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Form **990** 

Department of the Treasury Internal Revenue Service

#### **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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning (	7-01-2008 and ending 06-	30-2009			
<b>B</b> Ch	eck ıf a	pplicable	Please	C Name of organization FLORIDA INTERNATIONAL				D Employer ide	entification number
<b>✓</b> Add	dress cl	nange	use IRS label or	UNIVERSITY FOUNDATION:	INC			23-704710	
┌ Na	me cha	nge	print or	Doing Business As				E Telephone nu	Imper
┌ Init	ıal retu	rn	type. See Specific	Number and street (or P O	box if mail is not delivered to stre	et address)	Room/suite	(305) 348-	
<b>Г</b> Те	mınatı	on	Instruc- tions.	MODESTO A MAIDIQUE CAN		,		G Gross receipt	t <b>s</b> \$ 205,551,831
┌ Am	ended	return		City or town, state or coun	ry, and ZIP + 4				
- Apr	olication	n pending		MIAMI, FL 33199					
,			E Non	L ne and address of Princip	al Officer	1.			
				H L CARUNCHO	al Officer	'	H(a) Is thi affilia	s a group return tes?	for
				SW 8TH STREET			anna		, 105 , 110
	x-exen	npt status		, FL 33199 ) (3) ◀ (insert no )	7(a)(1) or	ı		affiliates include	, ,
		<u> </u>			7(4)(1) 01   327			o," attach a list p Exemption Nu	See instructions )
) W	eb sit	e: ► htt	p //FOUND	ATION FIU EDU		'	H(c) Grou	p Exemption Nu	iliber <b>F</b>
<b>К</b> Тур	e of or	ganızatıon	Corporat	ion trust association	other ►	1	L Year of Fo	mation 1969 <b>M</b>	State of legal domicile FL
Pa	rt I								
	1			_	or most significant activities				
<u> </u>					D ADMINISTER GIFTS AND ITABLE PURPOSES, ALL FO				
屋		0012							
Governance	2	Check	this box	ıf the organization discor	itinued its operations or disp	oosed of n	nore than 2	5% of its asset:	5
ŝ	3	Numbe	r of voting r	nembers of the governing	body (Part VI, line 1a) .			3 _	47
	4	Numbe	r of ındepen	ident voting members of	he governing body (Part VI,	, lıne 1b)		. 4	44
Activities &	5	Total n	umber of en	nployees (Part V , line 2a	)			5 _	0
₹	6	Total n	umber of vo	lunteers (estimate if nec	essary)			6 _	0
Ą	7a	Totalg	ross unrela	ted business revenue fro	m Part VIII, line 12, column	n(C) .		7a _	0
	ь	Net unr	elated busi	ness taxable income from	n Form 990-T, line 34 .			7b	
							Prio	r Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1	h)			29,169,400	43,780,945
ПE	9	Progra	am service	revenue (Part VIII, line 2	2g)				0
Raven	10	Inves	tment incor	ne (Part VIII, column (A	), lines 3, 4, and 7d)			1,967,535	-9,616,370
ά	11	Other	revenue (P	art VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11	Le)		2,344,019	1,407,514
	12		revenue—a	dd lines 8 through 11 (m	ust equal Part VIII, column	(A), line		33,480,954	35,572,089
	13	12)	and cimils	ar amounts paid (Part IX,	column (A.) lines 1 – 3.)			10,806,701	10,927,999
	14			or for members (Part IX,	, ,,			10,000,701	10,927,999
	15				enefits (Part IX, column (A),	lines 5-			
8		10)	00, 01		onenio (r are 271, coranni (717),	,		0	0
Expenses	16a	Profes	sional fund	raising fees (Part IX, col	umn (A), line 11e)				178,856
ੜੀ	ь	(Total f	undraising exp	penses, Part IX, column (D), lı	ne 25 <u>829,821</u> )	)			
_	17	Other	expenses (	(Part IX, column (A), lıne	s 11a-11d, 11f-24f)			2,508,432	3,579,110
	18	Total	expenses—	add lines 13–17 (must e	qual Part IX, line 25, columi	n (A))		13,315,133	14,685,965
	19	Reven	ue less exp	penses Subtract line 18	from line 12			20,165,821	20,886,124
\$ 60 60 80 80 80 80 80 80 80 80 80 80 80 80 80							Beginni	ng of Year	End of Year
Set See	20	Total	assets (Par	rt X, line 16)				171,006,394	171,551,928
Net Assets or Fund Balances	21	Total	liabilities (F	Part X, line 26)				11,401,983	10,586,269
<u> </u>	22	Netas	sets or fun	d balances Subtract line	21 from line 20			159,604,411	160,965,659
Pa	t II	Sign	ature Blo	ock					
					amined this return, including accom				
Dia -		l.		correct, and complete Declara	tion of preparer (other than officer	r) is based o	ı		er has any knowledge
Plea Sign		**** Sign	*** ature of office	er			2010- Date	05-15	
Here		'					2410		
			e or print nam	NT DIRECTOR he and title					
		Dran	ric <b>k</b>		Date	Che	eck if	Preparer's PTIN	(See Gen Inst )
Paid		Preparer signatur		i Butler		self	<u> </u>	,	· <del> /</del>
	arer's	Firm's n	ame (or yours	s L MARCUMRACHLIN A DIV	DE MARCIM II P	em	polyed 🕨 🦳		
Use		ıf self-er	mployed),	<b>-</b>				EIN Þ	
	,	address,	and ZIP + 4	ONE SE THIRD AVENUE 1	UIH FLOOR			Phone no 🕨 (3	05) 377-7228
				MIAMI, FL 33131					
May '	tne IR	5 discus	ss this retu	rn with the preparer show	n above? (See instructions)				▼ Yes

#### Part III Statement of Program Service Accomplishments (See the instructions.)

1		rganization's mission			
ee Ad	ldıtıonal Data Table				
2		n undertake any significant pr or 990-EZ?	ogram services during the year which	th were not listed on	es ✓ No
	If "Yes," describe t	hese new services on Schedu	le O		
3		n cease conducting or make s	ignificant changes in how it conduct	s any program	es 🗸 No
	If "Yes," describe t	hese changes on Schedule O			
4	Section 501(c)(3)	and (4) organizations and 494	each of the organization's three large 17 (a)(1) trusts are required to repor or each program service reported		
la			),927,999 including grants of \$ IVERSITY FINANCIAL AID OFFICE BASED ON	10,927,999 ) (Revenue \$ NEEDS TO STUDENTS WHO HAVE A	0 ) CADEMIC POTENTIAL,
lb	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
_			(1)		
ld	Other program se (Expenses \$			(Revenue \$	)

Part IV	Chec	klist of	F Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 77			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		163	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	21		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		
	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and Financial Accounts</i> .			
F-		<b>F</b>		NI -
5a _	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	5c		
	Tax Shelter Transaction?	6a		N o
6a 	Did the organization solicit any contributions that were not tax deductible?	оа		NO
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a		
	more?			
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
a	file Form 8282?			
u	The rest, indicate the number of forms 5252 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
	required?	711		
8	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		Νo
•	year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  facilities			
	identities.			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
	Cross was from other course (Do not not amounts due or not to other course)			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	/ <del></del>			

8

Section A. Governing Body and Management

Νo

Νo

Νo

Νo

Nο

Νo

Yes

Yes

2

3

4

5

6

7a

7Ь

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	47
ь	Enter the number of voting members that are independent	1h	4.4

•	other officer, director, trustee, or key employee?	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	

•			•		•	•			-	•	•	•	
Did the	orga	nızatıon	n make any	significant	change	s to it	s organiza	atıonal	documents	sınce	the prior	Form 99	0 was
filed?													

Did t	he organızat	ion b	ecome av	vare du	rıng t	he yea	rofa	mate	erial	dive	rsioi	oft	he c	rga	nıza	tion	sass	ets?	•	•	
Does	the organiz	atıon	have me	mbers o	orsto	ockhold	ers?														
_																				٠.	. [

Does the organ	ııza	tıon	hav	e	men	nber	s,	sto	ckt	old	ers	, or	oth	er	per	sons	who	o may	/ ele	ctc	ne	or	more	e n	nem	ıber:	ofth	e
governing body	?			•		•	•					•	•	•					٠							•	•	

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
Did the organization contemporaneously document the meetings held or written actions undertaken during	the
year by the following	

а	the governing body?																					
b	each committee with	autl	norit	ty to	оас	t or	ı bel	half	of t	he q	gove	ernii	ng b	ody	7							

9a	Does the organization have local chapters, branches, or affiliates?
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,
	affiliates, and branches to ensure their operations are consistent with those of the organization?

	anniates, and Branches to chear their operations are consistent mentalists of the organization.
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

		-
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νο
9b		
10	Yes	
11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply 
  ✓ own website another's website. ✓ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization AIME MARTINEZ

MODESTO A MAIDIQUE CAMPUS - MARC 5 MIAMI, FL 33199

(305) 348-1961

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al			Reportable compensation from the organization (W-	(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

#### Part VIII Continued

			() ition that a			all			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total		٠	<del>'</del> -	-			<b>&gt;</b>	(	310,414	0
2 Total number of individuals (including							า \$1	00.000 ın reportabl	e	

compensation from the organization  $\blacktriangleright 0$ 

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
AMERGENT INC 9 Centennial Drive PEABODY, MA 01960	PROF FUNDRAISING	176,207
ARAMARK 1101 Market Street PHILADELPHIA, PA 19107	CATERING	231,428
ALGEBRA PROJECT INC 99 Bishop Allen Drive CAMBRIDGE, MA 02139	EDUCATIONAL SUPPORT	101,887
SMITHSONIAN INSTITUTION PO BOX 37012 SI Building Room 153 WASHINGTON, DC 20013	Exhibition	122,506
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	'	4

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
92 1	a F	ederated cam	paigns 1a					
Έ			-	785,849				
,ੂਰ	<b>b</b> M	embersnip au	les 1b					
[集] -	c F	undraising eve	ents <b>1c</b>					
<u>`</u>   .	<b>d</b> R	elated organiz	zations 1d					
<u>`</u> ≝		overnment grant						
装 し	<b>e</b> G	overnment grant	s (contributions) <b>1e</b>		ļ			
<u>~</u>			ons, gifts, grants, and <b>1f</b>	42,995,096				
異し			ot included above					
<u> </u>	_		butions included in 4,057,313					
$ ot\!\mathbf{Z}$ 니 .					43,780,945			
ख ।	h To	otai (Add iine	s 1a-1f)					
				Business Code				
<u>"</u>   2a	а							
<u>.</u>   <u>.</u>	_ Ь							
·   '	_							
չ   ՙ	c _							
Ĕ   ď	d					<del></del>		
8   8	е —							
을   1	fΑ	II other progra	am service revenue					
	_ =	atal Addito	. 20. 26	<u> </u>				
-   '	<b>g T</b> o		s 2a-2f	<b></b> \$				
3	Ir	nvestment inc	ome (including dividen	ds, interest				
	of	ther sımılar ar	mounts)	🕨	2,370,406			2,370,400
4	_		stment of tax-exempt bond		0			
5					873,203			
3	· K	oyannes			0.0,200			
			(ı) Real	(11) Personal				
6	<b>a</b> G	ross Rents	1,082,914					
	_	ess rental	666,274					
,		kpenses ental income	416,640					
	or	(loss)	•					
<u>L</u>	d N	et rental inco	me or (loss)	🟲	416,640			
			(ı) Securities	(II) O ther				
7:		ross amount	157,326,692					
		om sales of ssets other						
	th	an inventory						
		ess cost or ther basis and	169,313,468					
		iles expenses						
	c G	aın or (loss)	-11,986,776					
	<b>d</b> N	et gaın or (los	s)		-11,986,776			
8			rom fundraising					
	_	vents (not inc						
	\$							
			reported on line 1c)					
		ee Part IV , lir						
			G if total exceeds					
			a					
			penses <b>b</b>					
9;	c N	et income or (	(loss) from fundraising	events 🟲	0			
9	_		rom gaming activities					
		ee part IV, lin						
		omplete Sched 15,000	ule G ıf total exceeds					
	⊅.	10,000	а					
	L							
			penses b					
			(loss) from gaming acti	vities	0			
10			ınventory, less					
	re	eturns and allo						
			а					
	b L	ess costofg	oods sold <b>b</b>					
	c N	et income or (	(loss) from sales of inve	entory 🟲	0			
		Miscellaneous	s Revenue	Business Code				
1	<b>1а</b> д	DMINISTRAT	ΓΙVΕ		117,671			117,67
	<u>-</u> ь		· - · -					
	_							
	с _							
	_ ^	Il other rever						
		ll other reven						
	е Т	otal. Add lines	s 11a-11d	 \$ 117,671				
1	2 т	ntal Revenue	Add lines 1h, 2g, 3, 4,		35,572,089			2,488,077
*		c 10c and 1		J, ∪u, /u, ∪c,	, -,		1	' ' ' ' ' '

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	10,927,999	10,927,999							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	0								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	0								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees)									
а	Management	0								
b	Legal	0								
С	Accounting	35,989		35,989						
d	Lobbying	261,071		261,071						
e	Professional fundraising See Part IV, line 17	178,856			178,856					
f	Investment management fees	0			·					
g	Other	0								
12	Advertising and promotion	0								
13	Office expenses	0								
14	Information technology	0								
15	Royalties	0								
16	Occupancy	316,164		316,164						
17	Travel	0		,						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	0								
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	0								
23	Insurance	0								
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )									
а	UNIVERSITY SUPPORT	1,524,807		1,524,807						
b	MARKETING FEES	223,961		_,,	223,961					
c	FIU PRESIDENT'S EXPENSE	395,499		395,499						
d	BUSINESS OFFICE OPERATIONS	130,488		130,488						
e		148,415			148,415					
f	All other expenses	542,716		264,127	278,589					
25	Total functional expenses. Add lines 1 through 24f	14,685,965	10,927,999	2,928,145	829,821					
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	17,003,903	10,321,333	2,720,173	029,021					

Part X	Balance	Sheet

						(A)		(B	
	1	Cook non interest because				Beginning of year 11.134.103	1	End of	year 4,699,158
	_	Cash—non-interest-bearing			•	11,134,103		,	4,099,130
	2	Savings and temporary cash investments			•	27 070 040	2		4.103.832
	3	Pledges and grants receivable, net			•	27,079,049	3	5	· · ·
	4	Accounts receivable, net				17,498	4		0
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L		•			5		
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II of			and		6		
	7	Notes and loans receivable, net					7		
	8	Inventories for sale or use					8		
2	9	Prepaid expenses and deferred charges				189,998	9		126,793
Assets	10a	Land, buildings, and equipment cost basis	1	1 40.00	4 000				
⋖			10a	13,33	1,239				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	2,23	0,536	11,182,610	10c	1	1,100,703
	11	Investments—publicly traded securities				80,601,492	11	6	4,649,044
	12	Investments—other securities See Part IV, line 11 <i>Complete Schedule D</i>		40,116,787	12	3	6,369,369		
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .			13				
	14	Intangible assets			14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		684,857	15		503,029		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				171,006,394	16	17	1,551,928
	17	Accounts payable and accrued expenses .				629,339	17		814,101
	18	Grants payable					18		
	19	Deferred revenue				675,507	19		230,062
	20	Tax-exempt bond liabilities				0,0,001	20		200,002
8	21	Escrow account liability Complete Part IV of Schedule D			21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			21				
<u>. ज</u>		persons Complete Part II of Schedule L					22		
	23	Secured mortgages and notes payable to unrelated third partie		•		9,780,000	23		9,260,000
	24	Unsecured notes and loans payable		•		5,, 55,555	24		-,,
	25	Other liabilities Complete Part X of Schedule D				317,137	25		282,106
	26	Total liabilities. Add lines 17 through 25				11,401,983	26	1	0,586,269
	20	Organizations that follow SFAS 117, check here ► ✓ and com	nlot o l	linos 27		11,401,000	20		0,000,200
<b>У</b>		through 29, and lines 33 and 34.	piete i	illes 27					
an	27	Unrestricted net assets				25,788,892	27	1-	4,265,892
Balance	28	Temporarily restricted net assets				23,585,449	28		4,128,312
귤	29	Permanently restricted net assets		110,230,070	29	14	2,571,455		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ a lines 30 through 34.							
.v	30	Capital stock or trust principal, or current funds					30		
φ	31	Paid-in or capital surplus, or land, building or equipment fund			31				
Assets or	32	Retained earnings, endowment, accumulated income, or other f		- ·			32		
Net /	33	Total net assets or fund balances				159,604,411	33	16	0,965,659
ž	34	Total liabilities and net assets/fund balances				171,006,394	34		1,551,928
					•				
Pa	rt XI	Financial Statements and Reporting						_	
								Yes	No

Dowl VI	Financial Statements and Reporting
Part XI	Financial Statements and Reporting

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

		<b>he organizat</b> i ERNATIONAL	on					Em	iployer ide	ent if icat io	n numb	er		
		FOUNDATION II	NC					23	-704710	6				
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)				
The	organı	zatıon ıs not	a private found	lation because it is (Please	check on	ly <b>one</b> org	anızatıon )	)						
1	Γ	A church, o	onvention of c	hurches, or association of ch	urches de	escribed i	n Section 1	L70(b)(1)	(A)(i).					
2	Γ	A school d	escribed in <b>Sec</b>	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)								
3	Γ	A hospital	or a cooperatıv	e hospital service organizati	on descri	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	iii). (A ttac	h Schedu	le H)			
4	Γ		research organ name, city, and	ızatıon operated ın conjunctı state	on with a	hospital d	escribed i	n <b>Sect ion</b>	170(b)(1)	(A)(iii). E	nter th	e		
5	굣	Anorganiz	ation operated	for the benefit of a college or	universit	y owned c	roperated	by a gov	ernmental	unit desc	rıbed ır	l		
		Section 17	0(b)(1)(A)(iv)	(Complete Part II )										
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt desci	rıbed ın <b>S</b> e	ection 170	(b)(1)(A)	(v).					
7	Γ	An organiz	ation that norm	ally receives a substantial p	art of its	support fr	om a gove	rnmental ı	unit or fror	n the gene	eral pub	lic		
		described i	n <b>Sect ion 170(</b>	<b>b)(1)(A)(vi)</b> (Complete Par	tII)									
8	Г	A commun	ty trust descri	bed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)							
9	Г	An organiz	ation that norm	ally receives (1) more than	331/3% 0	of its supp	ort from co	ontribution	ns, membe	rship fees	s, and g	ross		
		receipts fro	m activities re	lated to its exempt functions	s—s ubject	to certai	n exceptio	ns, and (2	) no more	than 331,	/3% of			
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess section	on 511 ta:	x) from bu	om businesses			
		acquired by	the organizati	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III	)					
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	<b>(a)(4).</b> (S	ee instruc	tions )			
11	Γ	An organiz	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to	arry out t	he purp	oses of		
				orted organizations describe						Section 5	09(a)(	<b>3).</b> Check		
			it describes the ype I <b>b</b>	type of supporting organiza Type II c			ınes 11e t nally Integ		.h	Гтуре	. III - C	thor		
e	Г		• •	ertify that the organization is			-		one or moi					
_	'			agers and other than one or										
		section 50			•	, ,					•	,, ,		
f				ed a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	rType III	supporti	ng orga	nization,		
g		check this		nas the organization accepted	d any dift	or contrib	ution from	any of the	۵			ı		
9		following pe		ids the organization decepte	a any gne	01 00110110	acion nom	uny or the	-					
		(i) a perso	n who directly o	or indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Ye	s No		
		and (III) be	low, the govern	ing body of the the supported	d organiza	tion?				11g	(i)	Νo		
		(ii) a famıly	/ member of a p	person described in (i) above	?					11g	(ii)	Νο		
		(iii) a 35%	controlled ent	ity of a person described in (	(i) or (ii) a	bove?				11g(	iii)	No		
h		Provide the	following infor	mation about the organizatio	ns the org	ganızatıon	supports							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) 1	s the	(vii)	mount of		
	Supp	oorted		(described on lines 1-9	organız	ation in	the orga	ınızatıon	organiz	ation in		pport?		
	Orgar	nization		above or IRC section		listed in	,	i) of your		rganized US?				
		(See Instruction		(See Instructions))	) your governing support? document?			יסוני	In the	057				
			Yes No Yes		No	Yes	No	1						
					1	1	1	<u> </u>		1				
						<del> </del>				<del> </del>				
						1	+		+	1	+			

Total

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box o	ii iiile 5, 7, or	o or Part I.)				
	ublic Support	1						
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,011,647	18,738,649	11,798,031	29,169,400		43,780,945	116,498,672
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	13,011,647	18,738,649	11,798,031	29,169,400		43,780,945	116,498,672
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							
6	(f) <b>Public Support</b> subtract line 5 from line							116 409 672
	4							116,498,672
	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	<b>(f)</b> Total
7	A mounts from line 4	13,011,647	3,726,767	11,798,031	29,169,400	43,780,945		116,498,672
8	Gross income from interest, dividends,					4,326,523		
	payments received on securities loans, rents, royalties and income from similar sources	3,256,098	3,726,767	1,531,653	3,308,486			16,149,527
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	1,104,375	1,952,137	2,753,313	53,490		117,671	5,980,986
11	Total Support (Add lines 7 through 10)							138,629,185
12	Gross receipts from related activities, etc	(See instruction	ıs )	•	•	12		
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(		<b>▶</b> ┌
	omputation of Public Support Perc			J., (5))		l		
14	Public Support Percentage for 2008 (line 6		•	numn (T))		14		84.036 %
15	Public Support Percentage for 2007 Sched					15		81.577 %
	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizati	on	·			<b>▶</b>  ▼
17a	box and <b>stop here.</b> The organization qualifier <b>10% Facts and Circumstances Test - 2008.</b> more, and if the organization meets the "facts or t	If the organization	on did not check	a box on line 13	•			
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.	ances" test The If the organization	e organization qu on did not check	ualifies as a pub a box on line 1:	licly supported 3, 16a, 16b, or	organı 17a aı	zation nd line 15 i	<b>▶</b>
18	more, and if the organization meets the "fact the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did	mstances" test	The organization	n qualifies as a	publicly suppor	ted or	ganızatıon	w ▶┌
	instructions							En-I

Pa	Support Schedule for On (Complete only if you ched				)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche		16				
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 23-7047106

Name: FLORIDA INTERNATIONAL

UNIVERSITY FOUNDATION INC

#### Form 990, Part VII - Section Aaa

		Posit t	(C tion ( hat a	chec		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
NELSON L ADAMS III , DIRECTOR	1 0	Х						0	0	0
MICHAEL M ADLER , DIRECTOR	1 0	Х						0	0	0
DAVID FALFONSO , DIRECTOR	1 0	Х						0	0	0
ANTONIO ARGIZ , DIRECTOR	1 0	Х						0	0	0
RICHARD BRILLIANT , DIRECTOR	1 0	Х						0	0	0
NICHOLAS G BUSTLE , DIRECTOR	10	Х						0	0	0
CARLOS B CASTILLO , DIRECTOR	1 0	Х						0	0	0
THOMAS CORNISH , DIRECTOR	1 0	Х						0	0	0
KATHRYN G DINKIN , DIRECTOR	1 0	Х						0	0	0
ALBERT E DOTSON SR , DIRECTOR	1 0	Х						0	0	0
CARLOS DUART , DIRECTOR	1 0	Х						0	0	0
RAMON FLORES , DIRECTOR	1 0	Х						0	0	0
DANY GARCIA , DIRECTOR	1 0	Х						0	0	0
JORGE J GONZALEZ , DIRECTOR	1 0	Х						0	0	0
GERALD C GRANT JR , DIRECTOR	1 0	Х						0	0	0
JOHN M HOGAN , DIRECTOR	1 0	Х						0	0	0
MORRIS L HOLLANDER , DIRECTOR	1 0	Х						0	0	0
PEGGY M HOLLANDER , DIRECTOR	1 0	Х						0	0	0
JEFFREY L HORSTMYER , DIRECTOR	10	Х						0	9,093	0
ROSA L JONES , DIRECTOR	1 0	Х						0	187,342	0
S LAWRENCE KAHN III , DIRECTOR	1 0	Х						0	0	0
CHRISTOPHER G KORGE , DIRECTOR	10	Х						0	0	0
DONALD E LEFTON , DIRECTOR	1 0	Х						0	0	0
JIM MANDICH , DIRECTOR	1 0	Х						0	0	0
RAY E MARCHMAN , DIRECTOR	1 0	Х						0	0	0
MICHAEL R MENDEZ , DIRECTOR	1 0	Х						0	0	0
ALBERT MORRISON JR , DIRECTOR	1 0	Х						0	0	0
EILEEN MOSS , DIRECTOR	1 0	Х						0	0	0
MARCEL NAVARRO , DIRECTOR	10	Х						0	0	0
RAMIRO ORTIZ, DIRECTOR	10	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		<b>(C)</b> Position (check all that apply)								(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
LUIS E PEREZ , DIRECTOR	1 0	Х						0	0	0
MARCOS A PEREZ , DIRECTOR	1 0	X						0	0	0
DAVID PERLMAN , DIRECTOR	1 0	Х						0	0	0
JUSTO L POZO , DIRECTOR	10	Х						0	0	0
CAROLINA RENDEIRO , DIRECTOR	1 0	Х						0	0	0
LAURIE RICHARDSON , DIRECTOR	10	Х						0	113,979	0
CARLOS A SABATER , DIRECTOR	10	Х						0	0	0
ANA MARIA SILVA , DIRECTOR	10	Х						0	0	0
RONALD A SHUFFIELD , DIRECTOR	10	Х						0	0	0
JOSE PEREZ DE CORCHO JR , DIRECTOR	1 0	×						0	0	0
MITCHELL WOLFSON JR , DIRECTOR	1 0	Х						0	0	0
ISAAC ZELCER , DIRECTOR	1 0	X						0	0	0
SANFORD L ZIFF , DIRECTOR	1 0	X						0	0	0
JOSEPH L CARUNCHO , CHAIRMAN	1 0			Х				0	0	0
T GENE PRESCOTT , CHAIRMAN	1 0			Χ				0	0	0
NOEL GUILLAMA-ALVAREZ , CHAIRMAN	1 0			х				0	0	0
VERONICA CERVERA GOESEKE , CHAIRMAN	1 0			х				0	0	0

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

TO ENCOURAGE, SOLICIT, RECEIVE AND ADMINISTER GIFTS AND BEQUESTS OF PROPERTY AND FUNDS FOR SCIENTIFIC, EDUCATIONAL AND CHARITABLE PURPOSES, ALL FOR THE ADVANCEMENT OF FLORIDA INTERNATIONAL UNIVERSITY AND ITS OBJECTIVES. The organizationis governed by a Board of Directors, whose members play a significant role in the development of the University as a major educational, cultural and economic resource. Through the involvement of the Directors and their contribution of time, leadership and financial resources, the mission of the University is advanced.

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B

		t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (P		(h)) Complete Part II-B Do n	ot complete Part II-A
N a	ection 501(c)(4), (5), or (6) organi nme of the organization DRIDA INTERNATIONAL IVERSITY FOUNDATION INC	zations complete Part III			tification number
	t I-A To be completed b	by all organizations exempt e the instructions for Schedule		23-7047106 n <b>501(c) and section</b>	527
1	•	ganization's direct and indirect polit		tivities in Part IV	
2	Political expenditures				\$
3	Volunteer hours				
Par	<b>To be completed b</b> for Schedule C for d	oy all organizations exempt etails.)	under section	n <b>501(c)(3).</b> (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	r?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		by all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	ion 501(c)(3).
1	,	ended by the filing organization for s	ection 527 exemp	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribi	uted to other orga	nızatıons for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes ┌ No
5	State the names, addresses at were made Enter the amount p political contributions received segregated fund or a political a	g organization's own interna olitical organization, such a	l funds or were s a separate		
	<b>(a)</b> Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
F	Damamusula Daduskian Ask Nokio-	soo the instructions for Form 000	Cat No E	00046 Sahadala 07	Form 000 or 000 E7\ 200

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedule belongs to an affiliated group		768					
	<u> </u>	checked box A and "limited control" provisions apply							
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals					
<b>1</b> a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)							
b	Total lobbying expenditures to influe	Total lobbying expenditures to influence a legislative body (direct lobbying)							
c	Total lobbying expenditures (add line	Total lobbying expenditures (add lines 1a and 1b)							
d	Other exempt purpose expenditures								
е	Total exempt purpose expenditures								
f	columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000							
 g h	•								
i	Subtract line 1f from line 1c Enter-								
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Forr	n 4720 reporting	┌ Yes ┌ No					

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> Total			
2a	Lobbying non-taxable amount								
ь	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line d, column (e))								
f	Grassroots lobbying expenditures								

,		
Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election unde	r section 501(h)). (See the instructions for Schedule C for details.)

		( )	( <u>a)</u> ( <u>b</u>		(D)	
		Yes	No		moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local			$\vdash$		
_	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο	1		
c	Media advertisements?		Νο	<del>                                     </del>		
d	Mailings to members, legislators, or the public?		Νο			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			26	1,071
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through				26	1,071
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes" enter the amount of any tax incurred under section 4912		•	1		
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	501(	:)(5	), or	
	<b>section 501(c)(6).</b> (See the instructions for Schedule C for details.)					
1	Ware substantially all (000) or more) dues reserved nandadustible by mambars?			1	Yes	No
2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization make only in-house lobbying expenditures of \$2,000 of less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?		F	3		
	t III-B To be completed by all organizations exempt under section 501(c)(4), se	ation	E01/4		١ ٥-	
-c	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details."	" OR if				
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<i>I</i>				
а	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total		2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	:al				

#### Part IV Supplemental Information

expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Ident if ier	Return Reference	Explanat ion

4 \$

5 \$

Part IV Supplemental II	<u>nformation</u>	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

**SCHEDULE D** 

Department of the Treasury

(Form 990)

**Supplemental Financial Statements** 

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Interna	l Revenue Service	answered res, tore	7, 0, 9, 10, 11, 01 1	II	spection
	me of the organi			Employer identification	number
	VERSITY FOUNDATIO	ON INC		23-7047106	
Pa			dvised Funds or Other Similar Fu	i <b>nds or Accounts.</b> Co	omplete if th
	organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other	accounts
1	Total number at	t end of year		(-,	
2	Aggregate Conf	tributions to (during year)			
3	Aggregate Grar	nts from (during year)			
4	Aggregate valu	e at end of year			
5			sors in writing that the assets held in dono organization's exclusive legal control?	or advised	Yes No
6	used only for cl		donor advisors in writing that grant funds efit of the donor or donor advisor or other	<u> </u>	Yes No
Pa	rt III Conse	rvation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, lir	ne 7.
2	Preservati Protection Preservati Complete lines	onservation easements held by the or on of land for public use (e g , recreating of natural habitat on of open space 2a-2d if the organization held a qualing of the tax year	on or pleasure)	historically importantly la rtified historic structure of a conservation easeme	
	o to .uo : uu ,			Held at the	End of the Ye
а	Total number	of conservation easements		2a	
b	Total acreage	restricted by conservation easements	5	2b	
С	Number of cor	nservation easements on a certified hi	storic structure included in (a)	2c	
d	Number of cor	nservation easements included in (c) a	cquired after 8/17/06	2d	
3	Number of cons	servation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization duri	ng
	the taxable yea	ar⊫-			
4	Number of stat	es where property subject to conserva	ition easement is located ►		
5	_	nization have a written policy regarding the conservation easements it holds?	the periodic monitoring, inspection, viola		Yes No
6	Staff or volunte	er hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
7	A mount of expe	enses incurred in monitoring, inspectii	ng, and enforcing easements during the ye	ar <b>►</b> \$	
8		servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect		Yes No
9	balance sheet,	- · · · · · · · · · · · · · · · · · · ·	onservation easements in its revenue and he footnote to the organization's financial nents		!S
Par	Comple	ete if the organization answered "	<b>ns of Art, Historical Treasures, o</b> Yes" to Form 990, Part IV, line 8.		
1a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue statement for public exhibition, education or researc ancial statements that describes these its	h in furtherance of public	
b	historical treas		116, to report in its revenue statement an public exhibition, education, or research in		•
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets incl	uded in Form 990, Part X		<b>&gt;</b> \$	
2	_	tion received or held works of art, histo nts required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	r financial gain, provide th	ne
а	Revenues inclu	ıded ın Form 990, Part VIII, lıne 1		<b>►</b> \$	
b	Assets include	d ın Form 990, Part X		<b>►</b> \$	

a	sing the organization's accession and other records, che ems (check all that apply)  Public exhibition  Scholarly research  Preservation for future generations  rovide a description of the organization's collections and art XIV	ck any of th d e	ne fol	Loan or exc	re a significant i hange programs		on	
b	Scholarly research  Preservation for future generations  rovide a description of the organization's collections and art XIV	d e			hange programs	;		
4 Pri Pa 5 D as	Preservation for future generations rovide a description of the organization's collections and art XIV	e	$\sqcap$					
4 Pri Pa 5 D as	rovide a description of the organization's collections and art XIV			Other				
5 D as Part I	art XIV							
Part I		explain hov	w the	y further the	organization's e	xempt purpose ın		
Part 1	uring the year, did the organization solicit or receive don ssets to be sold to raise funds rather than to be maintain						Yes	Г No
4		nts. Com	plet	e if the orga		ered "Yes" to F	orm 9	90,
	the organization an agent, trustee, custodian or other in cluded on Form 990, Part X?	itermediary	for c	ontributions	or other assets		Yes	Г No
<b>b</b> If	"Yes," explain why in Part XIV and complete the following	ng table						
						A mo	unt	
<b>c</b> B	eginning balance				<b>1</b> c			
<b>d</b> A	dditions during the year				1d			
<b>e</b> D	istributions during the year				1e			
f E	nding balance				1f			
<b>2a</b> D	id the organization include an amount on Form 990, Part	X, line 21?				Γ	Yes	┌ No
<b>b</b> If	"Yes," explain the arrangement in Part XIV							
Part								
	(a)Current Ye	ear <b>(b</b> )	<b>)</b> Prior	Year (c)Tw	vo Years Back (d)	Three Years Back (	<b>e)</b> Four Y	ears Back
	eginning of year balance							
	ontributions							
	nvestment earnings or losses							
	rants or scholarships							
	ther expenditures for facilities							
	dministrative expenses							
	nd of year balance							
_	rovide the estimated percentage of the year end balance	held as						
	pard designated or quasi-endowment							
	ermanent endowment							
	erm endowment 🕩 re there endowment funds not in the possession of the or	manization:	that	are held and a	administered for	the		
	ganization by	gumzation	tilat	are nera ana c	administered for	tile	Yes	No
(i	) unrelated organizations					3a(i)		
-	i) related organizations					3a(ii	)	<u> </u>
	"Yes" to 3a(II), are the related organizations listed as re					3b		
	escribe in Part XIV the intended uses of the organization				- 1 1/ 1 10			
Part	/I Investments—Land, Buildings, and Equi	pment. S						
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d)</b> Bo	ok value
<b>1a</b> Lar	nd				2,500	<u>,</u>		2,500
<b>b</b> Bui	ldıngs				13,080,435	2,227,336	1	0,853,099
<b>c</b> Lea	sehold improvements							
<b>d</b> Equ	upment							
	ner		<u> </u>		248,304			245,104
Total. A	dd lines 1a-1e (Column (d) should equal Form 990, Part X	, column (B)	), line	10(c).)			1	1,100,703

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CORPORATE BONDS	10,924,057	F
Other LIMITED PARTNERSHIPS	25,206,483	F
Other ACCRUED INCOME	238,829	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	36,369,369	
		12
Part VIII Investments—Program Related. Se		13. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, II  (a) Descri		(b) Book value
INTEREST RECEIVABLE	ption	553
DUES RECEIVABLE		20,492
LIFE INSURANCE POLICY		397,371
DUE FROM FIU		0
WORKMEN'S COMP RECEIVABLE		84,613
WOMMIEN O'COM RECEIVABLE		0 176 25
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part X	T'	
(a) Description of Liability	(b) A mount	
Federal Income Taxes	202.406	
ANNUITIES PAYABLE	282,106	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	202.405	
===== ( Colaim (2) cheans equal to the 550, talk A, col (b) line 25 )	282,106	

- 6	text Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,572,089
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,685,965
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	20,886,124
4	Net unrealized gains (losses) on investments	4	-18,521,733
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,421,170
9	Total adjustments (net) Add lines 4 - 8	9	-19,942,903
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	943,22
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	18,101,730
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		. ,
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-17,470,359
3	Subtract line <b>2e</b> from line <b>1</b>	3	35,572,089
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	35,572,089
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	16,155,366
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	]	
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,469,40:
3	Subtract line <b>2e</b> from line <b>1</b>	3	14,685,965
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
Ь	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	14,685,965
	rt XIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P $_{ m I}$	art XIV , I	ines 1b and 2b,

Ident if ier	Return Reference	Explanat ion
THER RECONCILING REVENUE TEMS	PART XII, LINE 2D	PER THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS, TOTAL REVENUES ARE \$18,101,730 OF WHICH \$385,100 IS ATTRIBUTED TO THE WOLFSONIAN INC, A SUBSIDIARY ORGANIZATION OF FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC Rental EXPENSES Per the audited consolidated financial statements, depreciation AND INTEREST expense of \$666,274 is reported as part of total expenses However, the RENTAL expenseS relate to the rental of the property and for purposes of the Form 990, it is reported as rental expenses on Form 990, part VIII, line 6b The total of the aforementioned items is \$1,051,374
THER RECONCILING EXPENSE TEMS	SCHEDULE D, PART XIII, LINE 4B	PER THE AUDITED FINANCIAL STATEMENTS PREPARED ON THE CONSOLIDATED LEVEL, TOTAL REVENUES ARE \$16,155,366 OF WHICH \$803,127 IS ATTRIBUTED TO THE WOLFSONIAN INC, A SUBSIDIARY ORGANIZATION OF FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC Rental EXPENSES Per the audited consolidated financial statements, depreciation AND INTEREST expense of \$666,274 is reported as part of total expenses However, the RENTAL expenseS relate to the rental of the property and for purposes of the Form 990, it is reported as rental expenses on Form 990, part VIII, line 6b The total of the aforementioned items is \$1,469,401
OTHER ADJUSTMENTS	SCHEDULE D, PART XI, LINE 8	PER THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS, TOTAL CHANGE IN NET ASSETS FOR THE YEAR THEN ENDED 06/30/2009 IS \$943,221 OF WHICH (\$418,027) IS ATTRIBUTED TO THE WOLFSONIAN INC , A SUBSIDIARY ORGANIZATION OF FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC ALSO INCLUDED IN OTHER ADJUSTMENTS IS THE PROVISION FOR UNCOLLECTIBLE PLEDGES OF (\$1,003,143) The total of the aforementioned items is (\$1,421,170)

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As Filed Data -

DLN: 93493137015270

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public Inspection

Name of the organization FLORIDA INTERNATIONAL					Employer iden	tification number
UNIVERSITY FOUNDATION	INC				23-7047106	
Part I Fundraising A	<b>ctivities.</b> Complet	e if the or	ganızat	ion answered "Yes" to	Form 990, Part IV	, lıne 17.
a		through an	ny of the	e 🔽 Solicitation of no	on-government grants overnment grants	
Did the organization hav or key employees listed  If "Yes," list the ten high to be compensated at least	ın Form 990, Part VII ıest paıd ındıvıduals ol	:) or entity i r entities (fu	ın connec undraisei	ction with professional furs) pursuant to agreeme	ndraising activities? nts under which the fur	
(i) Name of individual or entity (fundraiser)	(ii) Activity	fundraise custod contro contribu	er have dy or ol of tions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
AMERGENT INC	SOLICITAT'N	Yes	No No	42,995,096	176,207	0
 Total			<b>&gt;</b>			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မေ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

				<del></del>				
13	Indicate the percentage of gaming activity operated in							
а	The organization's facility							
b	An outside facility							
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records							
	Name •							
	Address •							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a						
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$							
c	If "Yes," enter name and address							
	Name •							
	Address 🟲							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation 🕨 \$							
	Description of services provided 🟲							
	Director/officer Employee Independent contractor							
17	Mandatory distributions							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a						
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$								

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Employer identification number

2008

DLN: 93493137015270

2000

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspection

FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION	INC					23-7047106	
Part I General Infor		nts and Assistance	e			1	
the selection criteria use  2 Describe in Part IV the	ed to award the grai organization's proce	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States	gibility for the grants or as		
Part IV and Sch	IV, line 21 for ar nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of se organizations		_			•		
						<b>.</b>	•

		<b>ce to Individua</b> ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.			
(a)Type of grant or assistance (b)Number of recipients			<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
rt IV Suppleme	ntal Informati	<b>on.</b> Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.			
t if ier	Return Reference	E	Explanation						
+			-						

Software ID: Software Version:

**EIN:** 23-7047106

Name: FLORIDA INTERNATIONAL

UNIVERSITY FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule 1, Par	t 11, Grants a	nd Other Assistance	e to Governments	<u>s and Organization</u>	is in the United Sta	ates	_
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, , ,	(h) Purpose of grant or assistance
FIU UNIVERSITY WIDE SCHOLARSHIPS AND PROGRAMS11200 SW 8TH STREET MIAMI, FL 33199	65-0177616	115(1)	739,992	0	N/A	N/A	CHARITABLE PURPOSES
FIU COLLEGE OF ARTS AND SCIENCES11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	1,069,843	0	N/A	N/A	CHARITABLE PURPOSES
FIU COLLEGE OF BUSINESS ADMINISTRATION11200 SW 8TH STREET MIAMI,FL 33199	MINISTRATION11200 8TH STREET		0	N/A	N/A	CHARITABLE PURPOSES	
FIU COLLEGE OF PUBLIC AFFAIRS11200 SW 8TH STREET MIAMI,FL 33199	FAIRS11200 SW 8TH REET		9,638	0	N/A	N/A	CHARITABLE PURPOSES
FIU COLLEGE OF EDUCATION11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	382,448	0	N/A	N/A	CHARITABLE PURPOSES
FIU SCHOOL OF HOSPITALITY MANAGEMENT11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	429,745	0	N/A	N/A	CHARITABLE PURPOSES
FIU COLLEGE OF ENGINEERING11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	838,932	0	N/A	N/A	CHARITABLE PURPOSES
FIU COLLEGE OF ARCHITECTURE & THE ARTS11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	261,134	0	N/A	N/A	CHARITABLE PURPOSES
FIU COLLEGE OF NURSING AND HEALTH SCIENCE 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	434,853	0	N/A	N/A	CHARITABLE PURPOSES
FIU SCHOOL OF JOURNALISM11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	152,983	0	N/A	N/A	CHARITABLE PURPOSES

Form 990,Schedule I,	Part II, Grar	nts and Other As	sistance to Gov	ernments and C	rganizations in	the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	1	(g) Description of non-cash assistance	, , ,
FIU COLLEGE OF LAW 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	145,600	0	N/A	N/A	CHARITABLE PURPOSES
FIU SCHOOL OF COMPUTER SCIENCES 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	73,229	0	N/A	N/A	CHARITABLE PURPOSES
FIU LIBRARIES11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	36,242	0	N/A	N/A	CHARITABLE PURPOSES
FIU HONORS COLLEGE 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	25,770	0	N/A	N/A	CHARITABLE PURPOSES
FIU ART MUSUEM11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	438,854	0	N/A	N/A	CHARITABLE PURPO SES
FIU ATHLETICS11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	914,251	0	N/A	N/A	CHARITABLE PURPOSES
FIU ACADEMIC AFFAIRS 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	300,588	0	N/A	N/A	CHARITABLE PURPOSES
FIU STUDENT AFFAIRS 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	32,941	0	N/A	N/A	CHARITABLE PURPOSES
FIU BUSINESS AND FINANCE DEPARTMENT 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	8,932	0	N/A	N/A	CHARITABLE PURPOSES
FIU ALUMNI ASSOCIATION11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	266,309	0	N/A	N/A	CHARITABLE PURPOSES

Form 990,Schedule I,	Part II, Gran	nts and Other As	sistance to Gov	ernments and O	rganizations in	the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		( <b>e)</b> A mount of non- cash assistance		(g) Description of non-cash assistance	
FIU PRESIDENT'S OFFICE11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	40,211	0	N/A	N/A	CHARITABLE PURPOSES
FIU MEDICAL SCHOOL 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	430,379	0	N/A	N/A	CHARITABLE PURPOSES
FIU WOLFSONIAN MUSEUM11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	649,542	0	N/A	N/A	CHARITABLE PURPOSES
FIU STEMPLE SCHOOL OF PUBLIC HEALTH 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	90,747	0	N/A	N/A	CHARITABLE PURPOSES
FIU FACULTY RESEARCH AWARDS 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	100,000	0	N/A	N/A	CHARITABLE PURPOSES
FIU BUILDING FUND 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	115(1)	1,448,599	ol	N/A	N/A	CHARITABLE PURPOSES
1							

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Part I Questions Regarding Compensation

As Filed Data -

DLN: 93493137015270

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

#### **Compensation Information**

23-7047106

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations

Open to Public Inspection

2008

Name of the organization
FLORIDA INTERNATIONAL

UNIVERSITY FOUNDATION INC

that answered "Yes" to Form 990, Part IV, line 23.

Employer identification number

				Yes	Νo
1a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N		1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organization organization organization.				
	Compensation committee	Written employment contract			
	☐ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, F	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment?	4a		Νo
b	Participate in, or receive payment from, a supplemer	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	line 1a, did the organization provide any non-fixed escribe in Part III	7		No	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III	ald or accured pursuant to a contract that was Regs section 53 4958-4(a)(3)? If "Yes," describe	8		Νο

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(i) Base compensation  (ii) Base compensation  (iii) Bonus & (iii) Other compensation  (iii) Other compensation		(iii) Other	(C) Deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ	
ROSA L JONES	(ı) (ıı)	0 187,342	0	0	0	0 34,760	0 222,102		
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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DLN: 93493137015270

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization FLORIDA INTERNATIONAL										nt if ica	tion n	ımber	
UNIVERSITY FOUNDATION INC								3-704					
Part I Excess Benefit Transa											, D	\/ lima	406
To be completed by organiza			es or	1 FORM 990, Part	1V,	nne 2	5a or 25t	o, or F	orm 9	90-62		c) Corr	
1 (a) Name of disqualif	ed pers	son		<b>(b)</b> D	esc	rıptıoı	n of transa	ection			<u> </u>	Yes	No
												103	110
2 Enter the amount of tax imposed o	n the o	rganızatıon mar	nagers	or disqualified pe	erso	ons du	ırıng the y	earur	nder				
section 4958										\$			
<b>3</b> Enter the amount of tax, if any, on	line 2,	above, reimburs	sed by	the organization					•	\$			
Part II Loans to and/or Fro													
To be completed by organi	zations T	that answered	"Yes"	on Form 990, Pa	art I	V , line	e 26, or Fo	orm 99	90-E			: 38a	
	1 ` ′	Loan to or						(e)	In	<b>Δ</b> nnr	f) oved	(a)W	rıtten
(a) Name of interested person and		rom the	(c)	<b>)</b> O riginal principa	al (	( <b>d)</b> Bal	ance due	defa			ard or	/	
purpose	org	anızatıon?		amount						comm	ıttee?		
	T	o From						Yes	No	Yes	No	Yes	No
	+				+								
	+				$\dashv$								
	+				$\dashv$								
otal				<b>&gt;</b> s					<u> </u>		l	<u> </u>	<u> </u>
Part IIII Grants or Assistance	Bene	fitting Inter	este	•									
To be completed by org	anızatı	ions that ansv	vered	"Yes" on Form	า 99	0, Pa	art IV, lın	ne 27.					
(a) Name of interested person			•	ween interested	pers	son	(c)A m	ount c	of arai	nt or ty	pe of a	ıssısta	nce
(,		ar	nd the	organization			(-)						
Part IV Business Transaction	s Inv	olving Inter	este	d Persons									
To be completed by org					1 99	0, Pa	art IV, l <mark>in</mark>	ie 28	a, 28	b, or	28c.		
		(b) Relations	hip								1	e) Sha	rıng of

(a) Name of interested person

between interested

person and the

organization

(c) A mount of

transaction

(d) Description of transaction

organization's

revenues?

Yes

### OMB No 1545-0047

Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization FLORIDA INTERNATIONAL

**Employer identification number** 

JNIVE	RSITY FOUNDATION INC				23-7047106			
Pa	rt I Types of Property			<u>.</u>				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> ) Method of de reven	etermi	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property		_					
	Securities—Publicly traded .	X	5	4,057,313	AVG PRICE			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at							
	least three years from the date of		· ·	not required to be used for a	exempt purposes			NI -
	for the entire holding period? .					30a		No
ь 31	If "Yes", describe the arrangement			roviow of any non-standard	contributions?	31		Νo
	Does the organization have a gif			·		J.		14.0
32a	Does the organization hire or us contributions?	e third parti	ies or related organizations	to solicit, process, or sell	non-cash	32a		Νο
Ь	If "Yes", describe in Part II							
33		revenues i	n Column (c) for a type of p	property for which Column (a	a) is			

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation								
240111111	Notal III Colored	Explanation								
	1	1								

OMB No 1545-0047

2008

Open to Public Inspection

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION INC Employer identification number 23-7047106

ldentifier	Return Reference	Explanation
BUSINESS RELATIONSHIP	FORM 990, PART VI, QUESTION 2	THE FOLLOWING OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES HAVE BUSINESS RELATIONSHIP Joseph Caruncho has a business relationship with Justo Pozo Dany Garcia has a business relationship with Michael Mendez Antonio Argiz has a business relationship with Albert Morrison Christopher G. Korge has a business relationship with Michael Adler

ldentifier	Return Reference	Explanation
990 REVIEW BY ORGANIZATION	I PART VI SECTION A	AN INITIAL DRAFT IS REVIEWED BY AN OFFICER FOR ACCURACY BEFORE THE FORM 990 IS FILED. THE APPROVED DRAFT OF THE FORM 990 IS SENT TO ALL BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, QUESTION 12 B-C	Each Foundation Board and Committee member has a continuing obligation to be familiar with the Florida Statutes regarding ethics and conflicts of interest and the terms of this Policy, disclose to the Foundation Board and/or Committee Chair any possible personal, familial, or business relationships that might reasonably give rise to a conflict involving the Foundation, and acknowledge by his or her execution of the "Conflict of Interest Disclosure Form" that he or she is in compliance with the letter and spirit of this Policy and applicable laws Beginning of every fiscal year a form is mailed to every Board Member for review and update

Identifier	Return Reference	Explanation
POLICIES	PART VI, SECTION B, QUESTION 14	A WRITTEN COPY OF THE ORGANIZATION'S DOCUMENT RETENTION AND DESTRUCTION POLICY HAS BEEN DRAFTED THE POLICY IS PENDING REVIEW AND APPROVAL BY THE BOARD

Identifier	Return Reference	Explanation
POLICIES	PART VI, SECTION B, QUESTION 15	THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES AND DOES NOT PROVIDE ANY OFFICER, DIRECTOR, OR OTHER REPRESENTATIVE WITH ANY COMPENSATION MEMBERS ARE COMPENSATED THROUGH FLORIDA INTERNATIONAL UNIVERSITY, A RELATED ORGANIZATION

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENT AVAILABILITY	PART VI, SECTION C, QUESTION 19	THE ORANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAIALBLE PUBLIC ON THERE WEBSITE AND UPON REQUEST THE FINANCIAL STATMENTS AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST

#### DLN: 93493137015270

2008

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE R** (Form 990)

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury See separate instructions. Internal Revenue Service Name of the organization **Employer identification number** 

LORIDA INTERNATIONAL INIVERSITY FOUNDATION INC				23-7047106	
Part I Identification of Disregarded Entities					
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Total income Er	<b>(E)</b> nd-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions		· ·		
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	(E) Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET MIAMI, FL33199 65-0177616	UNIVERSITY	FL	115(1)	N/A	NA
THE WOLFSONIAN INC MODESTO A MAIDIQUE CAMPUS - MARC 5 MIAMI, FL33199 59-2741851	BENEFIT UNIV	FL	501(C)(3)	7	NA

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(5)

(6)

Part V Transactions with Related Organizations	
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Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 During the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-IV	,					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled en			1a	+	No		
<b>b</b> Gift, grant, or capital contribution to other organization(s)	,	ļ.	1b	Yes			
c Gift, grant, or capital contribution from other organization(s)			1c		No		
d Loans or loan guarantees to or for other organization(s)			1d		No		
Loans or loan guarantees by other organization(s)							
<b>f</b> Sale of assets to other organization(s)			1f		No		
<b>g</b> Purchase of assets from other organization(s)			<b>1</b> g		No		
h Exchange of assets			1h		No		
i Lease of facilities, equipment, or other assets to other organization(s)			1i		No		
j Lease of facilities, equipment, or other assets from other organization(s)							
k Performance of services or membership or fundraising solicitations for other organization(s)							
I Performance of services or membership or fundraising solicitations by other org	ganization(s)		11		No		
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets			1m		No		
n Sharing of paid employees			1n		No		
• Reimbursement paid to other organization for expenses			10		No		
<b>p</b> Reimbursement paid by other organization for expenses			1р		No		
<b>q</b> O ther transfer of cash or property to other organization(s)		L	<b>1</b> q		No		
r Other transfer of cash or property from other organization(s)		l	<b>1</b> r		No		
2 If the answer to any of the above is "Yes," see the instructions for information o	on who must complete this line, including covered relationships	and transaction thresholds					
(A) Name of other organization(s)	( <b>B</b> ) Transaction type(a-r)	<b>(C)</b> Amount Involved					
(1) FLORIDA INTERNATIONAL UNIVERSITY	В		10,92	27,999			
(2)							
(3)							
(4)							

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			