DLN: 93493011020161

OMB No. 1545-0047

Open to Public Inspection

Department of the

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: University of Virginia Alumni Association ☐ Address change 54-0485595 ☐ Name change % MARGARET ANDERSON Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 400314 □ Application pending (434) 243-9000 City or town, state or province, country, and ZIP or foreign postal code Charlottesville, VA $\,$ 22904 $\,$ G Gross receipts \$ 58,833,478 Name and address of principal officer: H(a) Is this a group return for Jenifer G Andrasko □Yes ☑No subordinates? PO BOX 400314 H(b) Are all subordinates Charlottesville, VA 22904 ☐ Yes ☐No included? Tax-exempt status: **☑** 501(c)(3) ☐ 501(c)() **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www.alumni.virginia.edu L Year of formation: 1838 M State of legal domicile: VA K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: BUILD THE STRONGEST BOND AMONG ALUMNI and BETWEEN ALUMNI AND THE UNIVERSITY OF VIRGINIA WHILE REPRESENTING THE INDEPENDENT VOICE AND PERSPECTIVE OF ALUMNI. Activities & Governance Check this box ▶ ☐ 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) . . . 4 39 Number of independent voting members of the governing body (Part VI, line 1b) 5 152 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 6 2,720 7a 415,337 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year** 36,452,281 45,505,703 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 7,756,950 6,642,012 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,112,054 1,110,534 315,705 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 78,914 53,337,163 45,636,990 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). 37,945,332 39,284,257 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,394,496 8,294,392 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,873,294 8,064,032 4,770,370 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 54,403,860 52,349,019 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 . -8,766,870 988,144 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 389,422,193 410,349,748 125,036,443 21 Total liabilities (Part X, line 26) . 121,684,649 22 Net assets or fund balances. Subtract line 21 from line 20 . 285,313,305 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 2021-01-11 Signature of officer Sign Here MARGARET ANDERSON CFO Type or print name and title

Preparer's signature

Date

2021-01-07

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

Firm's address ▶ 8350 Broad Street Suite 900

McLean, VA 22102

Print/Type preparer's name

Firm's name ► KPMG LLP

Paid

Preparer Use Only PTIN

P01205643

Check | if

self-employed

Phone no. (703) 286-8000

Firm's EIN ▶

Form	990 (2019)					Page 2
Pa	Statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission:		•		
CENT		ID CONNECTING THE	GLOBAL UVA CO	MMUNITY; ACTING AS	RSITY BY SERVING ALL ALUMNI A A CONDUIT TO KEEP ALUMNI INF IVERSITY.	
2	the prior Form 990 or	r 990-EZ?		vices during the year w	hich were not listed on	☐ Yes ☑ No
3	•	se new services on Sc cease conducting, or r		changes in how it cond	ucts, any program	☐ Yes ☑ No
	If "Yes," describe the	se changes on Schedu	le O.			
4	Section 501(c)(3) and		ons are required	to report the amount	largest program services, as mea of grants and allocations to others	
4a	(Code:) (Expenses \$	40,227,951	including grants of \$	39,284,257) (Revenue \$	1,437,599)
	See Additional Data					
4b	(Code: See Additional Data) (Expenses \$	5,582,121	including grants of \$) (Revenue \$	3,781,884)
4c	(Code: See Additional Data) (Expenses \$	1,530,759	including grants of \$) (Revenue \$	1,007,192)
4d	Other program servic	ces (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program serv	rice expenses ►	47,340,8	31		
						Form 990 (2019)

Pai	Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 2	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 3	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No

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

rm :	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
		\square	Yes	No
	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	
	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	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
)	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ar	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

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

659

0

1c

Yes

-01111	290 (2019)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).	4a		No
5.5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		No
b	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were			
_	not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_	.,	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 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?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	100	1/2		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	If the arganization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Form	990 (2019)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines 🔽
Se	ction A. Governing Body and Management			
	Established with a second and of the convenience of the convenience of the terror of the terror of the convenience of the conve		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 39			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 39			
2	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		No
3	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
/a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
		\longrightarrow	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		140
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK , AR , CA , CO , DC , KS , KY , ME , MD , NH , NJ , NY , NC , ND , OK , OR , PA , RI , WV , WI	, MA , , SC , T	MI, MN N, UT,	, NV , WA ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	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: MARGARET ANDERSON ALUMNI HALL CHARLOTTESVILLE, VA 229030446 (434) 243-9000			

Name and title

Part VII

and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII .

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

 \checkmark

(F)

Estimated

amount of other

compensation

from the

Reportable

compensation

from related

organizations

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (C) (B) (D) (E)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

organization

Average

hours per

week (list

any hours

	for rolated			, .		,		(14/ 2/1000	(1)/ 2/1000	organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

University of Virginia,

CHARLOTTESVILLE, VA 22904 Aramark ServiceMaster, 1101 Market St

compensation from the organization ▶ 6

PHILADELPHIA, PA 19107

PO BOX 400201

ı uı	Will Section At Officers, Direct	,	,, .		,-	,	uu	9.		препоче			maca,	
	(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, u n off	t che inles ficer	ss pers	son	Rep comp fro orga	(D) ortable ensation m the nization	(E) Reportable compensatior from related organizations		(F) Estima amount o compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Truste	Officer	Key employee	Highest compensated employee	Former		2/1099- ISC)	(W-2/1099- MISC)		organizati relate organiza	ed
			rustee	Trustee		yee e	npensated							
See A	See Additional Data Table													
	ub-Total						•				'			
	otal (add lines 1b and 1c)	•					•		1,	751,991		0		284,290
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>										employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										n the			
5	individual		· ·	ion fr	· rom	• anv	unrela	· ·	organiza	tion or indi	vidual for	4	Yes	
	services rendered to the organization										• • •	5		No
	ction B. Independent Contract													
1	Complete this table for your five high from the organization. Report comper											npen	sation	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C) Compen	
210 C	ı Horn, arlton Rd LOTTESVILLE, VA 22902									Renovation				774,242
Univer 701 E	Water Street 4th Floor -OTTESVILLE, VA 22902									Investment	Mgmt Fees			646,112
Lane F	Press,									Printing Pub	lisher			464,022
	reity of Virginia									nostage/ren	aire/main			395 275

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

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

395,275

336,658

postage/repairs/main

Repairs/Maintenance

		(2019) Statement	of "	2avar						Page 9
Part	VIII				respo	onse or note to any	/ line in this Part VIII			🗹
					- F V		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s g	1	a Federated campa	aigns	s	1a			revenue		312 317
ant		b Membership due	s.	. [1b					
š, Gr Amo		c Fundraising ever		Ļ	1c	606,293				
Sifts Iar ,		d Related organizae Government grants			1d	1 124 066				
ıs, (imi		f All other contribution	•	Ĺ	1e	1,134,966				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amount above	s not	included	1f	43,764,444				
ë e		g Noncash contribution lines 1a - 1f:\$	ons in	icluded in	1g	5,638,298				
on but		h Total. Add lines	1a-1	l. 		3,036,296				
<u> </u>						Business Code	45,505,703	T		
	2a	UVA CONTRACTUAL S	SERV	ICES		900099	4,074,043	4,074,043		
пПе	L	ADMIN. SVC. FEE					1,437,599	1,437,599		
leve!						900099				
Program Service Revenue	c	COMMISSIONS				900099	305,094	305,094		
Servi	d	ADVERTISING				511120	580,722	165,385	415,337	
an)	_	EVENT & SERVICE FE	EC			-	244,554	244,554		
rogr	e	EVENT & SERVICE TE	.LJ			900099		·		
<u>a</u>	f	All other program	serv	rice revenue.]				
	g	Total. Add lines 2	2a-2	.f	. •	6,642,012	I			
		Investment income similar amounts) .		luding divide		nterest, and other		9		1,164,539
		Income from invest				•				
	5	Royalties	_			•	35,65	5		35,655
				(i) Rea	al	(ii) Personal	_			
	6a	Gross rents	6a		43,259)				
	b	Less: rental expenses	6b							
	С	Rental income	6c		43,259		0			
		or (loss) d Net rental income			43,235	1	43,259	9		43,259
				(i) Securi	ities	(ii) Other				
	7 <i>a</i>	Gross amount from sales of	7a	5,4	142,310					
		assets other than inventory								
	b	Less: cost or other basis and	7b	5,4	196,315	5				
		sales expenses		<u> </u>						
		Gain or (loss)	7 c		-54,005	5				
		d Net gain or (loss)				· · · •	-54,00	5		-54,005
ne	Oc	Gross income from fu (not including \$		of						
ven		contributions reporte See Part IV, line 18		line 1c).	8a)			
Other Revenue	ŀ	b Less: direct expen	ises		8b	()			
thei	•	c Net income or (los	ss) fr	rom fundrais	ing ev	ents 🕨		0		
	9a	Gross income from								
	_	See Part IV, line 19			9a	(
		b Less: direct expen c Net income or (los			9b activit	inc	<u>ַ</u>			
		(100	,	55		les ▶				
	10	aGross sales of invertering and allowant	ento ance:	ry, less s	10a					
	ŀ	b Less: cost of good	ls so	ld	10b	()			
	•	C Net income or (los			invent	ory >		0		
	11	Miscellaneo La	us R	evenue		Business Code				
	ŀ	b								
	•	<u> </u>								
		d All other revenue								
		e Total. Add lines 1				•		0		
	12	2 Total revenue. S	ee ir	nstructions	• •	· · · •	53,337,16	6,226,675	415,337	1,189,448

Part I					
	Section 501(c)(3) and 501(c)(4) organizations must c	· ·	-	· ·	mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u>U</u>
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations and mestic governments. See Part IV, line 21	36,226,995	36,226,995		
	ants and other assistance to domestic individuals. See t IV, line 22	3,057,262	3,057,262		
gov	ants and other assistance to foreign organizations, foreign vernments, and foreign individuals. See Part IV, lines 15 I 16.	0			
4 Bei	nefits paid to or for members	0			
	mpensation of current officers, directors, trustees, and vemployees	1,181,282	732,585	399,395	49,302
def	mpensation not included above, to disqualified persons (as ined under section $4958(f)(1)$) and persons described in tion $4958(c)(3)(B)$	0			
	ner salaries and wages	5,227,026	3,543,994	947,979	735,053
	nsion plan accruals and contributions (include section 401 and 403(b) employer contributions)	688,131	467,876	153,388	66,867
9 Oth	ner employee benefits	744,936	422,784	197,128	125,024
10 Pay	roll taxes	453,017	303,871	91,264	57,882
11 Fee	es for services (non-employees):				
a Ma	nagement	310,023	154,499	129,477	26,047
	jal	58,485	1,827	56,658	
	counting	89,993	55	89,938	
	byling	0			
	fessional fundraising services. See Part IV, line 17	0			
	estment management fees	676,820		676,820	
g Oth	ner (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O)	125,745	18,525	107,136	84
12 Ad	vertising and promotion	126,368	78,275	1,760	46,333
13 Off	ice expenses	652,993	503,378	13,915	135,700
14 Inf	ormation technology	144,026	125,491	12,024	6,511
	valties	0			
16 Oc	cupancy	296,606	180,732	78,017	37,857
17 Tra	· · ·	241,704	51,552	9,096	181,056
	rments of travel or entertainment expenses for any eral, state, or local public officials	0			
19 Co	nferences, conventions, and meetings	0			
20 Int	erest	0			
21 Pay	ments to affiliates	0			
22 De	preciation, depletion, and amortization	341,990	169,576	114,949	57,465
23 Ins	urance	163,535	92,790	55,950	14,795
mis exc	per expenses. Itemize expenses not covered above (List scellaneous expenses in line 24e. If line 24e amount seeds 10% of line 25, column (A) amount, list line 24e				
•	penses on Schedule O.) LUMNI AFFAIRS	487,003	487,003		
b P	RINTING AND PUBLICATIONS	721,261	721,261		
<u>с</u> В	AD DEBT EXPENSE	333,818	500		333,318
d					
e A	ll other expenses				
25 <u>To</u>	tal functional expenses. Add lines 1 through 24e	52,349,019	47,340,831	3,134,894	1,873,294
rep edu	nt costs. Complete this line only if the organization orted in column (B) joint costs from a combined acational campaign and fundraising solicitation. Eck here if following SOP 98-2 (ASC 958-720).				

Forn	n 990	(2019)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments .		[32,584,207	2	42,093,789
	3	Pledges and grants receivable, net			3,443,516	3	3,296,591
	4	Accounts receivable, net		[0	4	0
	5	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these person. Loans and other receivables from other disquali	ontribu s .	tor, or 35% controlled	0	5	0
	•	section $4958(f)(1)$), and persons described in se			0	6	0
s	7	Notes and loans receivable, net			0	7	0
ssets	8	Inventories for sale or use			0	8	0
SS	9	Prepaid expenses and deferred charges			144,936	9	287,129
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,117,901			
	ь	Less: accumulated depreciation	10b	6,972,214	4,382,551	10c	4,145,687
	11	Investments—publicly traded securities .			95,084,485	11	112,467,834
	12	Investments—other securities. See Part IV. line	11 .		249.957.231	12	244.019.359

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120,488,571

121.684.649

79,135,552

188.601.992

267,737,544

389,422,193

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17 18

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33

3,825,267

1,196,078

389,422,193

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1,523,868

122,751,926

125.036.443

79,588,565

205,724,740

285,313,305

410,349,748

Form 990 (2019)

4,039,359

760.649

410,349,748

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Liabilities 22

Fund Balances

٥ 29

Assets 30 Investments—program-related. See Part IV, line 11 .

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 .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

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

Retained earnings, endowment, accumulated income, or other funds

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

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Intangible assets . .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

3a

3h

No

Form 990 (2019)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 54-0485595

Name: University of Virginia Alumni Association

Form 990 (2019)

Form 990, Part III, Line 4a: FORM 990. PART III. LINE 4A THE ASSOCIATION. THROUGH ITS UVA FUND PROGRAM. SERVES THE UVA COMMUNITY BY OFFERING FINANCIAL AND ENDOWMENT MANAGEMENT SERVICES. WITH MORE THAN 3,700 ACCOUNTS, THE UVA FUND PROVIDES EFFICIENT AND COST-EFFECTIVE SUPPORT FOR OVER 700 STUDENT ORGANIZATIONS, ALUMNI CLUBS, AND ASSOCIATED ORGANIZATIONS AS WELL AS HUNDREDS OF ENDOWMENTS AND RESTRICTED ACCOUNTS FOR GROUPS AND UNITS ACROSS UVA. THE ASSOCIATION ALSO MANAGES AND ADMINISTERS NUMEROUS STUDENT SCHOLARSHIPS, AND, THROUGH ITS JEFFERSON TRUST PROGRAM, PROVIDES

ANNUAL GRANTS TO PROJECTS THAT ENHANCE THE UNIVERSITY AS A PREEMINENT GLOBAL INSTITUTION OF HIGHER LEARNING.

FORM 990, PART III, LINE 4B HOMECOMINGS & REUNIONS - THROUGH A SERIES OF IN-PERSON AND DIGITAL EVENTS HELD THROUGHOUT THE YEAR, THE ASSOCIATION WELCOMES THOUSANDS OF ALUMNI BACK TO UVA IN MEANINGFUL, SOCIAL, AND EDUCATIONAL WAYS THAT STRENGTHEN THE BOND BETWEEN ALUMNI AND THEIR ALMA MATER. ANNUAL REUNIONS WEEKENDS BRING ALUMNI BACK BASED ON CLASS YEAR, WHILE OTHER REUNIONS GEARED FOR SPECIFIC DEMOGRAPHIC AND/OR AFFINITY GROUPS PROVIDE UNIQUE OPPORTUNITIES TO RECONNECT WITH THE UNIVERSITY THROUGHOUT A LIFETIME. ADDITIONAL PROGRAMMING INCLUDES SOCIAL AND

EDUCATIONAL EVENTS SURROUNDING SPORTING EVENTS AND MORE THAN 150 STUDENT EVENTS DESIGNED TO BUILD COMMUNITY AND CLASS IDENTITY.

Form 990, Part III, Line 4b:

FORM 990, PART III, LINE 4C ALUMNI COMMUNICATIONS - THE ASSOCIATION IS A VIBRANT CENTER OF COMMUNICATIONS FOR ALUMNI, PARENTS, STUDENTS AND FACULTY. USING A VARIETY OF MEDIA PLATFORMS, THE ASSOCIATION PROVIDES TIMELY AND ACCURATE COMMUNICATION CHANNELS TO THE ASSOCIATION'S CONSTITUENTS. KEEPING THEM WELL INFORMED AND WELL CONNECTED TO THE UNIVERSITY AND TO ONE ANOTHER. THE ASSOCIATION PUBLISHES THE AWARD-

WINNING UVA MAGAZINE, WHICH IS DISTRIBUTED TO ALL ALUMNI, STUDENTS, PARENTS, AND FRIENDS. THIS PUBLICATION IS SUPPLEMENTED BY WEBSITES, SOCIAL

Form 990, Part III, Line 4c:

MEDIA, ELECTRONIC NEWSLETTERS AND VIDEOS.

(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 compensation week (list person is both an officer from the from related any hours and a director/trustee) organization organizations from the

	,					,	,	(11, 2,4,000	(14) 2/4000	
	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
Jenifer G Andrasko	40.0			х				376,260	0	48,628
President & CEO	0.0									
Richard Gard VP Communications	40.0				х			173,973	0	34,787
VP Communications	0.0									
Wayne D Cozart	40.0				Х			175,513	0	23,454
VP Development	0.0							,		,
	1 400		l				l			

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153,803

158,513

142,084

134,894

139,267

128,731

23,549

33,336

25,719

34,666

32,487

19,852

7,812

Richard Gard				x		173,973	
VP Communications	0.0			, ,		1,3,3,3	
Wayne D Cozart	40.0			Y		175,513	
VP Development	0.0			^		175,515	
Margaret M Anderson	40.0		<			168,953	
Treasurer & CFO	0.0		^			100,933	

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and Independent Contractors

Lily E West

Jason E Life

Courtney M Bibb

Ashley M Cullop

Tracy R Burpee

Director Development

Susan B Klobuchar

Director Alumni Engagement

Sr. Director Human Resources

COO

CMO

CDO

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

	any nours	anu	a uii	ecto		ustee,	,	Organization	organizations	Irom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
James G Aldige IV Manager	0.0	Х						0	0	0
Cory L Alexander	1.0	×						0	0	0
Manager	0.0							-		
F Ross Baird	1.0									

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Manager	0.0					
Cory L Alexander	1.0	X			0	
Manager	0.0	^			Ū	
E Ross Baird	1.0	X			0	
Manager	0.0	^			0	
Susan K Blank MD	1.0				0	

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and Independent Contractors

Manager

Manager

Manager

Manager

Manager

Vice-Chair

Manager

Jocelyn E Diaz

Jennifer S Draper

Patricia K Epps

Brett J Gallagher

Whittington W Clement

Stephen S Crawford

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

	any hours					ustee)		organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Tatia Daniel Granger	1.0	Х						0	0	0	
Manager	0.0										
Thomas BW Hall	1.0	x						0	0	0	
Manager	0.0								0		
	1.0		1	I							

		l X	l			1 0	
Manager	0.0						
Thomas BW Hall	1.0						
Manager	0.0	^				0	
Kurt B Harrison	1.0						
	•••••	Х				0	
Manager	0.0						
Zena K Howard	1.0						
		X				0	
			l				

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and Independent Contractors

Manager

Manager

Manager

Manager

Manager

Manager

Thomas B Mangas

Ashley T Manning

Charles W McDaniel

Maurie D McInnis

Richard T McKinless

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Manager	0.0				,	Š	
Kurt B Harrison	1.0	¥			0	0	
Manager	0.0	^				ŭ	
Zena K Howard	1.0	¥			0	0	
Manager	0.0	^				Ü	
M Elizabeth Magill	1.0	V					

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other

	week (list any hours				office ustee)		from the organization	from related organizations	compensation from the
	for related organizations below dotted line)		Institutional Trustee	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Carolyn P Meade Manager	0.0	Х					0	0	0
Courtney C Byrd Metz Manager	0.0	Х					0	0	0
Katherine A Moore	1.0								

Manager	0.0					
Courtney C Byrd Metz	1.0					
M		Х			0	
Manager	0.0					
Katherine A Moore	1.0					
		Х			0	
Manager	0.0					
Marc B Moyers	1.0					
		Х			0	
Manager	l					

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and Independent Contractors

M Paul Nolde

Christine Pajewski

Martha S Pellington

R Kennon Poteat III

Frank J Quayle III

Manager

Manager

Manager

Manager

Manager

Manager

Vishal M Patel

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

and Independent Contractors

Chair

Manager

Manager

Manager

Manager

Manager

Manager

Paul R Shin MD

Douglas B Smith

Julious P Smith

Karen R Stokes

Bang H Trinh

Fatimah E Williams

	any hours	and	a dir	recto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Tamira Roberson Manager	0.0	Х						0	0	0
Clyde W Robinson Manager	0.0	Х						0	0	0
	1.0									

Manager	0.0	^			0	
Clyde W Robinson	1.0	x			0	
Manager	0.0				, and the second	
Charles Rotgin Jr	1.0	x			0	
Manager	0.0					
Louis A Sarkes Jr	1.0	V	,			
		X	X		0	(

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and Independent Contractors (A) (B) (E) Name and Title Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other

(F)

	week (list any hours	any hours and a direct						from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Leslie H Williams Jr	1.0	x						0	0	0
Manager	0.0								0	
Patricia B Woodard	1.0									

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

Manager

efile GRAPHIC print - DO NOT PROCESS						DLN: 9	3493011020161	
SC	HED	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the	organization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	r a section	2019
		f the Treasury	► Go to <u>www.i</u>	<u>rs.gov/Form990</u> for i	nstructions and	d the latest info	ormation.	Open to Public Inspection
Nam	e of th	he organiza Virginia Alumn					Employer identific	ation number
							54-0485595	
	rt I		for Public Charity Sta a private foundation becaus				See instructions.	
1 1	organiz		onvention of churches, or a	•	•	• •	(A)(i)	
2		,	•					
			scribed in section 170(b)		,	, ,		
3		·	or a cooperative hospital se	_			•	
4	Ш	name, city,	esearch organization opera and state:	ated in conjunction with	a nospital descr	ibed in section :	1/U(b)(1)(A)(III). E	nter the hospital's
5	✓	-	ation operated for the bene (iv). (Complete Part II.)	fit of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(A	l)(v).	
7			ation that normally received (O(b)(1)(A)(vi). (Comple		s support from a	governmental ι	ınit or from the gener	al public described in
8			ty trust described in section	· ·	(Complete Part I	I.)		
9			ural research organization areast college of agriculture.					ege or university or a
10		from activit	ation that normally received ties related to its exempt full income and unrelated bus See section 509(a)(2). (0	ınctións—subject to cer iness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11		An organiza	ation organized and operat	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operat ly supported organizations through 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and I	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization sunt of the supporting organiplete Part IV, Sections A	pervised or controlled i zation vested in the sar			` ',' '	_
С		Type III f	unctionally integrated. A organization(s) (see instruc	supporting organizatio				ited with, its
d		Type III n	on-functionally integrat integrated. The organizati i). You must complete Pa	ed. A supporting organion generally must satis	ization operated fy a distribution	in connection wi	th its supported organ	
e		Check this	box if the organization rece or Type III non-functional	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-		<u> </u>	
g			ing information about the	T'			T	
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		l. B. '	tion Act Notice, see the	T	Cat. No. 1128!	<u> </u>	 	<u> </u> 90 or 990-EZ) 2019

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ▶	(-7	(-7	(-,	(-,	(-,	
1	Gifts, grants, contributions, and membership fees received. (Do not	44,091,896	45,821,423	41,585,809	36,452,281	45,505,704	213,457,113
2	include any "unusual grant.") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to						0
	the organization without charge						
4	Total. Add lines 1 through 3	44,091,896	45,821,423	41,585,809	36,452,281	45,505,704	213,457,113
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						0
	supported organization) included on line 1 that exceeds 2% of the						U
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
_	from line 4.						213,457,113
S	ection B. Total Support	1	1	•	•	'	
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
	(or fiscal year beginning in) ▶	. ,	` '	` '	` '	• •	
7	Amounts from line 4	44,091,896	45,821,423	41,585,809	36,452,281	45,505,704	213,457,113
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	915,682	943,364	1,119,716	1,443,378	1,243,454	5,665,594
	and income from similar sources						
9	Net income from unrelated						
9	business activities, whether or not						
	the business is regularly carried on						0
10	Other income. Do not include gain						
	or loss from the sale of capital						0
	assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						219,122,707

32,172,878 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 97.414 % 97.100 %

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, Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 Schedule A, Part II, line 14 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. 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 10%-facts-and-circumstances test—2018. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under t	the tests listed t	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2017	(1) 2010		(C) T
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	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						
	from line 6.)						
Se	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
^	(or fiscal year beginning in) ► Amounts from line 6		· ,	. ,	, ,		
10a	Gross income from interest,						
LUG	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
_ C	Add lines 10a and 10b. Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12.) First five years. If the Form 990 is for	the organization	l 's first. second. th	l jird. fourth, or fift	l Lax vear as a sec	tion 501(c)(3) o	ganization.
	check this box and stop here						_
Se	ection C. Computation of Public S						· · · · · <u> </u>
15	Public support percentage for 2019 (lin			column (f))		15	
16	Public support percentage from 2018 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Investr	nent Income	Percentage			i I	
17	Investment income percentage for 201			line 13, column (f))	17	
18	Investment income percentage from 20	018 Schedule A,	Part III, line 17 .			18	
	331/3% support tests-2019. If the	organization did r	not 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						
	33 1/3% support tests—2018. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	▶ □
20	Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	. ▶□

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

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

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

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. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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 Part VI. 6 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) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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

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

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	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		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		14	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
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	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2		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? Provide details in Part VI. b Did the approximation approximation of the provided details in Part VI. 	3a		
	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 Part VI.</i> the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 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) 1 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 d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 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) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 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 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			

details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines

Additional Data

Software ID: Software Version:

EIN: 54-0485595

Name: University of Virginia Alumni Association

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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).

instructions).

Facts And Circumstances Test

DLN: 93493011020161

OMB No. 1545-0047

Supplemental Financial Statements

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

SCHEDULE D (Form 990)

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

Open to Public

2019

Department of the Treasury

Interi	nal Revenue Service	<u>1990</u> for instructions and the latest infor	mation. Inspection
	ame of the organization iversity of Virginia Alumni Association		Employer identification number
			54-0485595
P	Organizations Maintaining Donor Advistance Complete if the organization answered "Ye	sed Funds or Other Similar Funds of	r Accounts.
	Complete if the organization answered Te	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	(-,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso	ers in writing that the assets held in donor adv	
•	organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor		be used only for
	private benefit?		☐ Yes ☐ No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Ye		
1	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (e.g., recreation	n or education)	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conservatio	on easement is located >	
5	Does the organization have a written policy regarding th	he periodic monitoring, inspection, handling c	of violations.
	and enforcement of the conservation easements it holds		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	ration easements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 17	?0(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	
Pa	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Othe	er Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	.6 (ASC 958), not to report in its revenue state public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:	cal treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶ \$
b	Assets included in Form 990, Part X		> \$

Cat. No. 52283D

Schedule D (Form 990) 2019

d Equipment

Sche	dule D (Form 990) 2019						Page 2
Par	Organizations Ma	aintaining Collections	of Art, Histor	rical Treas	ures, or Othe	r Similar Asset	5 (continued)
3	Using the organization's acquitems (check all that apply):		r records, check	any of the f	following that are	a significant use o	its collection
а	Public exhibition		d	☐ Loa	n or exchange pro	ograms	
b	Scholarly research		е	☐ Oth	er		
С	Preservation for future	generations					
4	Provide a description of the c Part XIII.	organization's collections and	d explain how th	ney further tl	he organization's	exempt purpose in	
5	During the year, did the orga assets to be sold to raise fun						Yes 🗌 No
Pai		odial Arrangements. ganization answered "Yes	" on Form 99	0, Part IV,	line 9, or repor	ted an amount o	n Form 990, Part
1 a	Is the organization an agent,					_	_
	included on Form 990, Part >	(?					Yes 📙 No
b	If "Yes," explain the arrange	ement in Part XIII and compl	ete the followin	a table:		Amou	nt
c	Beginning balance	•		-	1c		
d	Additions during the year				4.1		
e	Distributions during the year						
f	Ending balance				46		
2a	Did the organization include	an amount on Form 990. Pa	rt X. line 21. fo	r escrow or o	custodial account	liability?	Yes 🗹 No
	If "Yes," explain the arrange						105 = 110
	rt V Endowment Fund		e ii eiie expiaira		provided in rais		
		ganization answered "Yes			line 10.		
		(a) Curre		Prior year	(c) Two years back		
	Beginning of year balance .		7,737,544	258,782,133			
	Contributions		1,899,410 7,197,810	35,750,238 18,183,656	· · ·	' '	
	Net investment earnings, gain	15, 4114 105565					
	Grants or scholarships		7,327,218	8,774,699	8,941,58	8,940,0	83 7,740,351
	Other expenditures for facilities and programs	37	7,194,242	36,203,784	43,120,15	47,243,7	10 32,873,673
	Administrative expenses .		- 242 204	267 727 544	250 702 40	220 202 0	10 220 074 462
g	End of year balance	· · · · <u> </u>	5,313,304	267,737,544	258,782,13	239,202,0	40 220,971,462
2	Provide the estimated percer	-	d balance (line :	1g, column (a)) held as:		
а	Board designated or quasi-er						
b	Permanent endowment	39.660 %					
c	Temporarily restricted endow	***************************************					
_	The percentages on lines 2a,						
3а	Are there endowment funds organization by:	not in the possession of the	organization th	at are held a	nd administered i	for the	Yes No
	(i) unrelated organizations						3a(i) Yes
	(ii) related organizations .						3a(ii) No
b	If "Yes" on 3a(ii), are the rel	-	•				3b
4	Describe in Part XIII the inte		n's endowment	funds.			
Pai	TE VI Land, Buildings, a	and Equipment. ganization answered "Yes	" on Form 99	0 Part IV	line 11a See F	orm 990 Part X	line 10
	Description of property	(a) Cost or other basis	(b) Cost or other				(d) Book value
	. , , , ,	(investment)					
1a	Land			112,38	8		112,388
	Buildings			8,046,14	-	5,379,793	2,666,356
	Leasehold improvements		 	,,		. , -	

2,283,744

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

675,620

790,911

576,032

4,145,687

1,492,833

99,588

Part VII	Investments—Other Securities.	Form 000 Port IV !	ne 11 ^L	See Form 000 5	Dart V line 12	
	Complete if the organization answered "Yes" on F (a) Description of security or category	(b) Book value	ne III	(c) Metho	d of valuation:	
(1) Financia	(including name of security) al derivatives			Cost or end-of	-year market value	
	held equity interests					
(3) Other _ (A) GROWTH	H EQUITY	31,475,892			F	
(B) LONG/SI	HORT EQUITY	68,108,410			F	
(C) REAL ES	TATE	15,777,114			F	
(D) CREDIT		45,059,063			F	
(E) RESOUR	CES	15,978,539			F	
	ND ACCRUALS	6,368,436			F	
(G) BUYOUT		10,331,504			F	
(H) BONDS		29,728,628			F	
	CADITAL					
(I) VENTURE Total. (Colum	er (b) must equal Form 990, Part X, col. (B) line 12.)	21,191,773 244,019,359			F	
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990 Part IV li	ne 11c	See Form 990	Part X line 13	
	(a) Description of investment	10/11/ 330, 1 4/2 17, 11	110 110	(b) Book value	(c) Method of valuation	
					Cost or end-of-year ma value	· ĸet
(1)						
(2)						
(3)						-
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX		iorm 000 Part IV lin		Con Form 000 Day	+ V line 15	
	(a) Description		ie iiu	. See 101111 990, Fai	(b) Book value	•
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	imn (b) must equal Form 990, Part X, col.(B) line 15.)			<u> </u>	•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fe	orm 990. Part IV lin	e 11e	or 11f.See Form	990, Part X. line 25	
1.	(a) Description of li			J. 22.1000 1 01111	(b) Book value	
(1) Federal (4)	income taxes					0
(5)						
(6)						
(7)						
(8)						
(9)						
	on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text o	of the footnote to the or	ganizat	tion's financial state	122,751 ments that reports the	,926
•	's liability for uncertain tax positions under FIN 48 (ASC 7		-		· ·	✓

Part XI

2

b

3

1

2

c

d

3

Part XII

Schedule D (Form 990) 2019

Page 4

16,587,617

52,660,343

676,820

53,337,163

51,672,199

51,672,199

Schedule D (Form 990) 2019

2c d Other (Describe in Part XIII.) 2d е

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Donated services and use of facilities

Other (Describe in Part XIII.)

Add lines 2a through 2d .

Subtract line 2e from line 1 .

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

Donated services and use of facilities

Subtract line **2e** from line **1**

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

-176.479

16,764,096

676,820

2e

3

4c

2e

3

2a

2b

4a

4b

2a 2b

2c

2d

Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . b Add lines 4a and 4b . C Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a	676,820		
b	Other (Describe in Part XIII.) .		4b		1	
С	Add lines 4a and 4b				4c	676,820
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 52,349,0					52,349,019
Pai	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a s 2d and 4b. Also complete this part to provide			V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	See Additional Data Table					

chedule D (Form 990) 2019		
Part XIII Supplemental Information (continued)		
Return Reference Explanation		

Schedule D (Form 990) 2019

Additional Data

LONG/SHORT EQUITY

CASH AND ACCRUALS

VENTURE CAPITAL

REAL ESTATE

RESOURCES

CREDIT

BUYOUT

BONDS

Software ID: Software Version: **EIN:** 54-0485595

Name: University of Virginia Alumni Association

Form 990, Schedule D, Part VII - Investments Other Securities (a) Description of security or category (b)Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value

GROWTH EQUITY

15,978,539 6,368,436

31,475,892 68,108,410

15,777,114

45,059,063

10,331,504

29,728,628

21,191,773

F

F

F

Return Reference	Explanation
SCHEDULE D PART V LINE 4	THE ASSOCIATION'S ENDOWMENTS CONSIST OF APPROXIMATELY 3,700 INDIVIDUAL FUNDS ESTABLISHED F OR A VARIETY OF PURPOSES IN FURTHERANCE OF THE ASSOCIATION'S MISSION, INCLUDING DONOR-REST RICTED FUNDS, TERM ENDOWMENTS, AND FUNDS DESIGNATED BY THE BOARD TO FUNCTION AS ENDOWMENTS THE ENDOWMENT FUNDS SUPPORT SPECIFIC PROGRAMS, SCHOLARSHIPS, STUDENT ACTIVITIES, AND UNI VERSITY-RELATED ORGANIZATIONS. SCHEDULE D, PART X, LINE 2 THE ASSOCIATION IS EXEMPT FROM F EDERAL INCOME TAXES AS DEFINED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND CLASSIFIED AS A PUBLIC CHARITY UNDER 509(A)(1) OF THE CODE. THE ASSOCIATION IS REQUIRED TO RECOGNIZE THE EFFECT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ON A TAX PETILIP

ANNUITIES -\$87,851 TOTAL: -\$176,479

N BASED ON A 'MORE LIKELY THAN NOT' OF BEING SUSTAINED BY A TAXING AUTHORITY THRESHOLD. THE ASSOCIATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS REQUIRED TO BE RECOGNIZE D IN THE FINANCIAL STATEMENTS. SCHEDULE D, PART XI PART XI, LINE 2D AMOUNT REPRESENTS CHAN GE IN FAIR VALUE OF BENEFICIAL INTERESTS IN TRUSTS -\$88,628 CHANGE IN VALUE OF TRUSTS AND

Supplemental Information

SCHEDULE F	Statement of Activities Outside the United States						OMB No. 1545-0047	
(Form 990) Department of the Treasury	•	olete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.					2019 Open to Public	
internal Revenue Service							Inspection	
Name of the organization Jniversity of Virginia Alumn	i Association					Employer iden	ntification number	
or virginia / ilainii	11713333141101					54-0485595		
Part I General Inf Form 990, P			Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on	
1 For grantmakers.	Does the or	ganization mai	ntain records to	substantiate the amoun	t of its gr	ants and		
,	•	• ,	_	stance, and the selection	criteria (used 	☑ Yes ☐ No	
2 For grantmakers. outside the United S		Part V the orga	anization's proce	dures for monitoring the	use of it	s grants and ot	her assistance	
3 Activites per Region.	(The followin	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed.)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of s) in the region	(f) Total expenditures for and investments in the region	
See Add'l Data								
3a Sub-total	n sheets to						146,27	
	nd 3b)						146,27:	

Cat. No. 50082W Schedule F (Form 990) 2019

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

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign 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)	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; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐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).	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)	☐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; don't file with Form 990)	☐Yes	✓ No

Schedule F (I	hedule F (Form 990) 2019 Page 5							
Part V	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.							
990 Sched	90 Schedule F, Supplemental Information Return Explanation							
Reference								

Additional Data

Europe (Including Iceland and

Greenland)

Software ID: Software Version:

EIN: 54-0485595

Name: University of Virginia Alumni Association

Student research & aid

76,799

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				
East Asia and the Pacific			Program Services	Student research & aid	25,084				

Program Services

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Student research & aid 4.695 IProgram Services South Asia Program Services Student research & aid 10,247

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 reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) Sub-Saharan Africa 29,446 Program Services Student research & aid

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Schedule I		Grante and O	thor Accietano	o to Organiz	ations		OMB No. 1545-0047
(Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States						2019
				-	-		2017
Department of the	Col	mpiete if the organiza	tion answered "Yes," o ▶ Attach to Form		, line 21 or 22.		Open to Public
Treasury Internal Revenue Service		► Go to <u>www</u>	<u>v.irs.gov/Form990</u> for	the latest information	on.		Inspection
Name of the organization	intian					Employer identif	ication number
University of Virginia Alumni Associ	lation					54-0485595	
Part I General Information	tion on Grants	and Assistance				•	
 Does the organization maint the selection criteria used to Describe in Part IV the organ 	award the grants	or assistance?				e, and	☑ Yes □ No
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, lin	ne 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) University of Virginia Box 400229 Charlottesville, VA 229044229	54-6001796	501(C)(3)	36,226,995				STUDENT, FACULTY & PROGRAM SUPPORT
2 Enter total number of section	n 501(c)(3) and go	vernment organizations	listed in the line 1 table .			.	1_
3 Enter total number of other	organizations listed	${\sf d}$ in the line 1 table . $\;\;$.	<u> </u>	<u></u>	<u> </u>	.	
For Paperwork Reduction Act Notice,	, see the Instruction	ns for Form 990.		Cat. No. 5005!	5P	So	chedule I (Form 990) 2019

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

	recipients	cash gra	nt nonc	ash assistance	FMV, appraisal, othe	er)
(1) GRANTS AND SCHOLARSHIPS	1277	3,057,262				
(2)						
(3)						

(6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Explanation STEWARDSHIP, GRANT ASSISTANCE AND EMERGENCY STUDENT LOANS, SCHEDULE I, PART III THE ASSOCIATION, THROUGH ITS UVA FUND PROGRAM, MANAGES

Return Reference FORM 990 SCHEDULE I, SUPPLEMENTAL INFORMATION

Schedule I (Form 990) 2019

Part III

(4)

(5)

THE UVA FUND SERVES THE UNIVERSITY COMMUNITY WITH FINANCIAL AND ENDOWMENT MANAGEMENT SERVICES, SCHOLARSHIP ADMINISTRATION, DONOR

Schedule I (Form 990) 2019

(f) Description of noncash assistance

Page 2

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49301	1020	161				
Sch	nedule J	Co	mpensati	ion Information	OI	ИВ No.	1545-0	0047				
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest	-						
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							2019				
Danar	tment of the Treasury	► Go to www.irs.go		to Form 990. instructions and the latest inforn	mation.)pen i						
•	al Revenue Service	r do to <u>irririnsigo</u> i	101	motractions and the latest mion		Insp	ectio	n				
	me of the organiza versity of Virginia Alu				Employer identifica	tion nu	ımber					
					54-0485595							
Pa	rt I Questi	ons Regarding Compensat	ion									
1a				the following to or for a person liste y relevant information regarding thes			Yes	No_				
	☐ First-class	or charter travel		Housing allowance or residence for	personal use							
	Travel for	companions		Payments for business use of person	nal residence							
		nification and gross-up payments	· 💆	Health or social club dues or initiation								
	☐ Discretion	ary spending account	Ц	Personal services (e.g., maid, chauf	feur, chef)							
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes					
2				or allowing expenses incurred by all	- 4-2	2	Yes					
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ne la?							
3	organization's C	EO/Executive Director. Check all	that apply. Do r	ed to establish the compensation of the not check any boxes for methods								
		d organization to establish comp	ensation of the t	CEO/Executive Director, but explain i	n Part III.							
		ation committee		Written employment contract								
		ent compensation consultant	✓	Compensation survey or study								
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee							
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a							
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No				
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No				
c			,	nsation arrangement? Dicable amounts for each item in Part		4c		No				
		/										
5), 501(c)(4), and 501(c)(29)	=	the organization pay or accrue any								
,		ontingent on the revenues of:		the organization pay or accrue any								
а	The organization	1?				5a		No				
b						5b		No				
	If "Yes," on line	5a or 5b, describe in Part III.										
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of:		the organization pay or accrue any								
а	The organization	1?				6a		No				
b	,					6b		No				
	•	6a or 6b, describe in Part III.			_							
7	payments not de	escribed in lines 5 and 6? If "Yes	," describe in Pa	the organization provide any nonfixed rt III	d 	7	Yes					
8	subject to the in	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No				
9	If "Yes" on line 8	8, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section	9		INU				
For F	Paperwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Form	990)	2019				

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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.

	<u> </u>) and (E) amounts for that	c marvidual.
(A) Name and Title			of W-2 and/or 1099-MISC	·	(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)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Margaret M Anderson Treasurer & CFO	(i)	153,144	5,576	10,233	15,872	7,677	192,502	0
	(ii)	0	0	0	0	0	0	
	(i)	275,000	60,000	41,260	28,000	20,628	424,888	0
	(ii)	0	0	0	0	0	0	
	(i)	156,556	5,570	11,847	16,212	18,575	208,760	0
	(ii)	0	0	0	0	0	0	
	(i)	152,032	7,054	16,427	15,909	7,545	198,967	0
	(ii)	0	0	0	0	0	0	
	(i)	136,349	7,725	9,729	14,408	18,928	187,139	0
	(ii)	0	0	0	0	0	0	
	(i)	143,500	5,110	9,903	7,861	17,858	184,232	0
	(ii)	0	0	0	0	0	0	
	(i)	138,535	3,071	478	14,161	20,505	176,750	0
	(ii)	0	0	0	0	0	0	
	(i)	122,482	2,738	9,674	12,522	19,965	167,381	0
	(ii)	0	0	0	0	0	0	
	(i)	128,157	2,130	8,980	0	19,852	159,119	0
	(ii)	0	0	0	0	0	0	
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							Schedule	J (Form 990) 2019

Schedule J (Form 990) 2019 Page 3 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** Schedule J Part I, Line 1 FARMINGTON COUNTRY CLUB DUES: THE ALUMNI ASSOCIATION PAYS FOR THE PRESIDENT AND CEO TO MAINTAIN A MEMBERSHIP TO THE FARMINGTON COUNTRY CLUB. FARMINGTON IS A SOCIAL CLUB USED BY THE EMPLOYEE FOR BUSINESS AND RECREATIONAL USE. THIS IS CONSIDERED FULLY TAXABLE AND IS THEREFORE INCLUDED IN THE EMPLOYEE'S W-2 TAXABLE WAGES FOR THE YEAR. SOCIAL CLUB DUES: THE ALUMNI ASSOCIATION PAYS FOR SOCIAL CLUB DUES FOR THE FOLLOWING EMPLOYEE: 1. JENIFER ANDRASKO - \$5.820 INTRAMURAL SPORTS MEMBERSHIP: THE ALUMNI ASSOCIATION PROVIDES AN INTRAMURAL-RECREATIONAL SPORTS MEMBERSHIP TO ANY EMPLOYEE WISHING TO JOIN. THIS MEMBERSHIP ALLOWS THE EMPLOYEE TO UTILIZE ALL UNIVERSITY RECREATION FACILITIES AND COSTS \$450/YEAR PER EMPLOYEE. MEMBERSHIP IS AVAILABLE TO ALL MEMBERS OF THE UNIVERSITY COMMUNITY. IEMPLOYEES ARE NOT TAXED ON THE VALUE OF THE SPORTS MEMBERSHIP BECAUSE THE ATHLETIC FACILITIES ARE LOCATED ON UNIVERSITY PREMISES AND

OPERATED BY THE UNIVERSITY. THE USE OF THE FACILITIES PASS IS LIMITED TO THE EMPLOYEE ONLY AND IS NOT AVAILABLE TO FAMILY MEMBERS. [I.R.C.

ISEC. 132(I)(4)}1 SCHEDULE J. PART I. LINE 7 DURING ITS ANNUAL REVIEW, THE COMPENSATION COMMITTEE OF THE BOARD OF MANAGERS REVIEWS THE COMPENSATION PACKAGE OF THE CEO AND DETERMINES IF AN ANNUAL BONUS IS MERITED AND IF SO, THE AMOUNT. THIS REVIEW CONSIDERS PERFORMANCE AS WELL AS COMPARABILITY WITH SIMILAR POSITIONS AT OTHER INDEPENDENT ALUMNI ASSOCIATIONS AND THE RESULTS OF THE INDEPENDENT EXECUTIVE COMPENSATION ANALYSIS.

Schedule 1 (Form 990) 2019

DLN: 93493011020161 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** University of Virginia Alumni Association 54-0485595 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining 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 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 5,361,037 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (Horses) Χ 25 247,728 FMV 26 Other ▶ (Other) Χ 29,533 FMV 27 Other ► (_____ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, co	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization lumn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
FORM SCH M PART I, LINE 32B	The Alumni Association uses independent agents and brokers to sell and process gifts of securities.
	Schedule M (Form 990) (2019)

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SCHEDUL (Form 990 or EZ)	OMB No. 1545-0047 2019 Open to Public Inspection							
Name Betherofe University of Virgin 990 Schedul	nia Alumni Assoc	ciation emental Informati	ion		Employer iden 54-0485595	tification number		
Return Reference				Explanation		_		
FORM 990 PART VI LINE 11B	T ACCOUN LED SPECI	form 990 Review Process THE 990 IS REVIEWED BY MANAGEMENT AND THE ASSOCIATION'S INDEPENDEN ACCOUNTING FIRM KPMG. FURTHER REVIEW IS PROVIDED BY THE AUDIT COMMITTEE AT A MEETING CAL ED SPECIFICALLY FOR THIS PURPOSE. PRIOR TO SUBMISSION THE FORM IS PROVIDED TO THE FULL BO ARD OF MANAGERS FOR REVIEW.						

Return Reference	Explanation
FORM 990 PART VI LINE 12C	Conflict of Interest Policy EACH MEMBER OF THE BOARD OF MANAGERS FILES WITH THE SECRETARY A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THIS STATEMENT IS RENEWED ON AN ANNUAL BASIS AT THE BEGINNING OF EACH FISCAL YEAR. A CONFLICT OR POTENTIAL CONFLICT OF INTEREST IS CONS IDERED TO EXIST IF THE MEMBER OR A MEMBER'S DEPENDENT HAS ANY RELATIONSHIP, INTEREST, OR S ITUATION WHICH MIGHT INDICATE A DUALITY OF LOYALTY OR INTEREST. IF A CONFLICT EXISTS, THE MEMBER IS ASKED TO IDENTIFY THE SPECIFIC CONFLICT. ANY MEMBER OF THE BOARD HAVING A CONFLICT OF INTEREST IN CONNECTION WITH ANY MATTER BEFORE THE BOARD SHALL SO INDICATE AT THE TIME AND SHALL BE EXPECTED TO EXCUSE HIMSELF/HERSELF/THEMSELF DURING THAT PORTION OF THE MEET ING. THE MINUTES OF THE MEETING SHALL REFLECT ANY SUCH DISCLOSURE AND ABSTENTION FROM VOTING.

Return Reference	Explanation
FORM 990 PART VI LINES 15A & 15B	Executive Compensation Process THE EXECUTIVE COMPENSATION PROGRAM AT THE ALUMNI ASSOCIATION NOF THE UNIVERSITY OF VIRGINIA (THE ASSOCIATION) IS DESIGNED TO ALIGN THE INTERESTS OF EX ECUTIVE OFFICERS WITH THEIR PERFORMANCE. THIS PROGRAM IS BASED ON A PHILOSOPHY THAT THE TO TAL COMPENSATION PACKAGE MUST BE COMPETITIVE WITH SIMILAR POSITIONS IN THE INDUSTRY IN ORD ER TO ATTRACT AND RETAIN EXECUTIVE TALENT. THE COMPENSATION COMMITTEE (COMMITTEE) OF THE A SSOCIATION'S BOARD OF MANAGERS IS RESPONSIBLE FOR OVERSIGHT AND ADMINISTRATION OF THE EXECUTIVE COMPENSATION PROGRAM. THE COMMITTEE RETAINS A PROFESSIONAL CONSULTANT TO PROVIDE AN INTERMEDIATE SANCTIONS REVIEW OF THE PRESIDENT AND FIVE HIGHEST PAID POSITIONS AND A MARKE TO VALUE ANALYSIS OF ALL OTHER MAJOR JOB DESCRIPTIONS ON A TRIENNIAL BASIS. SALARY AND OTHE RENEFITS ARE BENCHMARKED AGAINST THE COMPENSATION PAID TO OFFICERS AND UPPER MANAGEMENT IN COMPARABLE, HIGH-PERFORMING COMPANIES WITH SIMILAR RESPONSIBILITIES. THIS PROFESSIONAL REVIEW WAS LAST PERFORMED IN FISCAL YEAR 2018-19. THE COMPENSATION COMMITTEE DOCUMENTS THE DELIBERATION AND ALL DECISIONS MADE.

Evolopation

Return Explanation

Ittereries	
FORM 990	Disclosure THE ASSOCIATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST P
PART VI	OLICY AVAILABLE TO THE PUBLIC. THE ASSOCIATION DOES MAKE ITS FINANCIAL STATEMENTS, IRS FOR
LINE 19	M 990. AND IRS FORM 990-T AVAILABLE TO THE PUBLIC ON ITS OWN WEBSITE.

Return

Reference	
FORM 990, PART VI, LINE 1A	Governing Body Delegation of BOARD Authority IN ACCORDANCE WITH ARTICLE X, SECTION 1 OF TH E ASSOCIATION'S CORPORATE BYLAWS, THE BOARD OF MANAGERS MAY CREATE AN EXECUTIVE COMMITTEE AND SHALL APPOINT MANAGERS TO SERVE ON IT. THE COMMITTEE SHALL HAVE TWO OR MORE MEMBERS, W ITH A MAJORITY OF THE COMMITTEE MEMBERSHIP CONSISTING OF MANAGERS, AND ALL OF WHOM SHALL S ERVE AT THE PLEASURE OF THE BOARD. THE CURRENT EXECUTIVE COMMITTEE CONSISTS OF 21 MEMBERS, ALL OF WHICH ARE VOTING MANAGERS OF THE BOARD. PURSUANT TO ARTICLE II, SECTION 2 OF THE C ORPORATE BYLAWS, THE EXECUTIVE COMMITTEE OF THE BOARD OF MANAGERS IS EMPOWERED TO ACT ON A NY MATTERS BETWEEN REGULAR BOARD MEETINGS WITH THE FOLLOWING EXCEPTIONS: THE EXECUTIVE COMMITTEE MAY NOT (I) FILL VACANCIES ON THE BOARD OR ON ANY OF ITS COMMITTEES; (II) AMEND THE ARTICLES OF INCORPORATION; (III) ADOPT, AMEND OR REPEAL THESE BYLAWS; (IV) APPROVE A PLAN OF MERGER OR CONSOLIDATION; (V) APPROVE THE SALE, LEASE OR EXCHANGE, OR THE MORTGAGE, PLE DGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE A SSOCIATION; OR (VI) APPROVE REVOCATION OF VOLUNTARY DISSOLUTION PROCEEDINGS.

Explanation

Return Explanation

LINE 9

FORM 990, Other Changes in Net Assets CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN TRUSTS -\$88,62
PART XI, 8 CHANGE IN VALUE OF TRUSTS AND ANNUITIES -\$87,851 TOTAL: -\$176,479

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

211 EMMET STREET SOUTH CHARLOTTESVILLE, VA 22903

University of Virginia Alumni Association

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 2019

DLN: 93493011020161 OMB No. 1545-0047

> **Open to Public** Inspection

(f)

entity

Direct controlling

Employer identification number

54-0485595 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) GRANT PROGRAM 1,649,047 34,257,291 UVAA (1) THE JEFFERSON TRUST FOR THE UNIV OF VA VA

(b)

Primary activity

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

(c)

Legal domicile (state

(d)

Exempt Code section

Public charity status

or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No

related tax-exempt organizations during the tax year.

Name, address, and EIN of related organization

(g)

Section 512(b)

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

Schedule R (Form 990) 2019				Page 3
Part V Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Pa	ırt IV, line 34, 35l	o, or 36.	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations listed ir	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a
f b Gift, grant, or capital contribution to related organization(s)				1b
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c
f d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)				1e
f Dividends from related organization(s)				1f
g Sale of assets to related organization(s)				1 g
h Purchase of assets from related organization(s)				1h
i Exchange of assets with related organization(s)				1i
j Lease of facilities, equipment, or other assets to related organization(s)				1j
k Lease of facilities, equipment, or other assets from related organization(s)				1k
l Performance of services or membership or fundraising solicitations for related organization(s)				11
m Performance of services or membership or fundraising solicitations by related organization(s)				1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n
o Sharing of paid employees with related organization(s)				10
p Reimbursement paid to related organization(s) for expenses				1p
q Reimbursement paid by related organization(s) for expenses				1q
r Other transfer of cash or property to related organization(s)				1r
s Other transfer of cash or property from related organization(s)				1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including covered r	relationships and tra	nsaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount involved
		1	1	

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 exc	clusion for certain inv	estment p	artnerships.							•							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		Are all partners I		Are all partners		(f) Share of total income	nare of Share of total end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
				L						Schedul	e R (Forn	n 99	0) 2019				

Schedule R (Form 990) 2019				
Part VII	Supplemental Info	ormation		
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation		