

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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE COLLEGE FOUNDATION OF THE UNIVERSITY OF VIRGINIA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 5527 City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 22905	D Employer identification number 54-2009312
		F Name and address of principal officer: LOCKE W. OGENS SAME AS C ABOVE	E Telephone number 434-924-4596
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 20,801,804.
		J Website: ▶ WWW.ARTSANDSCIENCES.VIRGINIA.EDU/FOUNDATIO	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2000 M State of legal domicile: VA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE FOUNDATION SOLICITS FUNDS TO SUPPORT, PROMOTE THE ADVANCEMENT, & FURTHER THE AIMS & PURPOSES OF	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 40
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 38
	5	Total number of employees (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 80
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	319,759. 165,363.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,395,403. 7,081,393.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,018,458. 18,902,327.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25)	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	261,819. 222,375.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,280,277. 19,124,702.
	19	Revenue less expenses. Subtract line 18 from line 12	-18,884,874. -12,043,309.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 68,548,085. End of Year 69,862,842.
	21	Total liabilities (Part X, line 26)	57,998. 8,579,674.
	22	Net assets or fund balances. Subtract line 21 from line 20	68,490,087. 61,283,168.

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.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ **LOCKE W. OGENS, PRESIDENT**
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PBGH, LLP 558 SOUTH MAIN STREET HARRISONBURG, VA 22801	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 540 434-5975
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No