

Form **990**

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

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**

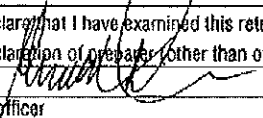
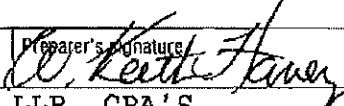
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF VIRGINIA MCINTIRE SCHOOL OF COMMERCE FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 400173, UNIVERSITY OF VA City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 22904 F Name and address of principal officer: GERALD D. STARSIA SAME AS C ABOVE		D Employer identification number 51-0159775
	E Telephone number 434-924-6310		G Gross receipts \$ 9,808,962.
	I Tax-exempt status: <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		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: ▶ HTTP://WWW.COMMERCE.VIRGINIA.EDU/GIVING		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: 1978	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 <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 26																																																									
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26																																																									
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 36																																																									
	6 Total number of volunteers (estimate if necessary) 6 31																																																									
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 199,320.																																																									
	7b Net unrelated business taxable income from Form 990-T, line 34 7b -275,311.																																																									
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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 10/28/11			
	GERALD D. STARSIA, EXECUTIVE DIRECTOR Type or print name and title				
Preparer Use Only	Print/Type preparer's name W. KEITH HANEY	Preparer's signature 	Date 10/28/11	Check if self-employed <input type="checkbox"/>	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