top$			
сT	otal from continuation sheets to P	art VII, Sectio	nΑ.				•								
	otal (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the	but not limited	to thos			oove	e) who	rece	•	09,902 e than \$1	00,000	0		1,288,773	
	or reportable compensation from the	Organization P											Yes	No	
3	Did the organization list any <b>former</b>	officer, director	or trust	ee, k	ey er	nplo	oyee,	or hi	ghest com	npensated	employee on		163	110	
	line 1a? If "Yes," complete Schedule 3	I for such individ	dual .	•	•	•		•				3	Yes		
4	For any individual listed on line 1a, is organization and related organization										n the				
	ındıvıdual											4	Yes		
5	Did any person listed on line 1a receivervices rendered to the organization											5		No	
Se	ction B. Independent Contract	ors											•		
1	Complete this table for your five high from the organization Report compet											mper	nsation		
		(A) and business addre									(B) ription of services		(C Compe		
1607	JELLSTROM LEE, 607 OWNBY LN ICHMOND, VA 23220														
T K D. 711 D	AVIS CONSTRUCTION, AWN ST 4OND, VA 23222									CONSTRUCT	TION		6	,327,099	
TREN	CORPORATION, W BROAD STREET SUITE 400								(	CONSTRUCT	TION		3	,915,954	

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

(C)

Position (do not check more

Average

(D)

Reportable

MECHANICAL CONTR

CONSTRUCTION

Reportable

2,444,888

1,584,886

Part \		Statement of	Revenue								rage <b>3</b>
				a respo	onse or note to any	line in this	Part VIII				🗆
				·		( <b>A)</b> Total rev		Rela exe fun	B) ted or empt ction	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	12	Federated campaig	ns	1a				Tev	enue		312-314
ributions, Gifts, Grants Other Similar Amounts	l,	<b>b</b> Membership dues		1b							
3ra not	١,	c Fundraising events		1c							
Š. (		d Related organizatio		1d							
Giff ilar		e Government grants (c		1e	2,776,706						
S. E		F All other contributions	,								
tio sr.S		and similar amounts n above		1f	20,589,805						
Contributions, Gifts, Grants and Other Similar Amounts	١,	Noncash contribution	ons included								
Contr and C		ın lınes 1a-1f \$		932,	911						
<u>ة</u> ك	_ <u> </u> _h	Total.Add lines 1a-1	.f		<u> </u>	23,3€	66,511				
ıle					Business	Code					
rs l	<b>2</b> a	TUITION & FEES				611600	-	30,317	191,730	·	
a <sup>2</sup>		AUXILIARY ENTERPRISE				900099		62,014 54,719	15,024		7,086 1,719
Service Revenue	С	SUMMER CAMPS & CON	FERENCES			900099	- 0	54,719		634	1,719
₹	d			_							
Program	e f	All other program se									
₹og		· -			208,0	47,050					
-		Total.Add lines 2a-2i			<u> </u>	1		1			
		Investment income (ii similar amounts)  .			nterest, and other	14	<b>14</b> ,876,781			-5,743,28	150,620,067
	4	Income from investm	ent of tax-exe	empt bo	ond proceeds <b>&gt;</b>		0				
	5	Royalties			•		76,821		76,821		
	e-	Cross routs	(ı) Rea	I	(II) Personal						
	oa	Gross rents									
	b	Less rental expenses									
		: Rental income or		0	0	-					
		(loss)				Į					
	d	Net rental income o				ļ	0				
	7-	Gross amount	(ı) Securi	ties	(II) Other						
	<i>7</i> a	from sales of assets other	470,6	95,730							
		than inventory									
	b	Less cost or other basis and	442	747 260	070 693	1					
		sales expenses	,	747,369		]					
		Gain or (loss)  Net gain or (loss)		948,361	-970,682	Į	26,977,679				26,977,679
		Gross income from f			<u> </u>	<u> </u>	20,377,073				20,377,073
<u>a</u>		(not including \$		of							
Other Revenue		contributions reporte See Part IV, line 18		. a	0						
Rev	ь	Less direct expense	s	b	0	1					
- e	c	: Net income or (loss)	from fundrais	sing ev	ents 🕨		0				
t o	9a	Gross income from g See Part IV, line 19		ies							
_		See Fare IV, mile 13		a	0						
	b	Less direct expense	s	b	0	1					
	c	: Net income or (loss)	from gaming	activit	ies <b>&gt;</b>		0				
	10	Gross sales of invent returns and allowand	ory, less								
				а	l 25,486,611						
	b	Less cost of goods s	sold	b	9,377,387	]					
	c	Net income or (loss)		invent	ory <b>&gt;</b>	:	L6,109,224		16,076,790	32,43	34
	4 4	Miscellaneous			Business Code		20. 20.5 600			20.205.60	20
	11	aINVESTMENT MANA	GEMENT		525990	<b>'</b>	20,385,688			20,385,68	58
					000000		4 750 502		4 750 502		
	b	ATHLETICS REVENU	E		900099		4,758,592		4,758,592		
							F 024		4 200 515		10
	C	OTHER MISCELLANE	OUS INCOME		900099		5,024,777		4,288,649	736,12	88
		All other revenue									
		e Total. Add lines 11a			•		30,169,057				
	12	<b>Total revenue.</b> See	Instructions		· · · · <u></u>	44	19,623,123		231,956,097	16,702,76	
											Form <b>990</b> (2017)

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆 _
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	352,907	352,907		
2 Grants and other assistance to domestic individuals See Part IV, line 22	79,118,859	79,118,859		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	4,210,388	4,210,388		
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	5,430,267	1,002,237	4,428,030	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	920,626	920,626		
7 Other salaries and wages	136,729,579	107,777,604	23,372,501	5,579,474
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,353,765	8,136,887	1,794,993	421,885
9 Other employee benefits	20,773,368	16,024,275	3,893,350	855,743
<b>10</b> Payroll taxes	9,580,793	7,375,696	1,829,303	375,794
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	764,608	49,857	714,751	
<b>c</b> Accounting	392,934	16,525	376,409	
d Lobbying	0			

166,999

15,266,020

1,322,417

14,584,744

2,820,080

10,180,209

8,809,350

8,873,458

27,730,256

1,497,035

5,958,576

3,857,517

1,844,141

3,399,523

374,981,434

43,015

0

0

10,546,413

1,052,637

11,939,073

2,441,641

8,205,758

7,498,566

8,368,519

26,257,175

871,798

5,950,779

1,828,717

37,882

837,115

2,512,357

313,334,291

3,762,828

1,595,154

366,772

376,290

954,366

504,939

1,473,081

625,237

7,590

5,133

2,013,987

1,006,966

188,274

49,384,520

94,566

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

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

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O )

a LIBRARY BOOKS & MATERIALS

**b** EQUIP RENTAL & MAINTENANCE

d NONCAPITAL EQUIP / MATERIALS

25 Total functional expenses. Add lines 1 through 24e
 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)

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

f Investment management fees .

**12** Advertising and promotion .

13 Office expenses .

15 Royalties .

**17** Travel .

16 Occupancy .

20 Interest . .

23 Insurance .

c TAXES

e All other expenses

14 Information technology

166,999

956,779

175,214

11,667

1,050,517

1,598,161

356,418

207

60

698,892

12,262,623

Form 990 (2017)

14,813

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

56,395,670

9,638,266

8,038,129

7.575.111

2,539,373

8.041.341

341,473,513

136.090.280

32.812.215

69,603,981

7,355,580

197,970,933

40.000.000

44.481.947

359,412,441

1.370.736.343

930.633.827

403.026.046

2,704,396,216

3.063.808.657

Form **990** (2017)

3,063,808,657

0

0

0

0

0

O

2.461.204.759

(B)

End of year

(A)

Beginning of year

0 1

0 5

0 6

2

3

4

8

9

10c

11

12

13

15

16

17

19

20

21

23

24

25

26

27

28

29

30

31

32

33

34

0 14

0 18

0 22

88.544.879

9,914,533

7,890,037

8.021.845

2.224.005

6.446.146

334,194,598

40.704.849

6.271.089

46,923,456

8,341,644

200,740,527

40.000.000

55.004.536

351,010,163

1.288.345.315

866.452.433

392.431.409

2,547,229,157

2.898.239.320

2,898,239,320

2.394.027.339

756,043,173

414.569.660

Page **11** 

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

Accounts receivable, net .

Part II of Schedule L

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Cash-non-interest-bearing . Savings and temporary cash investments . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

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

10a 10b

Pledges and grants receivable, net . . .

II of Schedule L . . . . . .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . . .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11 . . . . . .

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Accounts payable and accrued expenses

3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4

Form 990 (2017)

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

74,641,689 2,547,229,157 5

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2017)

Page **12** 

5 74,217,574 6 7 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9

8,307,796 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,704,396,216 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII . . . . . Yes No

☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Consolidated basis

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

Consolidated basis

## Additional Data

**Software Version: EIN:** 54-0505965

Name: UNIVERSITY OF RICHMOND

Software ID:

Form 990 (2017)

Form 990, Part III, Line 4a:

INSTRUCTION - SEE SCHEDULE O

Form 990, Part III, Line 4b: ACADEMIC SUPPORT - SEE SCHEDULE O Form 990, Part III, Line 4c: AUXILIARY ENTERPRISES - SEE SCHEDULE O

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours		a dir	recto	-	ustee	)	organization	organizations	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
PATRICIA L ROWLAND RECTOR	7 0	×		×				0	0	0
LEONARD W SANDRIDGE JR VICE-RECTOR	7 0	×		×				0	0	0
RONALD A CRUTCHER PRESIDENT	40 0	×		х				596,154	0	213,433
STEPHEN J ARONSON TRUSTEE	2 0	×						0	0	0
R LEWIS BOGGS	2 0									

ol

0

0

0

0

Χ

Χ

Х

Х

Х

Х

0 0 20

0.0 2 0

0 0

..............

STEPHEN J ARONSON
TRUSTEE
R LEWIS BOGGS
TRUSTEE

ALAN W BREED

TIMOTHY W FINCHEM

ROGER L GREGORY

H HITER HARRIS III

JOSEPH P JANGRO

......

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

**TRUSTEE** 

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

SD ROBERTS MOORE

KAREN G O'MALEY

PAUL B QUEALLY

ROBERT E RIGSBY

SUSAN G QUISENBERRY

......

**TRUSTEE** 

TRUSTEE

TRUSTEE

**TRUSTEE** 

**TRUSTEE** 

	any hours	and	a dır	ecto	r/trد	rustee)	)	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JEFFREY M LACKER TRUSTEE	2 0	x						0	0	0
HERBERT H MCDADE III TRUSTEE	2 0	x						0	0	0
WILLIAM H MCLEAN TRUSTEE		x						0	0	0
LELAND D MELVIN	0 0			H		$\square$	Н			

WILLIAM H MCLEAN	2 0	×					,	ا	
TRUSTEE	0 0	^						Ĭ	
LELAND D MELVIN	2 0								
		X					0	l ol	
TRUSTEE	0 0								
LOUIS W MOELCHERT JR	2 0								
		l x	l				0	1 0!	
TRUSTEE	0 0	l '							

Χ

Х

Х

Х

Х

0

2 0

00

00

0 0

0 0

..............

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

TRUSTEE

**TRUSTEE** 

TRUSTEE

DAVID HALE

MARIANA LOPEZ DE LARA

EVP & COO / TREASURER

ANN LLOYD BREEDEN

VP & SECRETARY

S GEORGIA NUGENT

......

	ally flours	ا ا	a uii	ecti	<i>J</i> 1 / C1	usice	'	Organization	organizations	mom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	enplosee Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
GREGORY S ROGOWSKI TRUSTEE	2 0	×						0	0	0	
SUZANNE F THOMAS TRUSTEE	2 0	×						0	0	0	
MICHAEL P WALRATH TRUSTEE	2 0	×						0	0	0	
ALLISON P WEINSTEIN	2 0										

TRUSTEE	0 0	X			0	
ALLISON P WEINSTEIN	2 0	v			0	
TRUSTEE	0 0	^			J	
JEFF A BROWN	2 0	×				
TRUSTEE	0.0	_ ^			ĺ	

0.0 40 0

0 0

......

ALLISON P WEINSTEIN	2 0	l 🗸			0	0	
TRUSTEE	0 0	_ ^			,	0	
JEFF A BROWN	2 0	×			0	0	
TRUSTEE	0 0	^				0	
JAMES C DAVIS	2 0						

Х

Х

Χ

Χ

433,745

239,518

54,555

30,032

0

MICHAEL P WALRATH	2 0						0	0	
TRUSTEE	0.0	_ ^					, i	0	
ALLISON P WEINSTEIN	2 0								
		Ιx	l				l n	0	
TRUSTEE	0 0	,,					_		
JEEE A BROWN	2.0								

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

238,418

284,730

392,052

799,962

692,307

668,239

0

0

0

24,872

29,275

50,819

461,874

36,933

81,348

o ol 40 0 ......

0 0 40 0

0.0 40 0

0 0

. . . . . . . . . . . . . . . . . . .

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

	for malaka d	uu u, u. u,						(14/ 3/4000	(14/ 2/1000	organization and	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
JEFFREY W LEGRO EVP & PROVOST	40 0			х				185,909	0	18,356	
	0.0					$\sqcup$					
ROBIN BLANDFORD PRESIDENT, SMC	40 0				×			1,777,121	0	33,815	
KEITH MCINTOSH  VP FOR INFORMATION SERVICES	40 0				×			255,604	0	25,190	
STEPHEN BISESE	40 0				х			229,371	0	35,523	

Х

Х

Х

Х

Х

Х

VP FOR INFORMATION SERVICES	
STEPHEN BISESE	
VP, STUDENT DEVELOPMENT	
PATRICE RANKINE	
DEAN, SCHOOL OF ARTS & SCIENCE	

STEPHANIE DUPAUL

CHRISTOPHER MOONEY

BASKETBALL COACH

STEVEN HENDERSON

DIRECTOR, SMC

PAUL COSTELLO

COO, SMC

WENDY PERDUE

DEAN, LAW

VP FOR ENROLLMENT MANAGEMENT

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	for related organizations below dotted line)	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
KAREN WELCH	40 0				×		676,490	0	22,433		
DIRECTOR, SMC	0 0						,		,		
KATHERYN SCOTT	40 0						E04 695	0	30,001		
DIRECTOR, SMC					X		594,685	U	39,001		

Х

Х

Х

Х

550,242

143,832

241,978

224,066

31,265

31,990

17,375

26,701

23,983

2112313143113	0.0						
KATHERYN SCOTT	40 0						
				l x l		594,685	
DIRECTOR, SMC	0 0					,	
STEPHEN ALLRED	40 0						
					l x l	285,479	
FMR PROVOST & VP ACAD AFFAIRS	0 0					,	
EDWARD AVERS	40 0						

0 0 40 0

0 0 40 0

0 0

and Independent Contractors

EDWARD AYERS

FORMER PRESIDENT

JACQUELINE FETROW

LORRAINE SCHUYLER

KATHLEEN SKERRETT

FMR DEAN, ARTS & SCI

FORMER CHIEF OF STAFF

FMR PROVOST & VP ACAD AFFAIRS

efil	efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93493134078													
SCI	HED m 990	ULE A		Public (	Charity Staturganization is a sect	ion 501(c)(3) d	organization o	ort	2017					
		M. T.	▶ Infe	ormation abou	► Attach to Form	990 or Form 99	0-EZ.	ections is at	Open to Public					
Interna	ıl Reyen	the Treasury  nue Service  ne organiza			•	ov/form990.		Employer identific	Inspection					
		OF RICHMOND	Lion					54-0505965	ation number					
Pa	rt I	Reason	for Public	Charity State	us (All organization	s must comple	te this part.) S							
The c	rganız	ation is not	private four	idation because	it is (For lines 1 thro	ough 12, check o	nly one box )							
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).						
2	<b>✓</b>	A school de	scribed in <b>se</b>	ction 170(b)(	<b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ))							
3		A hospital o	or a cooperati	ve hospital serv	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).						
4			esearch orga and state _	nization operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's					
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				oed in <b>section 170</b>					
6 -		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )												
9		An agricultural research organization described in <b>170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university												
10		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
11		An organiza	ition organize	ed and operated	dexclusively to test fo	r public safety S	ee section 509	(a)(4).						
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	e purposes of one or )(3). Check the box					
а		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by						
b		Type II. A manageme	supporting on nt of the sup	rganızatıon sup porting organiza	ervised or controlled i									
C		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its					
d		Type III n	on-function integrated	<b>ally integrate</b> The organization	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar						
e		Check this	box if the org	anızatıon receiv	't IV, Sections A and /ed a written determir	nation from the II		pe I, Type II, Type II	I functionally					
f	— Entai			on-functionally l organizations	integrated supporting	organization								
g				-	ipported organization(	e)		_						
		Name of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary support other support (see instructions) instructions								
						Yes	No							
		· ·												
Tota		want Dade	bian A-t NI-	ine north v	structions for	Cat No 11285	<u> </u>	Sahadula A (Faus A	90 or 990-EZ) 2017					

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part											
III. If the organization fails to qualify under the tests listed below, please complete Part III.)											
Section A. Public Support											
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total					
Gifts, grants, contributions, and											

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
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	- ·						
11	Total support. Add lines 7 through						

	line 4										
S	ection B. Total Support										
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c)2015	( <b>d)</b> 2016	<b>(e)</b> 2017	(f)Total				
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)										
11	<b>Total support.</b> Add lines 7 through 10										
12	Gross receipts from related activities, e	c (see instruction	ns)			12					
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,										
	check this box and $\boldsymbol{stop\ here}\ \ldots\ \ldots$										
S	Section C. Computation of Public Support Percentage										
14	Public support percentage for 2017 (line	6, column (f) dı	vided by line 11, c	olumn (f))		14					

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you cl the organization fails to						er Part II. If	
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)		
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai	
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							
4	under section 513 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							
	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	Public support. (Subtract line 7c							
S	from line 6 ) ection B. Total Support							
	Calendar year							
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9								
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
Ь	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on Other income Do not include gain or							
12	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 for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization	
	check this box and <b>stop here</b>			,,	,		▶ □	
Se	ection C. Computation of Public S	Support Perce	ntage					
15	Public support percentage for 2017 (lin			column (f))		15		
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16		
Se	ction D. Computation of Investr	nent Income	Percentage					
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17		
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18		
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not	
	more than 33 1/3%, check this box and s						ightharpoons	
	33 1/3% support tests—2016. If the						. —	
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons	
20	Private foundation. If the organization	-	-				ightharpoons	

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ		
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 509(a)(1) or (2)				
	in section 309(a)(1) or (2)	2			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the				
	determination	3b			

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	·			
	determination				
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <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 12a or 12b ın Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	id the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported rganization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or				
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations				
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes				
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 <b>Part VI</b> , 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)				

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	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			
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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			
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
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		
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			
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  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  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
<b>b</b> From 2013		
c From 2014		
<b>d</b> From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2017 distributable amount		
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u>      \$                              </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015. . . . .

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

### **Additional Data**

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

**EIN:** 54-0505965

Name: UNIVERSITY OF RICHMOND

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

ilisti decions)
Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

## **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.

DLN: 93493134078899 OMB No 1545-0047

> Open to Public Inspection

Assets included in Form 990, Part X

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

(Form 990)

▶ Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** UNIVERSITY OF RICHMOND 54-0505965 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) 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 Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

Pai	t III	Organizations Maintaining Co	llections of Art, H	istori	cal Tr	easu	res, or Other !	Similar Assets	(continued)
3		g the organization's acquisition, accessions (check all that apply)	n, and other records,	check a	any of t	he fol	llowing that are a	significant use of i	ts collection
а	✓	Public exhibition		d		Loan	or exchange prog	rams	
b	$\checkmark$	Scholarly research		е		Other	r		
С	$\checkmark$	Preservation for future generations							
4	Prov Part	ide a description of the organization's co XIII	llections and explain h	ow the	y furth	er the	e organization's ex	empt purpose in	
5		ng the year, did the organization solicit of ts to be sold to raise funds rather than to						lar	'es ☑ No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization ansi X, line 21.		n 990	, Part 1	[V, lıı	ne 9, or reporte	d an amount on	Form 990, Part
1a		e organization an agent, trustee, custod ided on Form 990, Part X?	an or other intermedia	ary for	contrib	ution	s or other assets r	not 🗌 🕽	′es □ No
ь	If "Y	es," explain the arrangement in Part XII	I and complete the foll	lowing	table			Amoun	t
c	Begi	nning balance					1c		
d	Addı	tions during the year					1d		
е	Dıstı	ributions during the year					1e		
f	Endi	ng balance					1f		
<b>2</b> a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line 2	1, for	escrow	or cu	stodial account lia	bility?	res □ No
b	If "Y	es," explain the arrangement in Part XII	Check here if the ex	planati	on has	been	provided in Part X		
Pa	art V	Endowment Funds. Complete	the organization a	nswer	ed "Ye	s" or	n Form 990, Par	t IV, line 10.	
			(a)Current year		lor year	-		(d)Three years back	
1a	Begini	ning of year balance	2,373,505,908	2,1	164,442,		2,382,914,693	2,349,468,120	
b	Contri	ibutions	7,493,970		3,072,		6,414,698	10,853,584	
С	Net in	vestment earnings, gains, and losses	237,714,357		285,866,	999	-89,919,766	138,688,91	339,508,185
d	Grant	s or scholarships							
е		expenditures for facilities rograms	119,319,615		58,242,	108	135,127,849	116,116,20	47,148,938
f	Admır	nistrative expenses	6,703,745		64,	553	-160,431	-20,280	137,530
g	End o	f year balance	2,492,690,875	2,3	395,074,	902	2,164,442,207	2,382,914,69	2,349,468,126
2		ride the estimated percentage of the curr rd designated or guasi-endowment ▶	ent year end balance ( 50 000 %	(line 1g	g, colum	nn (a)	)) held as		
a		nanent endowment > 15 000 %	30 000 70						
b			000.0/-						
С		porarily restricted endowment ► 35 percentages on lines 2a, 2b, and 2c shot	000 %						
За	Are t	there endowment funds not in the posses inization by		on that	are he	ld and	d administered for	the	Yes No
	_	inrelated organizations						Г	3a(i) Yes
		related organizations						<u>L</u>	Ba(ii) Yes
b		es" on 3a(II), are the related organizatio	ns listed as required o	n Sche	dule R?				<b>3b</b> Yes
4	Desc	cribe in Part XIII the intended uses of the	e organızatıon's endow	ment f	unds			_	<u> </u>
Pa	rt VI								
		Complete if the organization ansi							
	Desci	ription of property (a) Cost or ot (investm		or otner	basis (oi	tner)	(c) Accumulated d	epreciation	(d) Book value
1a	Land				6,644	1,583			6,644,583
b	Buildii	ngs			557,323	3,756	2	38,702,041	318,621,715
С	Lease	hold improvements							
d	Equip	ment			95,636	5,721		83,357,299	12,279,422
е	Other				96,438	3,113		92,510,320	3,927,793
Tat	- I A d d	Lines to through to (Column (d) mint	aual Form OOO Bart V	· calus	nn (B)	lino 1	10(0)		244 470 540

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organization ansv	vered "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial derivatives		222 0, 0,14	,
(2) Closely-held equity interests			_
(A) INVESTMENTS-HEDGE FUNDS	1,532,247,602		F
(B) INVESTMENTS-PRIVATE EQUITY	555,460,869		F
(C) INVESTMENTS-OTHER FUNDS	371,382,119		F
(D) INVESTMENTS-COMMINGLED FUNDS (E)	2,114,169		F
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related.  ▶	2,461,204,759		
Complete if the organization answered 'Yes' on I  (a) Description of investment	Form 990, Part IV, li (b) Book value		, Part X, line 13.
	(B) Book value		of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>		
Part IX Other Assets. Complete if the organization answered (a) Descriptio		rt IV, line 11d See Form	990, Part X, line 15 <b>(b)</b> Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities. Complete if the organization a	answered 'Yes' on Fo	rm 990, Part IV, line 1	
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) B	ook value	
(1) Federal income taxes		0	
		4,061,522	
POST RETIREMENT BENEFITS INTEREST RATE SWAP LIABILITY		17,196,159 18,774,838	
US GOV'T GRANTS REFUNDABLE		3,810,836	
FEDERAL INCOME TAXES		545,586	
FUNDS HELD ON BEHALF OF OTHERS (7)		93,006	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		44 491 047	
2. Liability for uncertain tax positions In Part XIII, provide the text of	of the footnote to the or	44,481,947 ganization's financial stat	ements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC	740) Check here if the	text of the footnote has I	peen provided in Part XIII

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c					4c	
5		Ic. (This must equal Form 990, Part I, line 18	) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro <sup>,</sup> XI,	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any ac	IV, lines 1b and 2b, Part Iditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See A	Addıtıonal Data Table					

Page <b>5</b>	Schedule D (Form 990) 2017	
	ormation <i>(continued)</i>	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

## Additional Data

Software Version:

Name: UNIVERSITY OF RICHMOND

**EIN:** 54-0505965

### Supplemental Information

Return Reference Explanation

PART III, LINE 1A

THE UNIVERSITYS COLLECTIONS OF HISTORICALLY SIGNIFICANT ARTIFACTS, SCIENTIFIC SPECIMENS, A ND ART OBJECTS ARE HELD FOR EDUCATION, RESEARCH, SCIENTIFIC INQUIRY, AND PUBLIC EXHIBITION THEIR VALUE IS NOT REFLECTED IN THE UNIVERSITYS CONSOLIDATED FINANCIAL STATEMENTS, AS PE

RMITTED BY U S GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP)

Software ID:

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4	THE LIBRARY OWNS SEVERAL THOUSAND RARE BOOKS, FACSIMILE SHEETS OF MEDIEVAL MUSIC, AND PORT RAITS OF FIGURES ASSOCIATED WITH THE UNIVERSITY'S HISTORY THESE ARE USED FOR TEACHING, ST UDY, AND RESEARCH THE COLLECTIONS OF THE UNIVERSITY MUSEUMS INCLUDE FINE ART, ARTIFACTS, AND DECORATIVE ARTS, DATING FROM THE ANCIENT CULTURES IN GREECE AND CHINA TO CONTEMPORARY WORKS OF ART THE MUSEUMS PROVIDE THE OPPORTUNITY FOR THE APPRECIATION, KNOWLEDGE, RESEARCH, AND SCHOLARSHIP OF ART, CULTURAL HISTORY, AND SCIENCE THROUGH ON-CAMPUS AND TRAVELING E XHIBITIONS, SCHOLARLY PUBLICATIONS AS WELL AS ACADEMIC AND PUBLIC EDUCATIONAL PROGRAMS THE ESE PROGRAMS INCLUDE SPECIAL COURSES, LECTURES, GALLERY TALKS, ARTISTS' RESIDENCIES, WORKS HOPS, SYMPOSIA, AND OTHER EVENTS THE MUSEUMS' EDUCATION AND RESEARCH ACTIVITIES COMPLEMEN T AND SUPPORT THE EDUCATIONAL MISSION OF THE UNIVERSITY OF RICHMOND BY BEING INTEGRATED WITH THE UNIVERSITY'S ACADEMIC PROGRAMS AND UTILIZING STUDENT, FACULTY, AND STAFF INVOLVEMEN T, INTERNSHIPS, RESEARCH FELLOWSHIPS, AND WORK/STUDY POSITIONS FOR STUDENTS TO ENHANCE THE MUSEUMS' OFFERINGS

bappiemental Imormation			
Return Reference	Explanation		
PART V, LINE 1	IN FY18 THE UNIVERSITY RETROSPECTIVELY ADOPTED ASU 2015-02, CONSOLIDATION (TOPIC 810) AND ASU 2017-02, NOT-FOR-PROFIT ENTITIES - CONSOLIDATION (SUBTOPIC 958-810) AS A RESULT, THE UNIVERSITY DETERMINED THAT THE RICHMOND FUND IS NO LONGER REQUIRED TO BE CONSLIDATED AND THE CORRESPONDING ASSETS, LIABILITIES, OPERATING ACTIVITIES, AND CASH FLOW WERE REMOVED FROM THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THE NEW GUIDANCE 2017 BEGINNING BALANCE, AC		

TIVITY, AND ENDING BALANCE WERE IMPACTED

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 1,400 INDIVIDUAL FUNDS ESTABLISHED FO R A VARIETY OF PURPOSES, SUCH AS SCHOLARSHIPS AND CONTRIBUTIONS TO EDUCATIONAL AND GENERAL EXPENSES THE SPENDING POLICY ALLOWS ENDOWMENT FUNDS TO MEET CURRENT OPERATING NEEDS OF T HE UNIVERSITY BY PROVIDING YEAR-TO-YEAR BUDGET STABILITY, AND PROTECTS THE FUTURE PURCHASI NG POWER OF THE ENDOWMENT ASSETS AGAINST THE IMPACT OF INFLATION

Supplemental Imormation	
Return Reference	Explanation
PART X, LINE 2	UNCERTAIN TAX POSITION FOOTNOTE THE UNIVERSITY IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED I N SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE) AS SUCH, THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES TO THE EXTENT PROVIDED UNDER SECTION 50 1 OF THE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE CONSOLIDATED FINA NCIAL STATEMENTS THE UNIVERSITY ACCOUNTS FOR UNCERTAIN TAX POSITIONS, WHEN APPLICABLE NO INTEREST EXPENSE OR PENALTIES HAVE BEEN RECOGNIZED AS OF AND FOR THE YEAR ENDED JUNE 30, 2018 THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE MAJOR TAX JURISDICTIONS UNDE R THE STATUTE ARE FROM THE YEAR 2014 FORWARD THE RICHMOND FUND, RFMC AND RICHMOND QUANDRA NGLE, LLC DO NOT RECORD PROVISIONS FOR INCOME TAXES BECAUSE THE PARTNERS AND MEMBERS REPOR

T THEIR SHARE OF THE ENTITIES' INCOME OR LOSS ON THEIR RESPECTIVE INCOME TAX RETURNS

Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134078899 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** UNIVERSITY OF RICHMOND 54-0505965 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

Schedule E (Form 990 or 990EZ) (2017) Page <b>2</b>						
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)						
Return Reference	Explanation					
PART I, LINE 3	A POLICY OF NON-DISCRIMINATION IS CONTAINED IN ALL UNIVERSITY CATALOGS AND GENERAL SEARCH PUBLICATIONS SENT TO HIGH SCHOOLS AND POTENTIAL APPLICANTS IN ENROLLMENT APPLICATIONS, AND ON-LINE CATALOGS					
PART I, LINE 6A	THE UNIVERSITY RECEIVES FINANCIAL SUPPORT FROM AGENCIES OF THE FEDERAL GOVERNMENT TO PROVIDE FINANCIAL AID TO STUDENTS AND FOR RESEARCH PURPOSES ADDITIONAL FINANCIAL AID SUPPORT IS RECEIVED FROM AGENCIES OF THE COMMONWEALTH OF VIRGINIA A COMPLETE LIST OF AGENCIES AND AMOUNTS IS ON FILE					

Schedule F (Form 990 or 990-F7) (2017)

efile GRAPHIC print - DO NOT PROCESS			As Filed Data	-		DLN:	: 93493134078899
SCHEDULE F	Stater	nent of	Activities	Outside the Un	ited St	ates	OMB No 1545-0047
(Form 990)	► Complet	te if the organ	i, or 16.	2017			
Department of the Treasury Internal Revenue Service	▶ Information	on about Scho	form990.	Open to Public Inspection			
Name of the organization						Employer ider	ntification number
UNIVERSITY OF RICHMOND						54-0505965	
<b>Part I General Info</b> Form 990, Pa			s Outside the U	<b>Jnited States.</b> Comple	ete if the	organization a	inswered "Yes" to
1 For grantmakers.	Does the orga	anızatıon ma	aıntaın records to	substantiate the amoun	t of its gra	ints and	
•	_		the grants or assi	stance, and the selection	r criteria u	sed	
to award the grants	or assistance	?					🗹 Yes 🗌 No
2 For grantmakers. E outside the United St		art V the or	ganızatıon's proce	dures for monitoring the	use of its	grants and ot	her assistance
3 Activites per Region (	The following	Part I, line 3	3 table can be dupli	cated if additional space is	s needed )		
(a) Region		<b>(b)</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)	program s	ty listed in (d) is a service, describe ific type of e(s) in region	(f) Total expenditures for and investments in region
See Add'l Data							
3a Sub-total b Total from continuation Part I	sheets to		44				1,336,658,291
	nd 3b)		44		<del> </del>		1,336,658,291

Schedule F (Form 990) 2017							Page <b>3</b>
Part III Grants and Oth				ed States. Complete i	f the organization ai	nswered "Yes" to Form 9	990, Part IV, line 16.
Part III can be d				1	1	T	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							
					1	<u> </u>	<u> </u>

Sche	dule F (Form 990) 2017		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	<b>☑</b> No

Schedule F (F	Schedule F (Form 990) 2017 Page <b>5</b>						
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).							
Return Reference	Explanation						
PART I, LINE 2	GRANTS AWARDED TO INDIVIDUALS OUTSIDE THE UNITED STATES BY THE UNIVERSITY OF RICHMOND CONSIST OF FINANCIAL AID IN THE FORM OF SCHOLARSHIPS AND GRANTS TO STUDENTS STUDYING ABROAD STUDENTS RECEIVING THESE GRANTS ARE DETERMINED TO BE WORTHY ON THE BASIS OF THE UNIVERSITY'S ASSESSMENT OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR CRITERIA THE OFFICE OF FINANCIAL AID MONITORS STUDENTS' ELIGIBILITY FOR THESE FUNDS IN ACCORDANCE WITH INSTITUTIONAL POLICIES AND STANDARDS						

## **Additional Data**

Europe (Including Iceland and

Greenland)

## Software ID: Software Version:

**EIN:** 54-0505965

Name: UNIVERSITY OF RICHMOND

47,104,313

## Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		1,174,688,925

Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America 58.852.602 lInvestments Sub-Saharan Africa Investments 49,336,418

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 25.080 |Grantmaking Caribbean 919.768 East Asia and the Pacific |Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 2.841.584 |Grantmaking Greenland) Middle East and North Africa 55,571 |Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America 26.228 |Grantmaking Russia and the Newly Grantmakıng 69,585 Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America 224.557 l Grantmakına Sub-Saharan Africa Grantmakıng 47,015

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia 1.000 lGrantmakınd East Asia and the Pacific 7 Program Services ISTUDY ABROAD 495,371

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and ISTUDY ABROAD 1.901.859 32 Program Services Greenland) Middle East and North Africa 28,443 1 Program Services ISTUDY ABROAD

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) South America ISTUDY ABROAD 39.972 4 Program Services

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
SCHOLARSHIPS	Central America and the Caribbean	1	25,080	STUDENT ACCT		N/A	N/A		
CCHOLADCHIDG	East Asia and the Pacific	91	919,768	STUDENT ACCT		N/A	N/A		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (e) Manner of (q) Description of (h) Method of (c)Number (d) Amount of (f) Amount of assistance cash grant cash disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDY ABROAD 329 2,841,584 STUDENT ACCT IN/A IN/A Europe SCHOLARSHIPS (Includina Iceland and (Greenland STUDY ABROAD 55.571 STUDENT ACCT IN/A IN/A Middle East and SCHOLARSHIPS North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
STUDY ABROAD SCHOLARSHIPS	North America	1	26,228	STUDENT ACCT		N/A	N/A		
STUDY ABROAD SCHOLARSHIPS	Russia and the Newly Independent States	3	69,585	STUDENT ACCT		N/A	N/A		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of (b) Region (c)Number assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDY ABROAD 224,557 STUDENT ACCT IN/A N/A South America SCHOLARSHIPS STUDY ABROAD 1.000 ISTUDENT ACCT IN/A IN/A South Asia SCHOLARSHIPS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (b) Region (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other' STUDY ABROAD 47,015 STUDENT ACCT IN/A N/A Sub-Saharan SCHOLARSHIPS Africa

(Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** UNIVERSITY OF RICHMOND 54-0505965 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ✓ Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No 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

**Supplemental Information Regarding** 

As Filed Data -

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

licensing

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	SOLICITOR CONSULTING		No		166,999	-166,999
	L	1	<b>•</b>		166,999	-166,999

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,

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

OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

DLN: 93493134078899 OMB No 1545-0047

	dule G (Form 990 or 990-EZ) 2017				Page :				
Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and							
	у у у у у у у у у у у у у у у у у у у	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events				
		(event type)	(event type)	(total number)	(add col (a) through col (c))				
Revenue									
~	1 Gross receipts								
	2 Less Contributions								
	4 Cash prizes								
S	5 Noncash prizes								
Direct Expenses	6 Rent/facility costs								
Хре	<b>7</b> Food and beverages								
ц П	8 Entertainment								
Dire	<b>9</b> Other direct expenses								
	10 Direct expense summary Add lines 4 t	:hrough 9 ın column (d)							
	11 Net income summary Subtract line 10	from line 3, column (d)		•					
Pai	<b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	i more than \$15,000				
Revenue		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
	1 Gross revenue								
Expenses	2 Cash prizes								
a a	3 Noncash prizes								
Direct	4 Rent/facility costs								
	5 Other direct expenses								
	<b>6</b> Volunteer labor	☐ Yes <u></u> %	☐ Yes     %       ☐ No	☐ Yes     %       ☐ No					
	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8 Net gaming income summary Subtract								
9 a	Enter the state(s) in which the organization is the organization licensed to conduct ga	Yes No							
b	o If "No," explain								
10a b	Were any of the organization's gaming lic	e tax year?	Yes No						
		,							

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page <b>3</b>				
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No					
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entity $\mathfrak{g}^2$		□Yes	□No					
13	Indicate the percentage of gaming acti	vity conducted in								
а	The organization's facility		13a			%				
b	An outside facility		13b			%				
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books ar	nd records							
	Name ►									
	Address >									
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No					
b		evenue received by the organization > \$ ar the third party > \$	nd the							
С	If "Yes," enter name and address of the	e third party								
	Name •									
	Address ▶									
16	Gaming manager information									
	Name ►									
	Gaming manager compensation ► \$									
	Description of services provided ►									
	☐ Director/officer	☐ Employee ☐ Independent contractor								
17	Mandatory distributions									
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to		□Yes	Пио					
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or speties during the tax year $ hilder$ $$	ent							
Pai		on. Provide the explanations required by Part I, line 2b, colu 5c, 16, and 17b, as applicable. Also provide any additional in				s).				
	Return Reference	Explanation								

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493134078899 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 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 RICHMOND 54-0505965 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

## **Additional Data**

GEORGE WASHINGTON

45155 RESEARCH PL

ASHBURN, VA 20147

UNIVERSITY

Software ID: Software Version: EIN:

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

**EIN:** 54-0505965

Name: UNIVERSITY OF RICHMOND

53-0196584

(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
VA DEPT OF REHAB SERVICES 8004 FRANKLIN FARMS DR RICHMOND, VA 23229	54-0756941	VA	48,652		N/A	N/A	GRANT SUBAWARD FROM SPONSORED RESEARCH FUNDS				

N/A

N/A

GRANT SUBAWARD

FROM SPONSORED

RESEARCH FUNDS

146,371

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 06-0646973 501(C)(3) 20.814 IN/A YALE UNIVERSITY N/A IGRANT SUBAWARD FROM SPONSORED

PO BOX 1873 NEW HAVEN, CT 06508 EASTERN VIRGINIA MEDICAL 54-6055378 501(C)(3) 45.337 N/A N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORFOLK, VA 23507

RESEARCH FUNDS GRANT SUBAWARD SCHOOL FROM SPONSORED 358 MOWBRAY ARCH RESEARCH FUNDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 38-0868188 501 (C)(3) 16.029 IN/A UNIVERSITY OF NOTRE DAME N/A IGRANT SUBAWARD 724 GRACE HALL FROM SPONSORED RESEARCH FUNDS

N/A

N/A

GRANT SUBAWARD

FROM SPONSORED

RESEARCH FUNDS

19.932

NOTRE DAME, IN 46556 VIRGINIA COMMONWEALTH UNIVERSITY 800 E LEIGH ST

RICHMOND, VA 23284

54-6001758

VA

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) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-6002033 MD 19.467 N/A IN/A UNIV OF MD CTR FOR IGRANT SUBAWARD ENVIRON SCI FROM SPONSORED PO BOX 775 RESEARCH FUNDS CAMBRIDGE, MD 21613

IN/A

IGRANT SUBAWARD

FROM SPONSORED

RESEARCH FUNDS

N/A

36.305

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

UNIVERSITY OF MIAMI

1320 S DIXIE HWY SUITE 650

CORAL GABLES, FL 33146

59-0624458

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9313	34078	899	
Sch	edule J	Co	ompensat	ion Information	MO	B No	1545-0	0047	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest							
		➤ Complete if the org	2017						
_	▶ Attach to Form 990.							blic	
•	Department of the Treasury Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.								
	ne of the organiza				Employer identificat	ion nu	ımber		
OINI	VERSITY OF RICHMO	טאס			54-0505965				
Pa	rt I Questi	ons Regarding Compensa	tion						
							Yes	No	
1a				f the following to or for a person liste by relevant information regarding the					
		or charter travel		Housing allowance or residence for	•				
	_	companions		Payments for business use of perso					
		nification and gross-up payment	s 🔽	Health or social club dues or initiation					
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cner)				
b		kes in line 1a are checked, did tl ill of the expenses described abo		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	<b>1</b> b		No	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1-2	2	Yes		
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked in line	e la?				
3				ed to establish the compensation of the	ne				
	_	•	111	not check any boxes for methods CEO/Executive Director, but explain i	n Part III				
	·	-	· 🔽	•					
	_ '	ation committee ent compensation consultant		Written employment contract Compensation survey or study					
		of other organizations	<b>☑</b>	Approval by the board or compensa	tion committee				
		-	000 P-+-VII C-	ection A, line 1a, with respect to the f					
4	related organiza		990, Part VII, 3e	ection A, line 1a, with respect to the r	ning organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No	
b	Participate in, o	r receive payment from, a suppl	emental nonqual	lified retirement plan?		4b	Yes		
C		r receive payment from, an equi		-		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Part	: III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section contingent on the revenues of		the organization pay or accrue any					
а	The organization	۶۱۶				5a		No	
b	Any related orga	anization?				5b	Yes		
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section Contingent on the net earnings of		the organization pay or accrue any					
а	The organization	۹۶				6a		No	
b	Any related orga					6b		No	
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Yes		the organization provide any nonfixed art III	d	7	Yes		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe			N.	
9		3, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		No_	
For I		ction Act Notice, see the Ins	tructions for Fo	orm 990 Cat No 5	50053T Schedule J		1 990)	2017	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Benefici	(B)(ı)-(D)	solumn (B)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(8)(1)-(0)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
	]	1	1	1	1	'	1
	'	'	1		'	'	1
	1	1		1		<u> </u>	
	'	'	1		'	'	1
	1	<u> </u>		<u> </u>		<u> </u>	
	'	'	1	'	'	'	1
	1	<b></b>		1		† ·	
	'	'	1	,	'		1
	1	1		1		† ·	
	'	'	1	,	1	'	1
	1	1				<u>'</u>	
	'	!	1		'	·  '	1 <u> </u>
						'	1
	'	!	<u></u>		'	·  '	1 '
			1	1		'	
			1			'	1
						<u> </u>	
			1			<u> </u>	
			1	'		'	[
			1			<u> </u>	
			1			· ·	
		<u> </u>	1			· ·	1
			1			<u> </u>	
	'	1	1	,		1	1

Schedule J (Form 990) 2017									

Part III **Supplemental Information** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I, LINE 1A FIRST-CLASS OR CHARTER TRAVEL - THE MEN'S BASKETBALL COACH OCCASIONALLY TRAVELS WITH HIS TEAM BY MEANS OF CHARTER TRAVEL FOR SCHEDULED COMPETITIONS THE VALUE IS NOT TREATED AS TAXABLE COMPENSATION THE PRESIDENT IS PERMITTED TO FLY FIRST-CLASS FOR TRIPS EXCEEDING THREE HOURS IN DURATION TRAVEL FOR COMPANIONS - FIRST-CLASS TRAVEL, UP TO A CONTRACTUALLY DEFINED LIMIT, IS PERMITTED UNDER THE PRESIDENTS

PART I, LINE 4B

Schedule J (Form 990) 2017

PROVISION OF NON-STANDARD BENEFITS IS DETERMINED BY THE PRESIDENT, FOR SENIOR LEADERS AND KEY EMPLOYEES, AND THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. FOR THE PRESIDENT FACTORS CONSIDERED ARE WHETHER THE BENEFIT UNDER CONSIDERATION IS COMMONLY PROVIDED TO INDIVIDUALS IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS. WHETHER THE BENEFIT IS NECESSARY FOR THE INDIVIDUAL TO SUCCESSFULLY FULFILL HIS OR HER JOB RESPONSIBILITIES, AND WHETHER, IN THE CONTEXT OF THE INDIVIDUAL'S OVERALL COMPENSATION, THE PROVISION OF THE NON-STANDARD BENEFIT IS REASONABLE IDURING THE YEAR

IEMPLOYMENT CONTRACT. THE TRAVEL EXPENSE FOR THE PRESIDENTS SPOUSE WAS NOT TREATED AS TAXABLE COMPENSATION BECAUSE THE TRAVEL WAS FOR UNIVERSITY BUSINESS PURPOSES HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS IN A UNIVERSITY-PROVIDED HOME AS A CONDITION OF EMPLOYMENT. THE VALUE OF THIS LODGING IS NOT REPORTED AS TAXABLE COMPENSATION. SOCIAL CLUB MEMBERSHIP - THE PRESIDENT HOLDS A MEMBERSHIP IN A SOCIAL CLUB FOR THE PURPOSE OF CARRYING OUT UNIVERSITY BUSINESS PART I. LINE 1B THE

Page 3

Schedule J (Form 990) 2017

CHRISTOPHER MOONEY DEFERRED \$422,091 IN A SECTION 457(F) PLAN DURING 2017 RONALD CRUTCHER DEFERRED \$25,000 IN A SECTION 457(F) PLAN PART I, LINE 5B

ROBIN BLANDFORD, STEVEN HENDERSON, KAREN WELCH, AND PAUL COSTELLO RECEIVED BONUSES BASED ON THE GROSS REVENUES OF THE RICHMOND FUND. MANAGEMENT COMPANY. THE BONUS AMOUNT FOR EACH INDIVIDUAL WAS CALCULATED AT CONTRACTUALLY DEFINED PERCENTAGES.

RONALD CRUTCHER, DAVID HALE, KEITH MCINTOSH, STEVEN HENDERSON, PAUL COSTELLO, KAREN WELCH AND KATHRYN SCOTT RECEIVED NON-FIXED PAYMENTS RELATED TO RECOGNITION AND/OR PERFORMANCE

PART I, LINE 7

**Software ID: Software Version:** 

**EIN:** 54-0505965

Name: UNIVERSITY OF RICHMOND

(A) Name and Title					lighest Compensate				
	L	<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
PRESIDENT	(I) (II)	515,499	20,000	60,655	70,000	143,433	809,587		
1DAVID HALE EVP & COO / TREASURER	(1) (11)	393,187	20,000	20,558	40,208	14,347	488,300		
2ANN LLOYD BREEDEN VP & SECRETARY	(1) (1)	239,428		90	24,413	5,619	269,550		
3ROBIN BLANDFORD PRESIDENT, SMC	(1) (1)	568,997	1,207,739	385	27,000	6,815	1,810,936		
4KEITH MCINTOSH VP FOR INFORMATION SERVICES	(1) (1)	234,857	15,000	5,747	23,558	1,632	280,794		
5STEPHEN BISESE VP, STUDENT DEVELOPMENT	(1) (1)	228,988		383	23,811	11,712	264,894		
6PATRICE RANKINE DEAN, SCHOOL OF ARTS &	(1) (1)	229,004		9,414	22,997	1,875	263,290		
7STEPHANIE DUPAUL VP FOR ENROLLMENT	(I) (II)	284,592		138	27,000	2,275	314,005		
8WENDY PERDUE DEAN, LAW	(1) (1)	379,693		12,359	38,964	11,855	442,871		
9CHRISTOPHER MOONEY BASKETBALL COACH	(I) (II)	497,299	10,000	292,663	449,091	12,783	1,261,836		
10STEVEN HENDERSON DIRECTOR, SMC	(1) (1)	280,979	411,069	259	27,000	9,933	729,240		
11PAUL COSTELLO COO, SMC	(1) (1)	280,479	387,502	258	27,000	54,348	749,587		
12KAREN WELCH DIRECTOR, SMC	(1) (1)	266,979	409,451	60	13,500	8,933	698,923		
13KATHERYN SCOTT DIRECTOR, SMC	(1) (1)	247,911	346,720	54	26,000	13,001	633,686		
14STEPHEN ALLRED FMR PROVOST & VP ACAD	(1) (1)	284,747		732	27,000	4,265	316,744		
15EDWARD AYERS FORMER PRESIDENT	(I) (II)	549,845		397	27,000	4,990	582,232		
16JACQUELINE FETROW FMR PROVOST & VP ACAD	(I) (II)	143,240		592	14,521	2,854	161,207		
FORMER CHIEF OF STAFF	(ı) (ıı)	241,388		590 	24,289	2,412	268,679 		
FMR DEAN, ARTS & SCI	(I) (II)	181,325		42,741	22,171	1,812	248,049		
EVP & PROVOST	(ı) (ıı)	144,657	15,000	26,252 	14,792	3,564	204,265		

efi	le GRAPHIC print - DO	NOT PROCESS	As Filed Data -									DLN: 9	3493	13407	8899
(Fo	hedule K orm 990)		the organization ans	Information of the swered "Yes" to Form so, and any additional Pattach to Form 99	990, Part I	V, line	24a. Pro		criptions,			2	No 154	7	
Inter	nal Revenue Service	▶Informa	tion about Schedule	K (Form 990) and its	instruction	s is at <u>ı</u>	www.irs.	gov/for	<u>11990</u> .			Ī	nspect	ion	
	e of the organization VERSITY OF RICHMOND									-	yer iden	tificatio	n numbe	er	
D-	art I Bond Issues									54-05	05965				
	(a) Issuer name	(b) Issuer EI	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	Descripti	on of purpose	(g) De	efeased		On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	VA COLLEGE BUILDING AUTHORITY	54-1249154	927781CR3	11-08-2006	17,8	30,000	CONSTR PLANT	NSTRUCT DORM & BOILER NT			X		×		X
В	VA COLLEGE BUILDING AUTHORITY	54-1249154	927781YF5	02-28-2011	45,5	87,682	REFUND	PRIOR IS	SSUE		Х		×		Х
С	VA COLLEGE BUILDING AUTHORITY	54-1249154	9277803U8	08-05-2004	15,0	69,000	REFUND	PRIOR IS	SSUE		Х		Х		X
D	VA COLLEGE BUILDING AUTHORITY	54-1249154	9277802U8	08-05-2004	30,9	31,000	CONSTR FORUM	UCT SCIE	NCE BLDG &		X		Х		X
Pa	rt III Proceeds										<u> </u>				<u> </u>
					,	Α		E			:			D	
1_	Amount of bonds retired						0		0			0			0
	Amount of bonds legally of						0		0			0			0
3_	Total proceeds of issue .  Gross proceeds in reserve					18,449	<del>`</del>		45,587,682		15,069			31,0	070,375
<u>4</u> 5	Capitalized interest from						0		0			0			0
6	Proceeds in refunding esc						0		0			0			
7	Issuance costs from proce											$\dashv$			
<del></del>	Credit enhancement from						5,980 502,682 1,282 0			69,000 n			141,136		
9	Working capital expenditu						1,202		0			0			
10	Capital expenditures from	•				18,368	8 365		0			0		30.9	929,239
11	Other spent proceeds .					10,500	0		45,085,000		15,000	.000		507.	0
12	Other unspent proceeds .			1			0		0			0			0
13	Year of substantial compl	etion			20	009		20	11	19'	96			2006	
					Yes	No	<b>)</b>	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as	part of a current refund	ding issue?			х		Χ		Х					X
15	Were the bonds issued as	part of an advance refu	unding issue?			Х			Х		Х				X
16	Has the final allocation of	proceeds been made?			Х			X		Х			Х		
17	Does the organization ma				Х			×		Х			Х		
Pai	rt IIII Private Busine	ss Use													
						Α		. E		<u> </u>				D	<u> </u>
1	Was the organization a pa	artner in a partnership,	or a member of an LLC,	, which owned property	Yes	No X		Yes	No X	Yes	No		Yes		No X
2	financed by tax-exempt be Are there any lease arran	gements that may resul	lt in private business us			X			X						×
For	property?			<b>)</b> _	Ca	l t No 50	<u> </u>				<u> </u>	chedul	k (Fo	rm 990	)) 2017

За

9

c

Part IV

Arbitrage

Χ

Х

Χ

Χ

Χ

No

Х

Χ

Χ

0 %

Page 2

D

Yes

Χ

Yes

Х

Χ

Schedule K (Form 990) 2017

C

No

0 %

Yes

Nο

Х

0 %

0 950 %

0 950 %

Х

Х

Χ

Yes

Х

Χ

Х

Χ

No

Х

Χ

Х

Х

Α

Yes

Х

Χ

Yes

Χ

Χ

Х

No

Χ

Χ

Х

Χ

Х

No

Χ

0 %

0 130 %

0 130 %

Χ

Х

Χ

Yes

Χ

Χ

C

No

Χ

Χ

Χ

Х

#### 

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

organization, or a state or local government . . . . . . . . . . . .

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

property?.........

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Were gross proceeds invested in a guaranteed investment contract

Schedule K (Form 990) 2017

(GIC)?

Yes

Х

Yes

Χ

Page 3

No

Х

Χ

No

D

C	Term of GIC								
d	Was the regulatory safe the GIC satisfied?	harbor for establishing the fair market value of							
,	Were any gross proceeds period?	s invested beyond an available temporary		×			X		
,	Has the organization esta requirements of section :	ablished written procedures to monitor the 148?	×			Х		Х	
Pa	rt V Procedures To	Undertake Corrective Action							
						A		В	
					Yes	No	Yes	No	
	requirements are timely	ablished written procedures to ensure that violat identified and corrected through the voluntary cl available under applicable regulations?			X		×		
Pä	art VI Supplement	tal Information. Provide additional inforn	nation for res	ponses to c	uestions	on Schedu	le K (see ın	structions).	
	Return Reference		Explanati	on					
ART	II, LINE 3	PART I, COLUMN (F) THE DATE OF ISSUE FOR E 927781YF5 - 2009 CUSIP# 9277803U8 - 1994 ( 1979, 1988, 2002 PART II, LINE 3 THE AMOUN \$23,507 OF INVESTMENT INCOME RECEIVED O II, LINE 3 FOR CUSIP# 927781CR3 INCLUDES \$ PROCEEDS THE AMOUNT REPORTED ON PART	CUSIP# 927781 T REPORTED O N THE UNEXPEI \$619,627 OF IN	CR3 - 1991, N PART II, L NDED PROCE VESTMENT I	1996 CUS INE 3 FOR EDS THE NCOME RE	IP# 927781 CUSIP# 927 AMOUNT RE	YDO - 1975, 7781E75 INC PORTED ON	LUDES PART	

CUSIP# 927781CR3 - REBATE COMPUTATION PERFORMED 3/24/10

INVESTMENT INCOME RECEIVED ON THE UNEXPENDED PROCEEDS PART IV, LINE 2C CUSIP# 9277803U8 - REBATE COMPUTATION PERFORMED 8/17/09, CUSIP# 9277802U8 - REBATE COMPUTATION PERFORMED 8/17/09,

Yes

No

Χ

В

No

Х

Yes

С

No

Х

С

No

Yes

Χ

Yes

ef	ile GRAPHIC print -	DO NOT PROCESS	As Filed Data -									DLN: 9	934931	3407	8899
	chedule K orm 990)			Information o								ОМВ	No 154	5-0047	7
`-	,	► Complete if		swered "Yes" to Form s, and any additional i				Provide des	criptions,				4U 1	/	
	artment of the Treasury	► Tf.,	•	► Attach to Form 996	D.			:/6	000				en to Pu		
	ernal Revenue Service ne of the organization	PINIOFMA	tion about Schedule	K (Form 990) and its	instruction	s is at <u>v</u>	ww.	irs.gov/iori	<u>11990</u> .	Emplo	yer iden		nspeciil n numbei		
UN:	IVERSITY OF RICHMOND									54-05	05965				
P	art I Bond Issue	s													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Description	on of purpose	(g) D	efeased	(h)	On	(i)	Pool
													alf of uer	fınaı	ncing
										Yes	No	Yes	No	Yes	No
A	VA COLLEGE BUILDING AUTHORITY	54-1249154	927781CR3	11-08-2006	38,0	70,000	REFU	JND PRIOR IS	SSUE		Х		Х		Х
В	VA COLLEGE BUILDING AUTHORITY	54-1249154	927781YD0	02-01-2011	29,8	346,165	REFU	JND PRIOR IS	SSUE		Х		Х		Х
С	VA COLLEGE BUILDING AUTHORITY	54-1249154	927781E75	11-06-2012	61,6	84,083		STRUCT STDI	NT HOUS &		X		Х		X
Ð	art III Proceeds														
	11000003					Α		E	3					D	
1	Amount of bonds ret	red		'			0		0			0			
2	Amount of bonds lega	ally defeased					0		0			0			
3	Total proceeds of issu	ie				38,070	0,000		29,846,165		61,707	,590			
4		erve funds					0		0			0			
5		om proceeds					0		0			0			
6		escrows					0		0			0			
7		proceeds				140	0,000		231,165		549,	,940			
8		rom proceeds				30	0,000		0			0			
9		nditures from proceeds					0		0			0			
10		from proceeds					0		0		61,157	,650			
11						37,900	0,000		29,615,000			0			
12		eds					0		0			0			
13	rear or substantial co	mpletion		• •		997		20		20			V		NI-
14	Were the honds issue	d as part of a current refund	ling issue?.	_	Yes X	No	,	Yes X	No	Yes	No X		Yes		No
15		d as part of an advance refu				X		^	x		X				
16		n of proceeds been made? .			X	<u> </u>		X	^	X				+	
17	Does the organization	n maintain adequate books a	nd records to support t	the final allocation of	×			X		×					
D.	proceeds?  Private Bus	iness lise	<u> </u>					^		^					
نگلا	Trivate bus					Α		E	<u> </u>					D	
					Yes	No		Yes	No	Yes	No		Yes	<del>-</del>	No
1	financed by tax-exem	a partner in a partnership, o pt bonds?									Х				
2		rrangements that may resul		se of bond-financed							Х				
For	· Panerwork Reduction	Act Notice, see the Instr	uctions for Form 990	<u> </u>	Ca	t No 50	0193E				S	chedul	e K (For	m 990	1) 2017

9

C

Part IV

Arbitrage

organization, or a state or local government . . . . . . . . . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

No

D

1 130 %

Х

Х

Х

Yes

Schedule K (Form 990) 2017

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

C

Yes

Page **2** 

	·		-		•	,	-		•
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?						Х		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?						Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)						1 130 %		

Α

Yes

Χ

Χ

No

Χ

Χ

Χ

Х

В

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

No

No

D

Yes

Schedule K (Form 990) 2017

Yes

iIC)?											^	
ame of provider .				•					•	0		
rm of GIC	•	•	•	•	•	•	•					

0

Yes

Χ

Nο

Yes

No

Х

Yes

Χ

Yes

No

No

Yes

Х

No

No

v

Yes

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Part V

period?

Schedule K (Form 990) 2017

efile GRAPHI	C print - DO NO	T PROCESS	S As Fi	As Filed Data -						DLN: 934931340788						
Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	OS With In nswered "Yes Ic, or Form 99 Th to Form 99	s" on Form 9 00-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or 4 0-EZ.	ines 25 40b.	·			1B No 2(					
Department of the Trea Internal Revenue Serv	asurv	ormation abo	out Schedu	ıle L (Form 99 <u>www.irs.gov</u>		) and its inst	ruction	s is	at	C	pen		ublic			
Name of the org UNIVERSITY OF RI								•	<b>yer id</b> e 5965	entifica	ition r	umb	er			
	ss Benefit Tran						rganıza	tions	only)	ne 40h						
	) Name of disquali			Relationship be				c) D	escripi ansact	tion of		) Cori es	rected? <b>No</b>			
4958 3 Enter the all Correp  (a) Name of	mount of tax incur mount of tax, if an ans to and/or I nplete if the organ orted an amount o (b) Relationship with organization	y, on line 2, all prome states and several promesses from 990, Promote several processes and several processes	bove, reimbested Per red "Yes" or Part X, line 5	coursed by the or rsons. In Form 990-EZ, 5, 6, or 22	organization .			IV,	line 26	h)	(	janiza i)Writ	ten			
interested person	With Organization	Orioan	Organ		amount	uue	derad	board or		board or committee?		gi eeiii	enc.			
			То	From			Yes	No	Yes	No	Yes		No			
Total					 <b>&gt;</b> \$											
Con	nts or Assistar nplete if the orga rested person (b	anization ans	between n and the		990, Part IV,	(d) Type	of assis	tanc	e	<b>(e)</b> Pu	rpose (	of assi	stance			
For Danerwork Red	luction Act Notice	see the Instruc	tions for For	rm 000 or 000-l	- C:	at No. 500564		C-I	- adul-	L /F	000 -	- 000	EZ\ 201			

Page 2

Nο

Nο

Νo

Nο

Complete if the organization a	inswered "Yes" on Forn	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f ation's
				Yes	No
(1) NATHANIEL B AYERS	FMLY MMBR OF FMR	59,581	EMPLOYEE COMPENSATION		No

529,856 INVESTMENT MGMT SERVICES

256,930 EVENTS MANAGEMENT

146,335 PROFESSIONAL SERVICES

250,499 LEASE PAYMENTS

	organization	
(1) NATHANIEL B AYERS	FMLY MMBR OF FMR OFFICER	
(2) PROPERTY INVESTMENT ADVISORS	TRUSTEE IS 50% OWNER	

**Supplemental Information** 

SUBSTANTIAL

CONTRIBUTOR

SUBSTANTIAL

CONTRIBUTOR

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

OFFICER

FMR TRUSTEE IS

Schedule L (Form 990 or 990-EZ) 2017

(3) SUBSTANTIAL CONTRIBUTOR

(5) SUBSTANTIAL CONTRIBUTOR

(4) WILTON COMPANIES

Part V

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134078899 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** UNIVERSITY OF RICHMOND 54-0505965 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 925,977 MARKET QUOTATION Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . . 6,934 FMV Χ 25 Other ▶ ( CHARTER FLIGHT COSTS ) 26 Other ▶ ( \_\_\_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2017) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134078899 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ **SCHEDULE 0** (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Name of the organization Employer identification number UNIVERSITY OF RICHMOND 54-0505965 990 Schedule O, Supplemental Information Return Reference Explanation FORM 990, PART III, PART III, LINE 4A - INSTRUCTION - THE UNIVERSITY OF RICHMOND ENDEAVORS TO OFFER ITS STUDENTS PROGRAM SERVICE THE HIGHEST QUALITY EDUCATION POSSIBLE. MAKING AVAILABLE TOP-OF-THE-LINE RESOURCES AND **ACCOMPLISHMENTS** FACILITIES BY MAINTAINING AN 8 1 FACULTY TO STUDENT RATIO. EACH STUDENT HAS THE OPPORTUNITY TO ENJOY A PERSONAL AND UNIQUE LEARNING EXPERIENCE. THE KEY CHARACTERISTICS OF THE UNIVERSITY'S INSTRUCTIONAL FOUNDATION ARE A CHALLENGING LEARNING ENVIRONMENT, SMALL CLASSES, A HIGH QUALITY OF STUDENT LIFE, A COORDINATE COLLEGE SYSTEM, A COMMITMENT TO SERVICE, OPPORTUNITIES FOR MORAL AND SPIRITUAL DEVELOPMENT, A MIXTURE OF ENRICHING ACADEMIC AND CO-CURRICULAR EXPERIENCES, A SENSE OF COMMUNITY, AND A SPIRIT OF INNOVATION THERE ARE APPROXIMATELY 4,000 STUDENTS PART III, LINE 4B - ACADEMIC SUPPORT - THE RESPECTIVE DEAN'S OFFICES OF EACH OF THE FIVE SCHOOLS OVERSEE THE MAINTENANCE AND DEVELOPMENT OF THE SCHOOL TO ENSURE THAT THEY MAINTAIN THE HIGH LEVEL OF ACADEMIC INTEGRITY THAT HAS BECOME THE STANDARD OF THE UNIVERSITY OF RICHMOND. THE UNIVERSITY OFFERS OPPORTUNITIES. FOR CONTINUING EDUCATION IN EACH PROFESSOR'S SPECIALTY AS WELL AS IN NEW TEACHING METHODS AND TECHNOLOGY, WHILE FACULTY COMMITTEES WORK TOWARD CONTINUOUS IMPROVEMENT IN ALL AREAS OF STUDENT INSTRUCTION ACADEMIC COMPUTING PROVIDES INFORMATION TECHNOLOGY TO ENHANCE THE ACADEMIC RESOURCES AVAILABLE TO PROFESSORS AND STUDENTS, AND TO THE COMMUNITY THROUGH THE UNIVERSITY LIBRARY LECTURE FUNDS ARE SET ASIDE TO PAY FOR VISITING SPEAKERS ON TOPICS RELEVANT TO ACADEMIC STUDIES OFFERED PART III. LINE 4C - AUXILIARY ENTERPRISES - THE HOUSING OFFICE STRIVES TO MAINTAIN A COMFORTABLE LIVING ENVIRONMENT FOR THE 92% OF THE STUDENT BODY THAT RESIDES ON CAMPUS EACH YEAR DINING SERVICES AUGMENTS THESE EFFORTS BY ENSURING STUDENTS HAVE ACCESS TO EXEMPLARY SERVICE, OUTSTANDING QUALITY FOOD, WITH A PASSION AND COMMITMENT TO EXCELLENCE THE BOOKSTORE ENSURES THAT MEMBERS OF THE UNIVERSITY COMMUNITY HAVE AN AFFORDABLE. CONVENIENT OPTION FOR UNIVERSITY OF RICHMOND TEXTBOOKS, GEAR, AND SUPPLIES PRINTING SERVICES OFFERS TOP-QUALITY GRAPHIC COMMUNICATIONS FOR STUDENTS, FACULTY AND STAFF

FORM 990, STUDENT SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT DEVELOPMENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH SERVICES - STUDENT PROVIDES ON-CAMPUS PHYSICAL AND MENTAL HEALTH PROVIDES ON-CAMPUS PHYSICAL	
PART III. LINE 4D- OTHER PROGRAM SERVICES  ACADEMIC AND CAREER COUNSELING, VARIOUS FRATERNITY, SORORITY AND EXTRACURRICULAR ACTI VITIE UNIVERSITY CORE PRINCIPLES OF DIVERSITY AND INCLUSIC ORGANIZATIONS THAT WORK TO UPHOLD THE UNIVERSITY; SCORE PRINCIPLES OF DIVERSITY AND INCLUSIC RECREATION AND WELLNESS PROVIDES THE CAMPUS COMMUNITY WITH OUTSTANDING RE CREATIONAL FACILITIES, FITNESS AND WELLNESS PROGRAMS, INTRAMURALS, AND SPORT CLUBS IT ALS O SUPPORTS MI SERVICES  ACICITES, FITNESS AND WELLNESS PROGRAMS, INTRAMURALS, AND SPORT CLUBS IT ALS O SUPPORTS MI SERVES AS A LIAISON BETWEEN STUDENTS AND ADMINISTRATION, FACULTY, A ND STAFF UNDERGRADUATE LAW SCHOOL ADMISSION OFFICES COUNSEL THOUSANDS OF PROSPECTIVE APPLICANTS AND MAKE THEM F WELCOME AT THE UNIVERSITY, WHILE PROVIDING SUPPORT FOR ACCEP TED STUDENTS THE UNIVERSITY LIBRARIES SERVE THE CAMPUS COMMUNITY AND THE PUBLIC AND ARE A DESIGNATED FEDERAL DOCUMENT REPOSITORY THE ATHLETIC DEPARTMENT IS COMMITTED TO THE PRINCIPLES OF INSTITUTIONAL CONTROL OPERATING ITS PROGRAMS IN A MANNER CONSISTENT WITH THE LETTER AND THE SPIRIT OF THE NCAA, ITS ATHLETIC CONFERENCES, AND UNIVERSITY RULES AND REGUL ATIONS EXPENSES \$39,506,026. INCLUDING GRANTS OF \$0 REVENUE \$4,758,592 RESEARCH THE UNIVERSITY BELIEVES THAT ACADEMIC RESEARCH A FACULTY, STAFF AND STUDENT LEVELS SIGN IFICANTLY IMPROVES THE QUALITY OF EDUCATION OF ALL STU THUS, THE UNIVERSITY ENCOURAGE ES FACULTY, STUDIONS TO ASSIST WITH APPLICATIONS FOR FUNDING, ALLOCATING FUNDS FOR STUDEN T AND FACULTY, SUMMER RESEARCH PROJECTS, AND TRAVEL TO PARTICIL AND PRESENT FINDINGS AT ACADEMIC CONFERENCES, PROVIDING LABS, STUDIOS AND SPECIALIZED CLASS FOR CONDUCTING RE SEARCH, PROVIDING INFRASTRUCTURE NECESSARY TO CONDUCT RESEARCH, EMPLIC NON-FACULTY PERS ONNEL TO MANAGE RESEARCH-RELATED FACILITIES AND CONDUCT RESEARCH, EMPLIC NON-FACULTY PERS ONNEL TO MANAGE RESEARCH-RELATED FACILITIES AND CONDUCT RESEARCH, EMPLIC NON-FACULTY PERS ONNEL TO MANAGE RESEARCH-RELATED FACILITIES AND CONDUCT RESEARCH AND STUDENTS, THE CCC ALSO ADMINISTERS	S, AND N LTIPLE AS AND EL S THES OF THE OF TH

Return Reference Explanation

FORM 990, 16,400 EXPENSES \$3,257,857, INCLUDING GRANTS OF \$0 REVENUE \$0

PART III,
LINE 4D OTHER

990 Schedule O, Supplemental Information

PROGRAM SERVICES

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE EXECUTIVE COMMITTEE IS AUTHORIZED BY ITS CHARTER TO EXERCISE THE AUTHORITY OF THE BOARD BETWEEN MEETINGS OF THE FULL BOARD ON ALL MATTERS EXCEPT THOSE FOR WHICH AUTHORITY IS SPECIFICALLY RESERVED IN THE BY-LAWS TO THE BOARD OF TRUSTEES POWERS RESERVED TO THE FULL BOARD OF TRUSTEES INCLUDE THE FOLLOWING APPOINTING OR REMOVING THE PRESIDENT, FILLING VACANCIES ON THE BOARD OR ITS COMMITTEES, AMENDING THE ARTICLES OF INCORPORATION, ADOPTING, AMENDING OR REPEALING THE BY-LAWS, OR APPROVING A PLAN OF MERGER WHILE THE EXECUTIVE COMMITTEE MAY AND HAS EXERCISED THE AUTHORITY OF THE BOARD BETWEEN MEETINGS, IT IS EXPECTED THAT TO THE EXTENT POSSIBLE, IT WILL CONSULT WITH OR INFORM THE APPROPRIATE BOARD COMMITTEE CHARGED WITH OVERSIGHT OF A PARTICULAR ITEM OF BUSINESS PRIOR TO THE MATTER COMING BEFORE THE EXECUTIVE COMMITTEE FOR ACTION IF SUCH CONSULTATION IS NOT FEASIBLE DUE TO TIME CONSTRAINTS OR EXIGENT CIRCUMSTANCES, THE APPROPRIATE COMMITTEE CHAIR(S) WILL BE CONSULTED IN ADVANCE OF THE EXECUTIVE COMMITTEES ACTION AND THE FULL COMMITTEE(S) INFORMED OF THE ACTION AS SOON AS PRACTICABLE THEREAFTER

Return Explanation
Reference

FORM 990, PAUL B QUEALLY AND ALAN W BREED HAVE IDENTIFIED A BUSINESS RELATIONSHIP WITH EACH OTHER PAUL B QUEALLY AND HERBERT H MCDADE III HAVE IDENTIFIED A BUSINESS RELATIONSHIP WITH EACH OTHER PAUL B QUEALLY AND LOUIS W MOELCHERT JR HAVE IDENTIFIED A BUSINESS RELATIONSHIP WITH EACH OTHER R LEWIS BOGGS AND PAUL B QUEALLY HAVE IDENTIFIED A BUSINESS RELATIONSHIP WITH EACH OTHER R LEWIS BOGGS AND ROBIN BLANDFORD HAVE IDENTIFIED A BUSINESS RELATIONSHIP WITH EACH OTHER R LEWIS BOGGS AND LOUIS W MOELCHERT JR HAVE IDENTIFIED A BUSINESS RELATIONSHIP WITH EACH OTHER

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

Return

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

Explanation

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

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	THE BOARD OF TRUSTEES HAS DELEGATED AUTHORITY FOR REVIEWING AND APPROVING THE PRESIDENT'S RECOMMENDATIONS REGARDING THE COMPENSATION OF HIS DIRECT REPORTS TO THE COMPENSATION COMMITTEE THE MEMBERS OF THE COMPENSATION COMMITTEE ARE THE RECTOR AND VICE RECTOR OF THE UNIVERSITY AND AT LEAST ONE OTHER MEMBER OF THE BOARD OF TRUSTEES THE UNIVERSITY ENSURES THAT THE MEMBERS OF THE COMPENSATION COMMITTEE DO NOT HAVE A CONFLICT OF INTEREST WITH REGARD TO ANY MATTER COMING BEFORE THEM THE COMPENSATION COMMITTEE UTILIZES COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPENSATION FOR ALL OF THE PRESIDENT'S DIRECT REPORTS AND THE UNIVERSITYS DEANS IN THE CASE OF OTHER STAFF WHOSE PROPOSED COMPENSATION AT THE TIME OF HIRING EXCEEDS THE BOARD-APPROVED COMPENSATION STRUCTURE FOR UNIVERSITY STAFF, THE COMPENSATION COMMITTEE UTILIZES COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IN REVIEWING AND APPROVING THE PROPOSED COMPENSATION THE DELIBERATIONS AND DECISIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY

Return Explanation

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

Return Explanation
Reference

FORM 990,	OTHER CHANGES IN NET ASSETS OR FUND BALANCES CHANGE IN FAIR VALUE OF SWAP AGREEMENTS 5,805,356
PART XI,	CHANGE IN PRESENT VALUE - SPLIT INTEREST AGREEMENT (374,704) CHANGE IN POST-RETIREMENT BENEFIT
LINE 9	OBLIGATION 2,558,808 RFMC SCHEDULE K-1 REVENUE DIFFERENTIAL 318,336 TOTAL PART XI, LINE 9
	8,307,796

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

(Form 990)

Department of the Treasury

UNIVERSITY OF RICHMOND

Internal Revenue Service

Name of the organization

# **Related Organizations and Unrelated Partnerships**

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

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

2017

**Employer identification number** 

**DLN: 93493134078899**OMB No 1545-0047

Open to Public Inspection

				54-0505965			
Part I Identification of Disregarded Entities Complete if the	organization answe	ered "Yes" on Form	990, Part IV, line 3	3.			
( <b>a)</b> Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Total income	(e) End-of-year assets	(f) Direct controllin entity	ng	
(1) RICHMOND QUADRANGLE LLC 201 MARYLAND HALL RICHMOND, VA 23173 20-0094353	PROPERTY MGMT	VA	0	0	UR		_
(2) SPIDER MANAGEMENT COMPANY LLC 201 MARYLAND HALL RICHMOND, VA 23173 26-1501416	INVEST MGMT	VA	20,385,688	1,540,510			
(3) RICHMOND FUND MANAGEMENT COMPANY LLC 201 MARYLAND HALL RICHMOND, VA 23173 26-1501524	INVEST MGMT	VA	20,385,688	659,421			
(4) SPIDER BUYOUT - GP LLC 6802 PARAGON PLACE RICHMOND, VA 23230 000000000	INVEST MGMT	VA	0	0	SMC		
							_
<b>Part II</b> Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	anization answered	"Yes" on Form 990,	Part IV, line 34 b	ecause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	g) n 512(b ontrolled city?
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990		Cat No 5013	5Y		Schedule R (Form	1 990) 2	017

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	al Direct cile controlling te entity gn	Il Direct Ile controlling e entity	al Direct cile controlling ce entity	Direct controlling	Direct le controlling in e entity	egal Direct P micile controlling inc state entity or ex ireign	Direct controlling	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or aging	<b>(k)</b> Percentage ownership
				,			Yes	No		Yes	-								
(1) PROP HOLDINGS LLC  901 EAST BYRD ST SUITE 150 RICHMOND, VA 23219 54-1738291	REAL ESTATE I		UR	EXCLUDED	-2,756,232	13,606,877	Yes				No	99 000 %							
(2) PROP HLDNGS III LLC  901 EAST BYRD ST SUITE 150 RICHMOND, VA 23219 65-1229396	REAL ESTATE I		UR	EXCLUDED	44,199,332	9,155,221	Yes				No	65 220 %							
(3) PROP HLDNGS VII LLC  901 EAST BYRD ST SUITE 150 RICHMOND, VA 23219 46-1449900	REAL ESTATE I	VA	UR	EXCLUDED	-106,592	0	Yes				No	0 %							
(4) ROR PARTNERSHIP  201 MARYLAND HALL RICHMOND, VA 23173 26-1761403	INVEST MGMT	VA	UR	EXCLUDED	126,165,083	2,639,862,809		No	2,892,733	Yes		53 470 %							
(5) RICHMOND FUND LP  6802 PARAGON PLACE RICHMOND, VA 23230 26-1501561	INVEST MGMT	VA	RFMC	EXCLUDED	21,168,845	11,192,165	Yes		-313,328	Yes		0 130 %							
(6) SPIDER BUYOUT HOLDINGS LP 6802 PARAGON PLACE RICHMOND, VA 23230 36-4892048	INVEST MGMT		SPIDER BUYOUT H	EXCLUDED	-815,953	42,041,863	Yes			Yes		32 308 %							
Part IV Identification of Related Organizations Taxable because it had one or more related organizations treated						answered "Ye	s" on I	Form	990, Part IV	, line	≥ 34								

Decause it had one of more rela	ted organizations treated as	s a corporation or trust do	ining the tax yes	aı.				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership		512(b) ntrolled ity?
(1)CHARITABLE REMAINDER TRUSTS (12)	CRT		NA					No
(2)CHARITABLE LEAD TRUSTS (1)	CLT		NA					No
	_	_			Scl	nedule R (Form	990) 20	017

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a 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)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No

Page **3** 

Schedule R (Form 990) 2017

	bedde of racinales, equipment, or other assets from related organization(s).	1	1	1
I P	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m F	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
О :	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r (	Other transfer of cash or property to related organization(s)	1r	Yes	
s (	Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

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

<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-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

#### **Additional Data**

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

**EIN:** 54-0505965

Name: UNIVERSITY OF RICHMOND

Forn	ľ

•
Name of relat

THE RICHMOND FUND LP

THE RICHMOND FUND LP

PROPERTY HOLDINGS LLC

PROPERTY HOLDINGS III LLC

PROPERTY HOLDINGS VII LLC

SPIDER BUYOUT HOLDINGS LP

SPIDER BUYOUT HOLDINGS LP

THE RICHMOND FUND LP

ROR PARTNERSHIP

ROR PARTNERSHIP

art V - Transactions With Related Organizations	
(a)	
Name of related organization	

ed	Organizations	

n 990, Schedule R,

(b)

Transaction

type(a-s)

S

R

В

S

S

S

S

S

В

S

(c)

Amount Involved

14,439,020

41,764,726

13,729,291

113,652,198

2,575,500

1,079,348

768,787

73,182

53,739,355

10,320,634

GAAP

GAAP

CASH

CASH

CASH

CASH

CASH

CASH

CASH

CASH

(d) Method of determining amount involved