

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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

epaرا العلمان	artment of the Tre	asury nce benefit trust or private found The organization may have to use a copy of this return to	dation) to satisfy str	ate reporting reg	uirements.	Open to Public
-		lendar year, or tax year beginning 10/01/08 , and ending	9/30/0			Is a nopeotion
	theck if applicable	Please C Name of organization			D Emplo	yer identification number
	Address change	use IRS THE FOUNDATION FOR TH	E UNI	/ERSITY	1	
Ħ,	Name change	label or print or Doing Business As			66-	0425865
一	nitial return	type. Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Teleph	one number
금		See #2 JOHN BREWER'S BAY		<u> </u>	<del> </del>	
$\equiv$	Termination	Instruc- City or town, state or country, and ZIP + 4			G Gross recei	pts\$ 726,207
	Amended return	tions. ST. THOMAS VI 00802	4-9990	- <del>-</del>	H(a) le this s	a croup ratum for
	Application pending	F Name and address of principal officer			affihate	a group return for s? Yes X No
					H(b) Are all a	affiliates H., H.,
						attach a list (see instructions)
$\overline{}$	Tax-exempt statu	s X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	-			,
	Website: ▶ N				H(c) Group s	exemption number
	Type of organization	X Corporation Trust Association Other ▶	L	Year of formation		M State of legal domicile
	. 95.	ımmary				
		scribe the organization's mission or most significant activities:				
ø	EDUC	ATION AND CHARITABLE PURPOSES				
anc						
Activities & Governance		. —				
Gov	2 Check th		of more tha	in 25% of its ass	1 1	
ಹ		of voting members of the governing body (Part VI, line 1a)			3 4	<del></del>
ties		of independent voting members of the governing body (Part VI, line 1b)	•		5	
stivi		nber of employees (Part V, line 2a) nber of volunteers (estimate if necessary)		•	6	7
Ä		ss unrelated business revenue from Part VIII, line 12, column (C)			7a	
	_	ated business taxable income from Form 990-T, line 34			7b	0
	b iver aime	and badinises taxasis masmo ment, emission, included	<del></del>	Prior Y		Current Year
ø	8 Contribu	ions and grants (Part VIII, line 1h)		4	2,985	276,470
Revenue		service revenue (Part VIII, line 2g)			F 266	440 727
Şe,		nt income (Part VIII, column (A), lines 3, 4, and 7d)			5,266 1,796	449,737
		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•		6,455	726,207
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,725	1,245,446
		nd similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)		+7 -7,		2,223,110
		paid to or for members (Part IX, column (A), line 4)  other compensation, employee benefits (Part IX, column (A), lines 5-10)	:IVEU	O		
ses		and fundraising fees (Part IX, column (A), line 11e)	•	Ø		
Expense		draising expenses (Part IX, column (D), line 25)	3 2010		ANGER I	States of the State of the
щ	17 Other ex	nenses (Part IX. column (A), lines 11a-11d, 11f-24f)		<b>2</b> 3,53	9,126	47,406
	18 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 250GDE	A IIT		1,851	1,292,852
	19 Revenue	less expenses. Subtract line 18 from line 12			5,396	-566,645 End of Year
is or		(2.1)(1.10)		Beginning 19,41		19,038,995
\sse	20 Total ass	ets (Part X, line 16)		13/12	-,,,,,	
Net Assets or Fund Balances	21 Total liat	ılıtıes (Part X, line 26) ts or fund balances Subtract line 21 from line 20	•	19,41	1,956	19,038,995
		gnature Block	-			
		ter negatives of negury. I declare that I have examined this return, including accompan	nying schedule	es and statements,	and to the best	of my knowledge
2010	and	belief, it it true, correct, and complete Declaration of preparer (other than officer) is be	pased on all in	nformation of which	preparer nas a	ny knowledge
Sig	ın 👠	d_12th			17 A	Ny 2010
₽fe		Signature of office			Date	<del>-</del>
Ω		Henry H. Smith, Ph.D., Executive Director	r			
<u>ن</u> ت		Type or print name and title				
Q UPai	Pre	parer's D	Date	Check self-	if	Preparer's identifying number (see instructions)
		nature francisco Slipusour	8/1	.4/10 emplo	yed ▶ 📙	
	eparer's	r's name (or Volus ) FRANCISCO DEPUSOIR, CPA			EIN	▶ 66-0480807
		elf-employed), PO BOX 1734	<del></del>	_	Phone	
<u></u>	ade	Iress, and ZIP + 4 KINGSHILL, ST CROIX, VI	00851		no 🕨	340-778-2243
Mav	the IRS discu	ss this return with the preparer shown above? (see instructions)				Yes No

orm 990 (2008) THE FO				66-0425865	<u>,                                      </u>	Page
	of Program Service	Accomplishin	nents (see ins	tructions)	<u> </u>	·
Briefly describe the organ EDUCATION AND		TIRPOSES				
PDOCHITON WID	CIEMTIID I	OKT OPED	•	•		
••	•		-	•		•••
		· ·			· 	· · ·
2 Did the organization unde	rtake any significant proc	gram services duri	ng the year which	were not listed on		
the prior Form 990 or 990	• • •					Yes X No
If "Yes," describe these no						
3 Did the organization cease	e conducting, or make sig	gnificant changes	in how it conducts	, any program		□,
services?	bangas an Cabadula O		•		•	Yes X No
If "Yes," describe these ch Describe the exempt purp	=	ch of the organiza	tion's three larges	t nrogram services by	/ expenses	
Section 501(c)(3) and 501						
allocations to others, the t	• • • •					
		· • · · · · · · · · · · · · · · · · · ·		·		
a (Code: ) (Exper		,446 including		1,245,446		
THE ORGANIZATI			•			
THE VIRGIN ISL		MPLISHING	; ITS CHAI	RITABLE AND	)	
EDUCATIONAL MI	ssion.					
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•		•		•		•
<b>b</b> (Code: ) (Exper			g grants of \$		) (Revenue \$	
<b>b</b> (Code: ) (Exper	1565 \$	motading	y grants or \$		) (Ivevenue \$	,
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: (Code: ) (Exper		including	g grants of \$		) (Revenue \$	)
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			grants of \$		) (Revenue \$	
c (Code: ) (Exper	Describe in Schedule O )		grants of \$	) (Revenue \$	) (Revenue \$	)

Form 990 (2008) THE FOUNDATION FOR THE UNIVERSITY 66-0425865 PartilV Checklist of 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,"	١.		
	complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	┼	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	۲	<del>                                     </del>	<u>^</u>
4	* * * * *	4		x
_	Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<del></del>	<u> </u>	
5	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	<u> </u>		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		х
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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, IX, or X as applicable	11	X	
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		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	446		x
4 E	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	İ	X
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		х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
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		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		<u> </u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24.5		
	to defease any tax-exempt bonds?	24c	$\dashv$	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
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		x
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	20a	_	<u> </u>
b	person from a prior year? If "Yes," complete Schedule L, Part I	25b	-	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		$\neg +$	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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	]	X
		C	000	0000;

# Form 990 (2008) THE FOUNDATION FOR THE UNIVERSITY Partive Checklist of Required Schedules (continued)

				Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 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		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"				
	complete Schedule L, Part IV		28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M	-	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part !		31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	ĺ	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	į	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			1	
	III, IV, and V, line 1		34		X
35	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		_ <u>X</u> _
36	Section 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	- 1	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		ļ		
	VI	l	37		<u> </u>

Form **990** (2008)

Page 4

	11 t V Otatemento regularità diner mediani della vazioni piano		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		163	110
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	7,	1 . 2	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7 ,	١.	
•	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return  2a		٤	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	l	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	, ,	3	<u> </u>
	instructions)		,	15
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		*4	*!
	this return?	3a	· · · · · · · · · · · · · · · · · · ·	X
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	1		ŀ
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:		*	3
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	* ,		ジェス
	and Financial Accounts.	. %	.*	<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	1 1 3	~	, Ą
а	\$75?	7a	`	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	一	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7c	l	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ì	*	y #
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	. 8		. 3
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	- ' 🖁	.	:
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-+	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		<u></u>  -	
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	<u> </u>
10	Section 501(c)(7) organizations. Enter			-
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
b 11	Section 501(c)(12) organizations. Enter			-
11	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
IJ	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		$\neg +$	{
				<del></del>

Form 990 (2008) THE FOUNDATION FOR THE UNIVERSITY 66-0425865 FOR T required by the Internal Revenue Code.)

Governing Body and Management

Sec	tion A. Governing body and Management	
		Yes No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the	
	circumstances, processes, or changes in Schedule O. See instructions.	1 10
1a	Enter the number of voting members of the governing body	
b	Enter the number of voting members that are independent	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- <u></u>
	any other officer, director, trustee, or key employee?	2 X
3	Did the organization delegate control over management duties customanly performed by or under the direct	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3 X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4 X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5 X
6	Does the organization have members or stockholders?	6 X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	
	of the governing body?	7a X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	
	the year by the following:	
а	The governing body?	8a X
b	Each committee with authority to act on behalf of the governing body?	8b X
9a	Does the organization have local chapters, branches, or affiliates?	9a X
b	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?	9b
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	40
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10 X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	11 X
<del></del>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11 X
<u>Sec</u>	tion B. Policies	I Van I Na
40.	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes No
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124 2
b		12b
_	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125
С	describe in Schedule O how this is done	12c
42	Does the organization have a written whistleblower policy?	13 X
13 14	Does the organization have a written document retention and destruction policy?	14 X
15	Did the process for determining compensation of the following persons include a review and approval by	
13	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	
а	The organization's CEO, Executive Director, or top management official?	15a X
b	Other officers or key employees of the organization?	15b X
b	Describe the process in Schedule O (see instructions)	√ × × · · · · · · · · · · · · · · · · ·
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	
104	with a taxable entity during the year?	16a X
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	
	tne organization's exempt status with respect to such arrangements?	16b
Sec	etion C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed VI, UT	
18	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	
.5	policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	
20	organization ADRINA SCOTT ELLOTT #2 JOHN BREWER'S BAY	
ריז		340-693-1043

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and 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.

		ensat	e an			dire	ctor,	trustee, or key employee.		· · · · · · · · · · · · · · · · · · ·
(A)	(B) Average	Pos	ition 4	(chec	C) k ali	that a	/vlaa	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CECILE DEJON SEC/TREAS	IGH							0	0	(
ADRIANNE DUI MEMBER	LEY, ESQ							0	0	0
DR. ALFRED O	. HEATH	1						0	0	0
MR. MARVIN E	ICKERING							0	0	
MR. JOSEPH E	OSCHULTE							0	0	0
	19									
								-		
										<del></del>
									***************************************	

Name and title  Average hours per week  Average hours	Section A. C	(B)				C)			(D)	(E)	(F)
hours par week 100 me to 1	i i		Pos	ition (			that ap	oply)			Estimated
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual 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  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (8) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (9) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (10)  (11)  (12)  (13)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (17)  (18)  (18)  (19)		hours per	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	from related organizations	amount of other compensation from the organization and related organizations
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual 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  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (8) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (9) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (10)  (11)  (12)  (13)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (17)  (18)  (18)  (19)											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual 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  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (8) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (9) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (10)  (11)  (12)  (13)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (17)  (18)  (18)  (19)											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual 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  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (8) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (9) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (10)  (11)  (12)  (13)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (17)  (18)  (18)  (19)											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual 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  Complete this table for your five highest compensated independent contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (8) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (9) Description it services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (10)  (11)  (12)  (13)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (17)  (18)  (18)  (19)		····						_			
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  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  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  Total number of independent contractors (including those in 1) who received more than \$100,000 in		<u> </u>									
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											· · · · · · · · · · · · · · · · · · ·
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization							_	4			
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization											- <del>-</del>
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization					_						
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization    Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  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  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  Total number of independent contractors (including those in 1) who received more than \$100,000 in		<u>-</u>									-
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  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  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (8)  Name and business address  Complete this services  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (9)  Name and business address  Complete this individual this individual this individual this individual to the organization of the organization from the organization of the organization		uals (including those	ın 1a) v	vho i	recei	ved	more	than	\$100,000 in reportable o	ompensation from the	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  Name and business address  Description of services  Compensation from the organization  Total number of independent contractors (including those in 1) who received more than \$100,000 in	Did the organization list employee on line 1a? If For any individual listed the organization and relindividual . Did any person listed or	"Yes," complete Sc I on line 1a, is the su lated organizations of hine 1a receive or a	hedule of repartments in the contract of the c	J for porta han omp	such ble o \$150 ensa	indi comp ,000	ividua pensa )? If "' from	ation Yes,  any	and other compensation of complete Schedule J for	from such	3
Compensation from the organization  (A) Name and business address Description of services Compensation from the organization  (C) Compensation from the organization  (A) Name and business address Description of services  (Total number of independent contractors (including those in 1) who received more than \$100,000 in	ction B. Independent Co	ntractors_								<u> </u>	.   5
Total number of independent contractors (including those in 1) who received more than \$100,000 in	compensation from the	organization	npensat	ted II	ndep	ende	ent co	ontra			100
	N	lame and business address					$\dashv$		Descripti	on of services	Compensa
							$\dashv$				
			·				$\dashv$				
							+				
	Total number of indepe	ndent contractors (in	cluding	thos	e ın	1) w	ho re	ceive	ed more than \$100,000 in		

Form	ຸດດຸດ	(2008) THE FOUNDA	TIC	ON FOR	THE UN	IVERSITY_	66-0425865		Page 9
Pa	rt VI	Statement of Rev	/enu	e				(0)	(5)
		,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र हा	1a	Federated campaigns	1a						
필		Membership dues	1b			Ì			,
P.E.		Fundraising events	1c						
뜵		Related organizations	1d			1			
S,E		Government grants (contributions)	1e						
Program Service Revenue Contributions, gifts, grants		All other contributions, gifts, grants, and similar amounts not included above	1f	2	76,470			•	
호함	g	Noncash contributions included in lines	1a-1f	\$			ļ		,
<u>ة</u> ي	h	Total. Add lines 1a-1f			<b>,</b> ▶	276,470			<u> </u>
ne					Busn. Code			<u></u>	
l e	2a				<del>                                     </del>				
8	þ			•					
. <u>§</u>	C				<b></b>				
Sel	d			•					
뛽	е								
ğ	f	All other program service re-	venue					<del></del>	
تّم		Total. Add lines 2a-2f			▶				
	3	Investment income (includin	g divid	dends, inter	est, and	440 525	440 737		
		other similar amounts)			<u> </u>	449,737	449,737		<del> </del>
	4	Income from investment of t	ax-ex	empt bond p	proceeds <b>&gt;</b>				<u> </u>
	5	Royalties							<del> </del>
		(ı) Rea	<u> </u>	(11) 1	Personal				
	6a	Gross Rents							,
	b	Less rental exps				<u> </u>		*	Ţ.
	С	Rental inc or (loss)							
		Net rental income or (loss)			<u> </u>			<del> </del>	
	/a	Gross amount from (i) Securi	ties	(1	ı) Other				
		other than inventory		_			ļ		
	b	Less cost or other							
		basis & sales exps							
	c	Gain or (loss)							
	a	Net gain or (loss)			<b>&gt;</b>				
	8a	Gross income from fundraising e	events						" .
g	[	(not including \$					;	•	* 1
ē		of contributions reported on line	1c)			*		· /	, ,
Š		See Part IV, line 18		a		4 4 4 4	÷		, ,
eri	Ь	Less: direct expenses		b					<u> </u>
Other Revenue		Net income or (loss) from fu	ındrais	sing events	<b>•</b>				
·		Gross income from gaming activ				,		•	
	"	See Part IV, line 19		a		*	` ;	*	
	h	Less: direct expenses	•	ь					
	٦	Net income or (loss) from g	amıng	activities	<b>&gt;</b>				
		Gross sales of inventory, le							
	100	returns and allowances		a					-
	١.	Less. cost of goods sold		ь					
		Net income or (loss) from s	ales n		<b>•</b>				
	<del>اء</del>	Miscellaneous Reve		. mrontory	Busn. Code				
	1								
	11a							<u>-</u>	
	b								
	c							· · · · · · · · · · · · · · · · · · ·	
	d				L	<del></del>		<del></del>	<u> </u>
	е			0 4 5 0 1	74.0-	<del></del>	<del></del>		
	12	Total Revenue. Add lines 1	ın, 2g	, 3, 4, 5, 6d,	70, 8C, ⊾	726 207	449,737	0	0
	1	9c, 10c, and 11e				726,207	777,131		

**Statement of Functional Expenses** 

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				- * *
•	organizations in the U.S. See Part IV, line 21			. ,	+ 61 .
_	Grants and other assistance to individuals in			, , , , , , , , , , , , , , , , , , , ,	,
2		1,245,446	1,245,446		ľ <i>*</i> ' ' ;
	the U.S. See Part IV, line 22	1,243,440	1,233,330		<u> </u>
3	Grants and other assistance to governments,			,	,
	organizations, and individuals outside the			:	·
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				, , , , , , , , , , , , , , , , , , , ,
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		<del></del>		
-	and section 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes		· .=.		
10	Fees for services (non-employees)				
11					
a	Management	<del></del>			
þ	Legal		<del></del>		
С	Accounting		<del></del>		
d	Lobbying			5	
е	Professional fundraising services See Part IV, line 17	<del></del>			
f	Investment management fees				
g	Other				
12	Advertising and promotion		<u></u>		
13	Office expenses .			<u> </u>	<del></del>
14	Information technology			·	
15	Royalties				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
	• • •	, "%	· 4 · · · · · · · · · · · · · · · · · ·		·
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	FEES	47,605		47,605	
b	BANK CHARGES	230		230	
c	MISCELLANEOUS	-429		-429	
d					
e	·				
f	All other expenses			-	
25	Total functional expenses. Add lines 1 through 24f	1,292,852	1,245,446	47,406	· · · · · · · · · · · · · · · · · · ·
<u>25</u> 26	Joint Costs. Check here Inf following				
ΖU	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
	randialong constantion				

P	art_)	K Balance Sneet			· · · · · · · · · · · · · · · · · · ·	,	,
				:	(A) Beginning of year		(B) End of year
—	1	Cash—non-interest bearing			106,995	1	168,00
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	• •			3	
	4	Accounts receivable, net		•		. 4	
		Receivables from current and former officers, directors,	trustees kev				<del></del>
	5	employees, or other related parties. Complete Part II of				5	
	_	Receivables from other disqualified persons (as defined				-	
	6	4958(f)(1)) and persons described in section 4958(c)(3)					
		177 77	(b) complete		······································	6	
	-	Part II of Schedule L  Notes and loans receivable, net	••	• ••		7	
ets	7	Inventories for sale or use				8	
Assets	8				· · · · · · · · · · · · · · · · · · ·	9	
4	9	Prepaid expenses and deferred charges	140-1	113,000		,	
	10a		10a	113,000			
	þ	•	405		113,000	10c	113,000
		Part VI of Schedule D	10Ь		19,191,961	111	18,757,990
	11	Investments—publicly traded securities			19,191,901		10,757,330
	12	Investments—other securities See Part IV, line 11		• • • •		12	
	13	Investments—program-related. See Part IV, line 11					
	14	Intangible assets	•	. }		14	
	15	Other assets. See Part IV, line 11		}	19,411,956	15 16	19,038,995
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)		19,411,900	17	19,030,993
	17	Accounts payable and accrued expenses		ŀ	<del></del>		
	18	Grants payable		. •	<del></del>	18	
	19	Deferred revenue		. }		19 20	<u></u>
S	20	Tax-exempt bond liabilities	<b>D</b>	· · ·	<del></del>	21	<u>-</u> .
Liabilities	21	Escrow account liability Complete Part IV of Schedule I	21				
ij	22	Payables to current and former officers, directors, truste			•	= 1.	
<u>.e</u>		employees, highest compensated employees, and disqu	Jameo	]		22	annungens von Kin och er signe untersät demokratie andersättlich Sammenssandsät
_		persons. Complete Part II of Schedule L		·		23	·
	23	Secured mortgages and notes payable to unrelated third	u parties	-		24	<del></del>
	24	Unsecured notes and loans payable		}		25	
	25	Other liabilities. Complete Part X of Schedule D		· }		26	
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶   ∑	K and	• • • •		# 85	- 10 an - 1
nces			aliu				
	0.7	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		<b>i</b> -	18,107,927	27	17,734,966
ă	27		•	1	10/10//52/	28	2777317300
<u>Б</u>	28	Temporanly restricted net assets  Permanently restricted net assets	•	· · · · }	1,304,029	29	1,304,029
Fund Bala	29	Organizations that do not follow SFAS 117, check her	ro <b>&gt;</b>	· h	2,501,025	125 H 35	18 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		and complete lines 30 through 34.				\$ \$ . W	
9	20	Capital stock or trust principal, or current funds		<u> </u>	200000000000000000000000000000000000000	30	
Assets	30	Paid-in or capital surplus, or land, building, or equipment	t fund	··		31	
SS	31	Retained earnings, endowment, accumulated income, or				32	
4	32		t other lands	· ·	19,411,956	33	19,038,995
Net	33	Total net assets or fund balances	•	}	19,411,956		19,038,995
_	34	Total liabilities and net assets/fund balances	<del>:</del>	1	13/11/1900		13/030/333
<u> </u>	art >	(i   Financial Statements and Reporting					Yes No
	۸	counting method used to prepare the Form 990.	Cash X A	ccrual  Ott	ner		163 160
1		ere the organization's financial statements compiled or rev		<u></u>			2a X
2		ere the organization's financial statements compiled of rev ere the organization's financial statements audited by an i			un.	•	2b X
t					for avarageht of		20 1
(		Yes" to lines 2a or 2b, does the organization have a commentation of the financial statements of					
_		e audit, review, or compilation of its financial statements a					2c
3		a result of a federal award, was the organization required	i to unu <del>e</del> rgo an	audit of addits as s	DEL TOTAL III		20
		e Single Audit Act and OMB Circular A-133?	undita?				3a   3b
	<u>)    "</u>	Yes," did the organization undergo the required audit or a	iudită '				3b   (2008)

### SCHEDULE A

(Form 990 or 990-EZ)

## **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
2008
Open to Public 4

Department of the Treasury Internal Revenue Service Name of the organization

THE FOUNDATION FOR THE UNIVERSITY

Employer identification number 66-0425865

W - 2	W			11: 01 11	01 1 /411		- 1		4. 0.1		1	*	<del></del>	<del></del>	_
	äŕţ <u>*</u> l				<del></del>	organization			ete this	s parτ.	(see	instruc	tions)		
The	orga		·-		-	e check only <b>on</b> e	_	-							
1	Н	A church, co	envention of o	churches, or as	sociation of chi	urches describe	d in section	on 170(b)	(1)(A)(i)	•					
2	Ш	A school des	scribed in se	ction 170(b)(1)	(A)(ii). (Attach	Schedule E)									
3	Ц	A hospital or	a cooperativ	ve hospital serv	rice organizatıo	n described in <b>s</b>	ection 17	0(b)(1)(A)	(iii). (At	tach Sci	nedule l	<b>⊣.</b> )			
4	Ш	A medical re	search orgai	nization operate	ed in conjunction	on with a hospita	l describe	d ın secti	on 170(	b)(1)(A)	(iii). Ent	ter the ho	ospital's nam	e,	
		city, and sta	te:								_				
5	X	An organizat	tion operated	for the benefit	of a college or	university owne	d or opera	ated by a	governn	nental ur	nit desc	nbed in	•		••
	_	section 170	(b)(1)(A)(iv).	(Complete Part	t II )										
6	$\Box$					ınıt described in	section 1	70(b)(1)(	A)(v).						
7	П			•	-	rt of its support f				r from th	e aenei	al public			
·	_	•		(b)(1)(A)(vi). (C	•	• •					- g	ш разпо			
8	$\Box$				•	). (Complete Pa	rt II )								
9	H					3 1/3 % of its su		n contribu	tione m	amhare	hin food	and are	200		
•	ш	•		•	•	-subject to certa			-		•		233		
		•			•	usiness taxable	•								
			-			section 509(a)(2				12/11/01/11	Dusines	3003			
40	$\Box$		-			test for public sa			•	1000 1	oter rotio				
10 11	Н	Ū	-		-		•			•		•			
11		_	_			the benefit of, to					-				
						ns described in s						Section			
						porting organiza Type III–Functioi						45			
_		a Type	-	Type II	_	* *			d one or n		oe III–O				
е	Ш				-	ot controlled direct one or more pu	•				•				
		•			and other than	i one or more po	ibliciy sup	ported ort	Janizau	ons desi	anbed it	i section			
_		509(a)(1) or :	•				T I	T	T		4				
f		•			ermination from	the IRS that it i	saiypei	, Type II,	or Type	III supp	oπing				
		organization,				, ·			_		•		•		
g			_	as the organiza	ition accepted a	any gift or contril	oution from	n any of t	ne						
		following per													
		• • •		•		lone or together	with pers	ons desci	nbed in	(II)				Yes	No
		• •	-	overning body o		_			•	•			<u> 11g(i)</u>	<u> </u>	<u> </u>
		(ii) A family	member of a	a person descril	bed in (i) above	?							11g(;;)		<u> </u>
		(iii) A 35% c	controlled ent	ity of a person	descnbed in (i)	or (ii) above?							11g(iii)		<u> </u>
h		Provide the	following info	rmation about t	he organizatıor	ns the organizati	on suppor	ts.							
(i)	Name	of supported	(ii	i) EIN	(iii) Type o	of organization	(IV) Is the	organization	(v) Did	you notify	(vi)	is the	(vii) Am	ount of	
-,	orga	anization			, ,	on lines 1-9		isted in your	T	nızatıon ın	I •	tion in col	supp		
			j		l	IRC section (tructions)	governing	document?		of your port?		zed in the			
					(300 1113	u ucuons <sub>i</sub> ,	Yes	No	Yes	No	Yes	No			
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				×× * * * * * * * * * * * * * * * * *			- ". P. D. Yan	S81 2 12	x4 ·	<del>-,</del>	2.12x2	<del>                                      </del>			
				, , , , , , , , , , , , , , , , , , ,						ge V	137	1. Sept.			
<u>otal</u>			* 3 <u> </u>	₹,⊁	· · ·		1 8 2%	13.7- 70%	4 %	<u> </u>	L* :*	3, 41			

Sche	edule A (Form 990 or 990-EZ) 2008 THE	FOUNDAT	ION FOR T	HE UNIVER	SITY 66	-0425865	Page				
Part II Support Schedule for Organizations Described in Sections 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.)											
•		ecked the box	<u>on line 5, 7, o</u>	<u>r 8 of Part I.)</u>			<u> </u>				
Section A. Public Support											
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	83,989	52,326	563,533	42,995	276,470	1,019,313				
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	<u> </u>									
4	Total. Add lines 1-3	83,989	52,326	563,533	42,995	276,470	1,019,313				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	33 x					959,140				
_6_	6 Public support. Subtract line 5 from line 4										
Section B. Total Support											
Ca	Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total										
7	Amounts from line 4 83,989 52,326 563,533 42,995 276,470 1,019,31										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  543,672  899,144  546,539  1,989,										
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10											
11	Total support. Add lines 7 through 10			, , , ;	* : *	* * .	3,008,668				
12	Gross receipts from related activities, etc					12					
13	First five years. If the Form 990 is for the		, second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	. □				
=-	organization, check this box and stop here	<del>)</del>	·	<del> </del>	<del></del>		▶∟				
Sec	tion C. Computation of Public Su			<del></del>			- <del></del> -				
14	Public support percentage for 2008 (line 6			n (f)) .	••	14	2.0000 %				
15	Public support percentage from 2007 Scho					15	2.0000 %				
16a	16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box										
	and stop here. The organization qualifies as a publicly supported organization										
b	33 1/3 % support test—2007. If the organ				5 is 33 1/3 % or m	iore, check this					
	box and stop here. The organization quali						. ▶⊔				
17a	10%-facts-and-circumstances test—200										
	more, and if the organization meets the "fa										
	organization meets the "facts-and-circums						. ▶ ⊔				
b	10%-facts-and-circumstances test—200										
	more, and if the organization meets the "fa						, n				
	organization meets the "facts-and-circums						· 👗 🕱				
18	Private foundation. If the organization did	not check a box o	on line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and see	e instructions	▶ △				

19a 33 1/3 % support 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 % support 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

THEF5865 08/14/2010 6.45 PM , Schedule A (Form 990 or 990-EZ) 2008 THE FOUNDATION FOR THE UNIVERSITY 66-0425865 Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) · SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **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. OMB No. 1545-0047

Employer identification number

чанне	of the organization		
TF	HE FOUNDATION FOR THE UNIVERSITY		66-0425865
Pa	Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990,	nds or Other Similar Funds or A	Accounts. Complete if
	the organization answered Tes to Form 500,		(h) Funda and other consusts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		<del></del>
4	Aggregate value at end of year		L <del></del> .
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's excl		L. Yes L. No
6	Did the organization inform all grantees, donors, and donor advisors in		
	used only for charitable purposes and not for the benefit of the donor of	r donor advisor or other	
	impermissible private benefit?		Yes No
<u>P</u> a	Conservation Easements. Complete if the orga	<del></del>	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically im	
	Protection of natural habitat	Preservation of certified historic	structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation of	contribution in the form of a conservation	easement
	on the last day of the tax year		. A. M
			Held at the End of the Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incl		2c
d	Number of conservation easements included in (c) acquired after 8/17/		2d
3	Number of conservation easements modified, transferred, released, ex	tinguisned, or terminated by the organiza	tion during
	the taxable year	anatad N	
4	Number of states where property subject to conservation easement is by		
5	Does the organization have a written policy regarding the periodic moni enforcement of the conservation easements it holds?	toring, inspection, violations, and	Yes No
_	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	a easements during the year	. 🗀 :63 🔠 110
6	Amount of expenses incurred in monitoring, inspecting, and enforcing e		
7	Does each conservation easement reported on line 2(d) above satisfy t		<del>_</del> _ <del>_</del>
8	170(h)(4)(B)(i) and section 170(h)(4)(B)( $\mathbb{I}$ )?	ne requirements or section	Yes No
9	In Part XIV, describe how the organization reports conservation easem	 ents in its revenue and expense statemer	— —
9	balance sheet, and include, if applicable, the text of the footnote to the		
	the organization's accounting for conservation easements		
Pa	Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report		
	art, historical treasures, or other similar assets held for public exhibition		public service,
	provide, in Part XIV, the text of the footnote to its financial statements to	hat describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in it		
	historical treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	blic service,
	provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>*</b>
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures, or		ovide the
	following amounts required to be reported under SFAS 116 relating to t	hese items:	<b>.</b>
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>*</b>
For F	Privacy Act and Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

<u>Sche</u>		DATION FOR TH			425865			Page 2		
Pa	rt III Organizations Maintaining	g Collections of Art,	<u>, Historical Trea</u>	sures, or Othe	<u>r Similar A</u>	<u> ssets</u>	(contin	ued)		
3	Using the organization's accession and othe items (check all that apply):	r records, check any of the	e following that are a	a significant use of it	s collection					
а	Public exhibition	d 🗍 Loan	or exchange program	ms						
	Scholarly research	e Other								
b		e 🗀 Otrici	'	<del>-</del> -						
С	Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to	o be maintained as part of	f the organization's c	ollection?			Yes	No		
Pa	rt IV Trust, Escrow and Custoo				red "Yes" 1	to For	m 990,			
	Part IV, line 9, or reported	<u>an amount on Form</u>	990, Part X, line	e 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermediary for	or contributions or ot	her assets not		_		_		
	included on Form 990, Part X?						Yes	∐ No		
h	•	and complete the following	o table:	•		. —		_		
	b If "Yes," explain the arrangement in Part XIV and complete the following table:  Amount									
	<b>5</b>				40		7 11.10 21.11			
С	Beginning balance				1c	-				
đ	Additions during the year .				<u>1d</u>					
е	Distributions during the year		•		1e					
f	Ending balance			•	1f					
2a	Did the organization include an amount on F	orm 990, Part X, line 21?					Yes	∐ No		
b	If "Yes," explain the arrangement in Part XIV									
	rt V   Endowment Funds. Comp	lete if organization a	nswered "Yes"	to Form 990, Pa	art IV, line	10.				
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three yea		(e) Four	years back		
4-	Beginning of year balance	. , , , , , , , , , , , , , , , , , , ,	. '.			1,5 1 -7.	, ,			
1a		-	38 , , , , , , , , , , , , , , , , , , ,	1,63,	.82 2 2 2	at here		· · · ·		
b	Contributions						* X.			
С	Investment earnings or losses		* **	\$			<u> </u>			
d	Grants or scholarships			, ,	*."	44 A.S.	4, t	*		
е	Other expenditures for facilities		-4 W'' .	But my a district		87	1.54 25	of 1. Same of		
	and programs		>		1 1 11			<u>`-                                    </u>		
f	Administrative expenses							<u></u>		
g	End of year balance		1997 - 1 B	33 S	<b>₩</b> »`	3 6 .,		; ; ;		
2	Provide the estimated percentage of the year	end balance held as:								
- a	Board designated or quasi-endowment	%								
_	Permanent endowment >%									
b										
С		***								
3a	•	ssion of the organization to	nat are neio ano aom	imstered for the			Г	<del> </del>		
	organization by:							Yes No		
	(i) unrelated organizations	••	•				3a(i)	<del></del>		
	(ii) related organizations						3a(ii)			
b	If "Yes" to 3a(II), are the related organizations	s listed as required on Sch	nedule R?				3b			
4	Describe in Part XIV the intended uses of the	organization's endowmer	nt funds.							
Pa	rt VI Investments—Land, Build			0, Part X, line 1	0.					
	Description of investment	(a) Cost or other basis	(b) Cost or oth		preciation		(d) Book v	/alue		
	Douglas S. M. Bannon	(investment)	basis (other	1 ''	•	1				
		<del>                                     </del>		,000	₹	+	11	3,000		
	Land		+ 113	, 000		+		3,000		
b	Buildings .					<del> </del>				
С	Leasehold improvements		<del> </del>			<del></del>				
d	Equipment .					<u> </u>				
е	Other	<u> </u>	_L			<u> </u>				
	I. Add lines 1a-1e (Column (d) should equal F	orm 990, Part X, column (	(B), line 10(c))		<b>&gt;</b>		11	3,000		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							

Schedule D (	Form 990) 2008 THE FOUNDATION FOR TH		66-0425865	Page
Part VII	Investments—Other Securities. See Form 99			
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year marke	t value
Financial der	ivatives and other financial products			
Closely-held	equity interests			
Other				
Total. (Colum	nn (b) should equal Form 990, Part X, col. (B) line 12.)		1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part VIII		0, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valuatio	
			Cost or end-of-year market	ı value
		·		
	nn (b) should equal Form 990, Part X, col. (B) line 13 )	1	3 × 4 , 2	7 - 4
Part X	Other Assets. See Form 990, Part X, line 15.			<del> </del>
	(a) Description		(	o) Book value
			3.5	
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Total (Colum	nn (b) should equal Form 990, Part X, col (B) line 15.)		<b>_</b>	
Part X			· · · · · · · · · · · · · · · · · · ·	
Fait A.	(a) Description of liability	(b) Amount	ALEXADEL S. SOME NORMAL AS	Parth to the control
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T-4-1 (C-1	nn (b) should equal Form 990, Part X, col (B) line 25)		,	, ,
	orovide the text of the footnote to the organization's financial state	tements that reports the or	rganization's liability for	
		iomonio mai reporto me o	gamzation s nability to	
uncertain tax	positions under FIN 48			

Sche	edule D (Form 990) 2008 THE FOUNDATION FOR THE UNIVERSITY 66-04258	65	Page
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5_	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Pa	irt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	3.6	
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)	200	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIV)		
С	Add lines 4a and 4b .	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	<del></del>
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities 2a	Section Section	
b	Prior year adjustments 2b	3.2	
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	2 2	
е	Add lines 2a through 2d	2e	·
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	46	
_	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	4c   5	<del></del>
_ <u>5</u> ∦ ₽a	in XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
	2b; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.		
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Schedule D (Fo	orm 990) 2008	THE	FOUND.	ATION :	FOR TH	E UNIV	ERSITY	66-04	25865	Page <b>5</b>
Schedule D (Fo	Suppleme	ental Info	rmation	(continued)						
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**SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

THE FOUNDATION FOR THE UNIVERSITY

General Information on Grants and Assistance

Part

1545-0047	80
OMB No	20

Employer identification number

66-0425865

1 Does the se	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ie amount of the grice? iltoring the use of g	rants or ass grant funds	istance, the grantees' in the United States	eligibility for the grants	or assistance, an	q	Yes	°k X
Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments and cipient that rectional solit additional solit.	<b>d Organi</b> ceived m pace is n	zations in the Un ore than \$5,000. leeded	ited States. Com Check this box if	plete if the org no one recipie	ganization answ int received mo	vered "Yes" on ire than \$5,000. Use	
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other)	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
	·								
	:								
	:								
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

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(f) Description of non-cash assistance								ional information.
(e) Method of valuation (book, FMV, appraisal, other)								line 2, and any other addit
(d) Amount of non-cash assistance								on required in Part I,
(c) Amount of cash grant	1,245,446							provide the information
(b) Number of recipients								omplete this part to
(a) Type of grant or assistance								*Partily   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
	(b) Number of (c) Amount of (d) Amount of (e) recipients cash grant non-cash assistance	(b) Number of (c) Amount of (d) Amount of recipients cash grant non-cash assistance 1,245,446	(b) Number of (c) Amount of recipients cash grant non-cash assistance  1,245,446	(b) Number of (c) Amount of (d) Amount of recipients cash grant non-cash assistance  1,245,446	(b) Number of (c) Amount of recipients cash grant non-cash assistance  1,245,446	(b) Number of (c) Amount of recipients cash grant non-cash assistance  1,245,446	(b) Number of (c) Amount of recipients cash grant non-cash assistance  1,245,446	(b) Number of cash grant non-cash assistance  1,245,446

Form **8868** 

(Rev April 2009)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

FILE COPY

File a separate application for each return.

al Revenue Sei	VICE }		
	for an Automatic 3-Month Extension, complete only Part I and check this box		<b>▶</b> X
	g for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	m)	
,	Part II unless you have already been granted an automatic 3-month extension on a previously filed F	•	868
	utomatic 3-Month Extension of Time. Only submit original (no copies needed		
A corporation requipant I only	ired to file Form 990-T and requesting an automatic 6-month extension—check this box and complet	te	Dro.
All other corporation		<i>CO</i> tensior	_ DEPUSIT NO. 10
electronically if (1) returns, or a comp	e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 887 osite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (for tails on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonp.	time to 886 <b>8</b> 7R 7 <b>8√7 G</b> ₩ Part II)	offet 1 2 2010
Type or Na	me of Exempt Organization	Emplo	oyer identification number
	HE FOUNDATION FOR THE UNIVERSITY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		66-	0425865
	mber, street, and room or suite no. If a P.O. box, see instructions		
iling your	2 JOHN BREWER'S BAY		
nstructions Cit	y, town or post office, state, and ZIP code For a foreign address, see instructions  T. THOMAS  VI 00802-9990		
Form 990-BL Form 990-EZ Form 990-PF	Form 990-T (trust other than above)		Form 4720 Form 5227 Form 6069 Form 8870
Telephone No  If the organizati  If this is for a Gor the whole group		this is ach	▶ □
until 05/1 for the organi:	sutomatic 3-month (6 months for a corporation required to file Form 990-T) extension of time $0.5/1.1$ , to file the exempt organization return for the organization named above. The extension is exation's return for organization organization of $0.5/1.1$ , organization of $0.5/1.1$ , organization of $0.5/1.1$ , organization $0.5/1.1$ .  The second of the second organization is second organization of time $0.5/1.1$ , is for less than 12 months, check reason organization. Initial return of Final return of Change in the second organization of time $0.5/1.1$ , to file the extension of time $0.5/1.1$ .	accolin	iting period
		T	Table 1
	ion is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
	efundable credits See instructions	3a	\$
b If this applicat	ion is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
payments mad	de Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due.	Subtract line 3b from line 3a Include your payment with this form, or, if required,		
deposit with F	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	<u> </u>	
System) See	instructions	3с	\$
	going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-	EO	
<del></del>	Panerwork Reduction Act Notice See Instructions		Form 8868 (Rev. 4-2009)

<ul> <li>Form</li> </ul>	8868 (R	ev 4-2009)								Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box										► X	
Note.	Only co	nplete Part II if you have	e already been	granted an automat	ic 3-month	extension on a	a previously filed Forr	n 8868.			
	you are	filing for an Automatic 3	-Month Extens	ion, complete only	Part I (on	page 1)					
Fart II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).											
Туре	$oxed{1}$							Employer identification number			
print	MATERIAL POLICE TO MATERIAL PROPERTY AND A STATE OF THE S							66 0435965			
File by extend	,	THE FOUNDATION FOR THE UNIVERSITY						66-0425865			
due da	- 1	Number, street, and room or suite no. If a P.O. box, see instructions						For IRS use only			
filing th	ne	#2 JOHN BREWER'S BAY							, Fr s	<del></del>	
return											
Check	k type of	return to be filed (File	a separate appl	ication for each retu	rn):		_		_		
X	Form 99	0 Form 990-PF Form 1041-A						Form 6069			
Form 990-BL Form 990-T (sec 401(a) or 408(a)				) trust)	Ĺ	Form 4720	Form 8870				
	Form 990-EZ Form 990-T (trust other than above) Form 5227										
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.											
		are in the care of 🕨		SCOTT ELLO	TT						
Telephone No ▶ 340-693-1043 FAX No. ▶											
If the organization does not have an office or place of business in the United States, check this box  If the organization does not have an office or place of business in the United States, check this box											
• If t	this is for	a Group Return, enter t	he organiza <u>tio</u> n	's four digit Group E	xemption	Number (GEN)	If this	IS			
for the	whole g	oup, check this box	▶ ∐	. If it is for part of th	e group, c	heck this box	▶ 📙 an	d attach	na		
		nes and EINs of all men			<del></del>					<del></del>	
4 1	I request an additional 3-month extension of time until 8/16/10										
5 1	For calen	alendar year , or other tax year beginning $10/01/08$ , and ending $9/30/09$									
6 1	If this tax	year is for less than 12 months, check reason: 📗 Initial return 🔝 Final return 💮 Change in accounting period									
		ate in detail why you need the extension									
		TIONAL TIME		ESTED TO G	ATHER	INFORM	ATION TO PI	REPA	RE A C	OMPLETE <sub>.</sub>	
	AND A	ACCURATE RET	URN.								
				<del></del>				<del>, ,</del>			
8a 1	f this app	lication is for Form 990-	BL, 990-PF, 99	0-T, 4720, or 6069,	enter the	tentative tax,		1 1			
<u>I</u>	ess any r	any nonrefundable credits. See instructions							\$		
b l	f this app	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
$\epsilon$	estimated	ited tax payments made Include any prior year overpayment allowed as a credit and any						A. Carrie			
<u>a</u>	amount p	ount paid previously with Form 8868.						8b	\$		
сЕ	Balance I	Due. Subtract line 8b fro	m line 8a Inclu	de your payment wi	th this forr	n, or, if required	d, deposit	1 4			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions								8c	\$		
				Signature	and Ve	erification					
Under po	enalties of , correct, a	perjury, I declare that I have nd complete, and that I am	e examined this fo authorized to prep	rm, including accompar are this form	nying sched		nts, and to the best of my	y knowle	dge and belief,		
Signatur	re 🕽 🎜	ranianion.	De Green		Title ▶	CFA			Date 🕨	5/14/10	
			- Just cle			<u> </u>				68 (Rev 4-2009)	

COLLECTIONS & DLPOSIT NO. 7

VIRGIN ISL≙NOS DUREAU OF INTEÑNÁL ÑEVENUE, ST. ĜŘOI**X, VI**