

EXTENSION GRANTED TO FEBRUARY 17, 2009
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

Form **990**

Department of the Treasury
 Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE UNIVERSITY OF VIRGINIA MEDICAL SCHOOL FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 800776

City or town, state or country, and ZIP + 4
CHARLOTTESVILLE, VA 22908

D Employer identification number
23-7173411

E Telephone number
434-924-1734

F Accounting method: Cash Accrual
 Other (specify) _____

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

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 **N/A**

H(c) Are all affiliates included? (If "No," attach a list.) **N/A** Yes No

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

I Group Exemption Number **N/A**

G Website: **WWW.HEALTHSYSTEM.VIRGINIA.EDU/ALUMNI**

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.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **4,197,048.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds		1a		3,418,860.							
b Direct public support (not included on line 1a)		1b									
c Indirect public support (not included on line 1a)		1c									
d Government contributions (grants) (not included on line 1a)		1d									
e Total (add lines 1a through 1d) (cash \$ 3,004,051. noncash \$ 414,809.)		1e		3,418,860.							
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		61,032.							
3 Membership dues and assessments		3		80,755.							
4 Interest on savings and temporary cash investments		4									
5 Dividends and interest from securities		5		3,670.							
6 a Gross rents		6a									
b Less: rental expenses		6b									
c Net rental income or (loss). Subtract line 6b from line 6a		6c									
7 Other investment income (describe _____)		7									
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
		632,731.		8a							
b Less: cost or other basis and sales expenses		650,709.		8b							
c Gain or (loss) (attach schedule)		-17,978.		8c							
d Net gain or (loss). Combine line 8c, columns (A) and (B)		STMT 1		8d		-17,978.					
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ _____ of contributions reported on line 1b)		9a									
b Less: direct expenses other than fundraising expenses		9b									
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c									
10 a Gross sales of inventory, less returns and allowances		10a									
b Less: cost of goods sold		10b									
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c									
11 Other revenue (from Part VII, line 103)		11									
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		3,546,339.							
13 Program services (from line 44, column (B))		13		1,992,119.							
14 Management and general (from line 44, column (C))		14		320,073.							
15 Fundraising (from line 44, column (D))		15		266,156.							
16 Payments to affiliates (attach schedule)		16									
17 Total expenses. Add lines 16 and 44, column (A)		17		2,578,348.							
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18		967,991.							
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		40,155,733.							
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2		20		2,093,539.							
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21		43,217,263.							

723001
12-27-07

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

Form 990 (2007)