

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 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	C Name of organization JEFFERSON SCHOLARS FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 400891 City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 22904-4891	D Employer identification number 31-1755873
		E Telephone number (434) 243-9029
F Name and address of principal officer: JAMES H. WRIGHT 112 CLARKE COURT CHARLOTTESVILLE, VA 22904-4891		G Gross receipts \$ 15,596,838.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) 4947(a)(1) or 527		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)
J Website: ▶ WWW.JEFFERSONSCHOLARS.ORG		H(c) Group exemption number ▶
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: 1998 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MERIT BASED SCHOLARSHIP AND FELLOWSHIP SUPPORT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or substantially changed its activities during the year.		
	3 Number of voting members of the governing body (Part VI, line 1a)		31
	4 Number of independent voting members of the governing body (Part VI, line 1b)		31
	5 Total number of employees (Part V, line 2a)		17
	6 Total number of volunteers (estimate if necessary)		278
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12		-2,712.
b Net unrelated business taxable income from Form 990-T, line 34		-4,712.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,795,616.	Current Year 5,358,860.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	629,576.	508,920.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	945,019.	1,031,116.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,370,211.	6,898,896.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,924,567.	5,858,423.
	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)	2,254,245.	2,003,814.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 1,161,805.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,973,592.	3,673,456.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,152,404.	11,535,693.
19 Revenue less expenses. Subtract line 18 from line 12	-3,782,193.	-4,636,797.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 194,605,138.	End of Year 209,972,480.
	21 Total liabilities (Part X, line 26)	36,228,498.	37,526,720.
	22 Net assets or fund balances. Subtract line 21 from line 20.	158,376,640.	172,445,760.

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: *James H. Wright* Date: **5/10/11**
 Type or print name and title: **James H. Wright President**

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: **5/6/11** Check if self-employed:
 Preparer's identifying number (see instructions): **P00451522**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **KPMG LLP 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102** EIN: **13-5565207** Phone no.: **703-286-8000**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)