i	í. Corm	990-T	Ex	cempt Organization	Bus	siness Income der section 6033(Tax Retui	rn.	OMB No 1545-0047
	roiiii			ndar year 2019 or other tax year begin					മ∧ 4 ∩
			For calei					202	<u> </u>
		ment of the Treasury I Revenue Service	_	► Go to www.irs.gov/Form990 not enter SSN numbers on this form a	-)(3)	Open to Public Inspection for 501(c)(3) Organizations Only			
	Ā	Check box if				me changed and see instruction			oyer identification number
	^ _	address changed		UNIVERSITY OF VIRGI	(Emplo	oyees' trust, see instructions)			
	B Exe	mpt under section	i	FOUNDATION					
		501(C)(30B	Print	Number, street, and room or suite no	faPO	box, see instructions		54-6	046419
	\neg	408(e) 220(e)	or	,					ated business activity code
	\Box	408A 530(a)	1,700	P.O. BOX 7263				(See in	istructions)
	\vdash	529(a)		City or town, state or province, countr	y, and 2	ZIP or foreign postal code			
	C Boo	k value of all assets	1	CHARLOTTESVILLE, VA	229	06		7211	10
	at e	nd of year	F Gro	up exemption number (See instruct	ions)	>			
	51	0,801,836.	G Che	eck organization type X 501	(c) co	rporation 501(c) trust	401(a)	trust Other trust
				inization's unrelated trades or busine			Describe	e the only	(or first) unrelated
	tra	ade or business he	re ▶LOI	OGING AND BANQUET FAC	LIT	IES If only one,	complete Parts I	-V If more	e than one, describe the
	fır	st in the blank spa	ace at the	end of the previous sentence, co	mplete	Parts I and II, complete a S	chedule M for ea	ch additioi	nal
٠ ر		ade or business, th							
	•	-		corporation a subsidiary in an affil			controlled group?		▶ Yes X No
				identifying number of the parent co	rporati	on		4 004	7220
- `				EATHER L. ENOS			ne number ▶ 43		<u> </u>
				or Business Income		(A) Income	(B) Exper	ses	(C) Net
		Gross receipts or			١,	4 629 913	/		
				c Balance ▶	<u> </u>	4,628,913. 473,346.			1
	2	•		ule A, line 7)	2	4,155,567.			4,155,567.
	3	•		2 from line 1c	3 4a	4,133,307.			1,133,307.
	4a			attach Schedule D)	4a 4b				
	b	• , , ,		Part II, line 17) (attach Form 4797) trusts	4c	(D	ECEIVE	7	
	С 5			r an S corporation (attach statement)	5	<u> </u>	ECCIALI		
	6				6	/ 0	4.0.00	, S	
	7	•		come (Schedule E)	7	8	PR 12 207		
	8			ents from a controlled organization (Schedule F)	8				
	9	•		1(c)(7), (9), or (17) organization (Schedule G)	9		GDEN, L	JT	
	10	Exploited exempt	activity ii	ncome (Schedule I)	10		-		
	11	Advertising incon	ne (Sched	dule J)	11/			**	
	12	Other income (Se	ee instruc	ctions, attach schedule)	/2				
	13	Total. Combine li	nes 3 thr	ough 12	13	4,155,567.			4,155,567.
	Par	t II Deductio	ns Not	Taken Elsewhere (See Insti	ructio	ons for limitations on o	leductions) (l	Deducti	ons must be directly
				ne unrelated business incom					15,352.
	14			directors, and trustees (Schedule K)					1,626,421.
	15	Salaries and wage	es			• • • • • • • • • • • • • • • • • • • •		15	99,887.
	16								396.
\mathbf{z}	17			(see instructions)					
2022	18 19			(see instructions).					94,722.
8	20	Depreciation (att	ach Form	4562)		20	123,471	`.' '''	
$\overline{}$	21			on Schedule A and elsewhere on re					123,471.
>	22					***			
MAY	23			compensation plans					42,954.
<u>a</u>	24			s /					676,030.
				Schedule I)					
Z	26			chedule J)					
7	27			schedule)					2,339,947.
SCANNE	28		,	s 14 through 27					5,019,180.
ັလ	29			ole income before net operating					-863,613.
	30		,	g loss arising in tax years beginning					
	31			e income Subtract line 30 from line	29 .	<u> </u>	<u> </u>	31	-863,613.
	For F	aperwork Reduct	tion Act N	Notice, see instructions.					Form 990-T (2019)

1 0/1/11	330-1 (2013)				3
Par	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	$k \mid$			
	instructions)	32		13,3	10
33	Amounts paid for disallowed fringes	33			
34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
•	34 from the sum of lines 32 and 33	35		13,3	10
26	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	100			
36	, , , , , , , , , , , , , , , , , , , ,	120		13,3	1 0
	instructions)			13,3	10
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		1 0	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,0	00
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				
	enter the smaller of zero or line 37	39			0
Par	t IV Tax Computation				
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21),	40			
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)				
42	Proxy tax. See instructions				
_	Alternative minimum tax (trusts only).	-			
43					
44	Tax on Noncompliant Facility Income See instructions	$\overline{}$			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par	t V Tax and Payments				
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116), 46a	1			
b	Other credits (see instructions)]			
С	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)][
	Total credits Add lines 46a through 46d	46e			
47	Subtract line 46e from line 45	_			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule) .				
49	Total tax. Add lines 47 and 48 (see instructions)				0
					<u> </u>
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
	Payments A 2018 overpayment credited to 2019	4 l			
	2019 estimated tax payments	↓			
	Tax deposited with Form 8868	4			
d	Foreign organizations Tax paid or withheld at source (see instructions)	J			
е	Backup withholding (see instructions)]]	•		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	1 1			
g	Other credits, adjustments, and payments Form 2439]			
_	Form 4136 Other Total ▶ 51g	1			
52	Total payments. Add lines 51a through 51g	52			
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			
54		54			
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	-			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56	Enter the amount of line 55 you want				
Par					
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		- 1	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		
	here >			}	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ign trust	?	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	X
	If "Yes," see instructions for other forms the organization may have to file	_	Ì		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of penjury I declare that I have examined this return, including accompanying schedules and statements, and to the b	best of m	y knowledge :	and belief.	ıt ı
Ciar	true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		,		
Sigr		•	IRS discuss		
Her			preparer sh	$\overline{}$	
		e instructio		s	No
Daid	Print/Type preparer's name Preparer's supperture Date Chec	k L L ıf	PTIN		
Paid	MARC BERGER Sell-e	employed		71563	
Prep	Only Firm's name BBO USA, LEF V		13-5381		
OSE	Only Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLIAN, VA 22102 Phone	eno 70	3-893-0	0600	

Form 990-T (2019)									Page
Schedule A - Cost of Go	ods Sold. E	nter method	of invent						
1 Inventory at beginning of y	ear . 1					ar	6		
2 Purchases				7 Cost of	goods so	ild Subtract line			
3 Cost of labor	3					here and in Part	 -		
4a Additional section 263A co	osts						7		473 <u>,</u> 346
(attach schedule)	4a			8 Do the	rules of	section 263A (w	ith re	spect to	Yes No
b Other costs (attach schedu			,346.			or acquired for			
5 Total. Add lines 1 through			,346.	to the org	anization? .	<u> </u>	<u> </u>	<u></u>	X
Schedule C - Rent Income			nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
(see instructions) *	*4B ATCH 3								
Description of property									
(1)									
(2)						·			
(3)									
(4)									
	2. Rent rece	ved or accrue	ed						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and percentage of rent if 50% or if the rent if 50% or if 50% or if the rent if 50% or if the rent if 50% or if 50% o			age of rent fo		y exceeds	3(a) Deductions dir in columns 2(a			
(1)			***************************************		••••••				
(2)									
(3)									
(4)		·	_					_	
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and 2	(b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colum			
Schedule E - Unrelated De	ebt-Financed	ncome (se	e instruct	ions)	<u>-</u>	<u> </u>			-
				income from or	3 0	Deductions directly coni debt-finance			ble to
1. Description of deb	t-financed property		ľ	to debt-financed property		nt line depreciation ch schedule)	(1	Other ded	
(1)							•		
(2)	<u> </u>	-							
(3)				-					
(4)						-			·-
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ble to property	4	Column divided column 5		income reportable n 2 x column 6)		Allocable de mn 6 x total 3(a) and 3	of columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
Totals					Enter her Part I, lin	e and on page 1, e 7, column (A)	Enter Part	here and o I, line 7, co	on page 1, lumn (B)
Total dividends-received deducti	ons included in c	olumn 8	 <u></u>	<u> </u>	<u> </u>	. <u>.</u>			_

Page 4

Schedule F - Interest, Ann	uities, Royaltie	s, and Ken	IS Fr	om Contro	illea C	ryanı	zauc	ins (se	e instructi	ions)		
		Exem	pt Co	introlled Or	ganızatı	ons						
Name of controlled organization	2 Employer identification numb)ei		ated income nstructions)	4. Total payme	of spec	اید	ıncluded	of column 4 that is d in the controlling ation's gross income		6 Deductions direct connected with incor in column 5	
(1)											1_	
(2)												
(3)												
(4)												
Nonexempt Controlled Organia	zations											
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specific ayments made		ine	cluded	of column in the co ion's gros	ntrolling			Deductions directly cted with income in column 10
(1)												
(2)												
(3)												
(4)		f										
Totals	ncome of a Sec	ction 501(c	:)(7),	(9), or (17		Er P	nter hei art I, lii	umns 5 are and on ne 8, colu	page 1, mn (A)	Er	nter I	columns 6 and 11 here and on page 1, , line 8, column (B)
1 Description of income	2. Amount of	' income		directly con (attach sch	nected				t-asides schedule)			5 Total deductions ind set-asides (col. 3 plus col. 4)
(1)			<u> </u>									
(2)			ļ					_				
(3)								_				
(4)	Enter here and							_				ter here and on page 1,
Totals	2 Gross unrelated business income from trade or	3 Expense directly connected production unrelated	es with of	4 Net incomfrom unrelated or business 2 minus collif a gain, collif	ne (loss) ed trade (column umn 3) ompute	5 (from	Gross in activi	ncome ty that	6 Expe	able to		7 Excess exempt expenses (column 6 minus column 5, but not more than
	business	business inc		cols 5 thro	ough 7						1	column 4)
(1)	 			<u> </u>					 		+	
(2)		·							<u> </u>		\dashv	
(3)											\dashv	
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	11,									Enter here and on page 1, Part II, line 25
Schedule J-Advertising In	come (see instr	uctions)										
Part I Income From Peri	odicals Report	ed on a Co	nsoli	idated Bas	is			_				
1 Name of periodical	2. Gross advertising income	• 3 Direct advertising c		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute	5	Circula		6 Reade cost			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								_	· <u>-</u> -		+	
(2)	 - 		_	 				_			+	
(3)									<u> </u>		+	<u>.</u>
(4)			_	 				_			+	
\~/				 	-						+	
Totals (carry to Part II, line (5))												

Form **990-T** (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		_				
(2)		<u></u>				
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)						<u> </u>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 4		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			15,352.

Form 990-T (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending

► Go to www irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization Employer identification number UNIVERSITY OF VIRGINIA DARDEN SCHOOL 54-6046419 Unrelated Business Activity Code (see instructions) ▶ 541800

Describe the unrelated trade or business ► ADVERTISING

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales	1				-
b	Less returns and allowances c Balance	▶ 1c				
2	Cost of goods sold (Schedule A, line 7)	. 2				
3	Gross profit Subtract line 2 from line 1c	. 3				
4a	Capital gain net income (attach Schedule D)	. 4a		-		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	. 4b				
C	Capital loss deduction for trusts	. 4c				
5	Income (loss) from a partnership or an S corporation (attach			-		
	statement)	. 5				
6	Rent income (Schedule C)	. 6				
7	Unrelated debt-financed income (Schedule E)	. 7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	. 8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	. 9				
10	Exploited exempt activity income (Schedule I)	. 10				
11	Advertising income (Schedule J)ATCH .5	. 11	16,250.	2,9	940.	13,310.
12	Other income (See instructions, attach schedule)	. 12				
13	Total. Combine lines 3 through 12	13	16,250.	2,9	940.	13,310.
Раі 14	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income)					e directly
15	Compensation of officers, directors, and trustees (Schedule I Salaries and wages				14 15	
16	Repairs and maintenance				16	-
17	Bad debts				17	
18	Interest (attach schedule) (see instructions).			í	18	
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		, ,			
21	Less depreciation claimed on Schedule A and elsewhere on				21b	
22	Depletion				22	
23	Contributions to deferred compensation plans			ľ	23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)	. 		[26	
27	Other deductions (attach schedule)			[27	
28	Total deductions Add lines 14 through 27			[28_	
29	Unrelated business taxable income before net operating	g loss	deduction Subtract line	28 from line 13 [29	13,310.
30	Deduction for net operating loss arising in tax years instructions)	_	ning on or after Januar	· '	30	
31	Unrelated business taxable income Subtract line 30 from lin			T .	31	13,310.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PAYROLL ADMIN	1,876.
ADVERTISING/RECRUITING	53,287.
TEMPORARY SERVICES	153,475.
PROFESSIONAL FEES	117,481.
LEGAL FEES	1,213.
AUDIT FEES	7,403.
MEALS & ENTERTAINMENT	5,315.
TRAVEL & LODGING	19,468.
LEASE	1,123,030.
INSURANCE	44,572.
BANK FEES	4,622.
COMMISSIONS	78,964.
UTILITIES	144,119.
COMPUTER EXPENSE	48,308.
OPERATING EXPENSE	337,360.
MANAGEMENT FEES	185,283.
MISCELLANEOUS	14,171.

PART II - LINE 27 - OTHER DEDUCTIONS

2,339,947.

54-6046419 ATTACHMENT 2

FORM 990-T: PART III - LINE 36 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE , IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/2000 06/30/2001			
06/30/2002			
06/30/2003			
06/30/2004	58,086.	31,188.	13,310.
06/30/2005	34,922.	34,922.	
06/30/2006	37,835.	37,835.	
06/30/2007	33,269.	33,269.	
06/30/2008	38,542.	38,542.	
06/30/2009	4,627.	4,627.	
06/30/2010	23,532.	23,532.	
06/30/2011	87,235.	87,235.	
06/30/2012	51,962.	51,962.	
06/30/2013 06/30/2014	89,866.	89,866.	
06/30/2014	35,999. 40,125.	35,999.	
06/30/2016	8,990.	40,125. 8,990.	
06/30/2017	4,265.	4,265.	
06/30/2018	1,200.	1,200.	
TOTAL:	549,255.	522,357.	13,310.
TOTAL.			
	S AVAILABLE FROM I		. 522,357.
TAXABLE INCOME (L	INE 35 ON PAGE 2,	990T))	<u>13,310.</u>
	NET OPERATING LOS	SS DEDUCTION	. 13,310.

•	ATTACHMENT 3	
FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS		
FOOD BEER WINE LIQUOR	435,913. 12,389. 20,277. 4,767.	,
TOTAL OTHER COSTS	473,346.	

ATTACHMENT 4

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
CHARLES L. HECKEL P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	TREASURER (THROUGH 10/31/19)	7.523527	8,561.
HEATHER L. ENOS P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	EXECUTIVE DIRECTOR, FIN & STRA	7.523527	6,791.
TOTAL COMPENSATION			15,352.

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ATTACHMENT 5

SCHEDULE M - SCHEDULE J ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

7 EXCESS READERSHIP COSTS			
6 READERSHIP COSTS			
5 CIRCULATION INCOME			
4 ADVERTISING GAIN OR LOSS		13,310	
3 DIRECT ADVERTISING COSTS	2,940	2,940	2,940
2 GROSS ADVERTISING INCOME	16,250	16,250	16,250
1 NAME OF PERIODICAL	THE DARDEN REPORT		