

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)

2010

Open to Public Inspection

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 Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
THE UNIVERSITY OF VIRGINIA CURRY SCHOOL OF EDUCATION FOUNDATION, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 400276
 City or town, state or country, and ZIP + 4
CHARLOTTESVILLE, VA 22904-4276

D Employer identification number
****-*******

E Telephone number
(434) 924-0854

G Gross receipts \$ **972,475.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see Instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **CURRY.VIRGINIA.EDU/ABOUT/CURRY-FOUNDATION**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1975** **M** State of legal domicile: **VA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O**

2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|----|--|----|----|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 29 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 29 |
| 5 | Total number of individuals employed in calendar year 2010 (Part VII, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 33 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 42 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | Prior Year | Current Year | |
|-----|--|--------------|-------------|
| 8 | Contributions and grants (Part VIII, line 1h) | 1,435,595. | 952,050. |
| 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,527. | 5,309. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,267. | 15,116. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,447,389. | 972,475. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,400,238. | 4,175,980. |
| 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) | 372,202. | 355,841. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b | Total fundraising expenses (Part IX, column (D), line 25) | 384,424. | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 370,198. | 696,465. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,142,638. | 5,228,286. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -1,695,249. | -4,255,811. |

| | Beginning of Current Year | End of Year | |
|----|--|-------------|-------------|
| 20 | Total assets (Part X, line 18) | 16,302,676. | 13,687,337. |
| 21 | Total liabilities (Part X, line 28) | 62,306. | 73,542. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 16,240,370. | 13,613,795. |

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: *Mark C. Hampton* Signature of officer Date: **31 Oct 2011**
MARK C. HAMPTON, TREASURER
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **W. KEITH HANEY** Preparer's signature: *W. Keith Haney* Date: **10/28/11** Check if self-employed: PTIN:
 Firm's name: **HANTZMON WIEBEL LLP, CPA'S** Firm's EIN:
 Firm's address: **818 E. JEFFERSON ST., P.O. BOX 1408 CHARLOTTESVILLE, VA 22902** Phone no.: **(434) 296-2156**

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