

# 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)

OMB No. 1545-0047  
**2006**  
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 2006 calendar year, or tax year beginning** 07/01, 2006, and ending 06/30/2007

<b>B</b> Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> UNIVERSITY OF VIRGINIA HEALTH SERVICES FOUNDATION	<b>D Employer identification number</b> 54-1124769
<input type="checkbox"/> Address change		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	<b>E Telephone number</b> (434) 295-1000
<input type="checkbox"/> Name change		500 RAY C. HUNT DRIVE	<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<input type="checkbox"/> Initial return		City or town, state or country, and ZIP + 4	<input type="checkbox"/> Other (specify) ▶
<input type="checkbox"/> Final return		CHARLOTTESVILLE, VA 22903	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** ▶ WWW.HSF.VIRGINIA.EDU

**J Organization type** (check only one) ▶  501(c)(3) ◀ (insert no.) 4947(a)(1) or 527

**K Check here** ▶  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 270,042,730.

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** ▶

**M Check** ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

	Description	Code	Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:		
	<b>a</b> Contributions to donor advised funds	1a	
	<b>b</b> Direct public support (not included on line 1a)	1b	
	<b>c</b> Indirect public support (not included on line 1a)	1c	4,910,756.
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>4,910,756.</u> noncash \$ _____)	1e	4,910,756.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2	245,351,858.
	<b>3</b> Membership dues and assessments	3	
	<b>4</b> Interest on savings and temporary cash investments	4	
	<b>5</b> Dividends and interest from securities	5	6,433,943.
	<b>6a</b> Gross rents	6a	
	<b>b</b> Less: rental expenses	6b	
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c	
	<b>7</b> Other investment income (describe <u>STMT 8</u> )	7	41,403.
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		
	(B) Other		NONE
	<b>b</b> Less: cost or other basis and sales expenses	8b	32,000.
	<b>c</b> Gain or (loss) (attach schedule)	8c	-32,000.
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	-32,000.	
<b>9</b> Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
<b>b</b> Less: direct expenses other than fundraising expenses	9b		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
<b>10a</b> Gross sales of inventory, less returns and allowances	10a		
	<b>b</b> Less: cost of goods sold	10b	
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
<b>11</b> Other revenue (from Part VII, line 103)	11	13,304,770.	
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	270,010,730.	
Expenses	<b>13</b> Program services (from line 44, column (B))	13	227,215,512.
	<b>14</b> Management and general (from line 44, column (C))	14	30,208,738.
	<b>15</b> Fundraising (from line 44, column (D))	15	
	<b>16</b> Payments to affiliates (attach schedule)	16	
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	17	257,424,250.
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18	12,586,480.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19	67,902,733.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <u>STMT 9</u> <u>STMT 10</u>	20	-21,475,105.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	59,014,108.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.