

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> UNIVERSITY OF VA SCHOOL OF ARCHITECTURE FOUNDATION		<b>D Employer identification number</b> 20-1154531
	Doing Business As		<b>E Telephone number</b> 434-924-7717
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or country, and ZIP + 4 CHARLOTTEVILLE, VA 22904		<b>G Gross receipts \$</b> 1,279,858.
<b>F Name and address of principal officer:</b> WARREN BUFORD SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ N/A			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 2004	
		<b>M State of legal domicile:</b> VA	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	41
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,634,168. Current Year: 1,064,007.
	9	Program service revenue (Part VIII, line 2g)	767. 149,776.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,468. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,636,403. 1,213,783.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 208,785.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 175,755.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	398,213. 298,137.
<b>Net Assets or Fund Balances</b>	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	580,347. 633,272.
	19	Revenue less expenses. Subtract line 18 from line 12	1,056,056. 580,511.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,814,914. End of Year: 2,533,868.
	21	Total liabilities (Part X, line 26)	5,117. 78,271.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,809,797. 2,455,597.

**Part II 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.

<b>Sign Here</b>	Signature of officer	Date		
	WARREN BUFORD, EXECUTIVE DIRECTOR	11/8/11		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	FRANK BERRY	<i>Frank Berry</i>	11/8/2011	PTIN
Firm's name ▶ HANTZMON WIEBEL LLP, CPA'S			Firm's EIN ▶	
Firm's address ▶ 818 E. JEFFERSON ST., P.O. BOX 1408 CHARLOTTEVILLE, VA 22902			Phone no. (434) 296-2156	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No