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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

2009

Open to Public Inspection

4 FO	r the 2	zoog calendar ye		1-01-2009 and ending 12-3	31-2009		D Employer ide	ntification number
_	•	oplicable Please	C Name of organization LYFORD CAY FOUNDATION I	INC				
_	dress cha	label or	Doing Business As				23-702527 E Telephone nu	
_	me char	type. See					(242) 362-4	1910
_	al retur	Instruc-	Number and street (or P O c/o PutneyTwomblyHall Hirs	box if mail is not delivered to stree	et address)	Room/suite	<b>G</b> Gross receipts s	
Ter _	mınated	tions.	521 5th Avenue	ion -			<u> </u>	
Am	ended r	return	City or town, state or count New York, NY 10175	ry, and ZIP + 4				
App	olication	pending	,					
		<b>F</b> Na Stuart	me and address of principa	al officer			s a group return	
			x N 7776			affilia	tes?	⊤Yes ▼ No
		Lyford BF	Cay, Nassau			H(b) Are ali	l affiliates include	ed?
Ta	v-evem		c) ( 3 ) <b>4</b> (insert no )	7(0)(1) 07				(see instructions)
		· · · · · · · · · · · · · · · · · · ·	DCAYFOUNDATION ORG			H(c) Grou	p exemption nui	mber 🟲
					<u> </u>			
	n of org rt I	sanization   Corpora   Summary	ation Trust Association	Other ►		L Year of for	rmation 1969 M	State of legal domicile NY
Гα		•	he organization's mission o	or most significant activities				
		THE FOUNDATION	ON'S PRIMARY MISSION	IS TO DISTRIBUTE PHILA	NTHROP			AS TO INCREASE
2		THE AVAILABIL	ITY OF HIGHER EDUCAT	ION AND TECHNICAL TRA	INING F	ORTHECO	MMUNITY	
5								
U								
aovellialioe	2	Check this box 🕨	if the organization disco	ontinued its operations or dis	posed of	more than :	25% of its net a	ssets
5	3	Number of voting	members of the governing	body (Part VI, line 1a) .			3	26
	4	Number of indepe	ndent voting members of t	he governing body (Part VI,	lıne 1b)		. 4	26
HOUNINGS	5	Total number of e	mployees (Part V , line 2a)					
3	6	Total number of v	olunteers (estimate if nece	essary)			6	
•	7a	Total gross unrela	ated business revenue fror	m Part VIII, column (C), line	12 .		7a	36,308
	b	Net unrelated bus	iness taxable income from	n Form 990-T, line 34			7b	C
						Prio	r Year	Current Year
<b>a.</b>	8	Contributions ar	nd grants (Part VIII, line 1	h)			1,876,641	2,290,207
	9	Program service	revenue (Part VIII, line 2		0	0		
Revenue	10			column (A), lines 3, 4, and 7d)				-533,309
ш	11	•	, , , , , , , , , , , , , , , , , , , ,	s 5, 6d, 8c, 9c, 10c, and 11	· .		19,132	46,511
	12		•	ust equal Part VIII, column (	. ,,		1,803,409	
	13			column (A), lines 1-3)			2,421,225 3,239,445	1,555,933
	14		or for members (Part IX, c	- H		0	0	
	15	·	ompensation, employee be					
\$		10)			229,876	217,276		
Expenses	16a		draising fees (Part IX, colu		0	0		
ቯ	Ь		penses (Part IX, column (D), line		—			
	17	·		s 11a-11d, 11f-24f)	- F		420,138	287,701
	18			qual Part IX, column (A), line	· •		3,889,459	2,060,910
en eg	19	Revenue less ex	penses Subtract line 18 f	rom line 12	•	Reginning	-1,468,234 g of Current	-257,501
net Assection Fund Balances							ear	End of Year
* 接	20	Total assets (Pa	art X, line 16)				18,572,691	21,346,304
<u> </u>	21	Total liabilities (	(Part X, line 26)		. [		1,475,772	431,710
	22			21 from line 20			17,096,919	20,914,594
Pai	rt II	Signature B						
				mined this return, including accom ion of preparer (other than officer)				
		<u> </u>						
Sign Here		Signature of office	or .			2010-: Date	11-12	
1616	_	[[				Date		
		Manuel J Cutillas Type or print nar						
		] <b>F</b> - '' - '		Date	Cho	eck if	Preparer's identif	ving number
ام: ۱		Preparer's signature		2010-11-12	self-	<u> </u>	(see instructions)	
Paid Prans	arer's	,	L DELOTTE TAY	polyed 🕨 🦵	<del></del>			
•	arers Only	Firm's name (or you if self-employed),	P				EIN 🕨	
, <del>5 C</del> (	Jiiiy	address, and ZIP + 4	2 JERICHO PLAZA					
							Diament to the	16) 010 7000
			JERICHO, NY 11753				Phone no 🕨 (5:	16) 918-7000

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Foundation's primary mission is to enrich the lives of Bahamians by the distribution of philanthropic funds for higher education and technical training through scholarships and through our support of Bahamian non-profit charitable organizations targeting the emotional, educational and recreational needs of children and young adults, environmental and other pressing social issues

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?											
	If "Yes," describe these new services on Schedule O											
3		n cease conducting, or m	ake significant cha	inges in how it co		Yes ▽ No						
	If "Yes," describe t	hese changes on Schedul	e O									
4	Section 501(c)(3)		ns and section 49	47(a)(1) trusts a	largest program services by ex ire required to report the amoun service reported	•						
4a	(Code	) (Expenses \$	438,248 ınclı	iding grants of \$	438,248 ) (Revenue \$	)						
	The Foundation provide were made during the		nizations that improve	the health and welfa	are of the communities that they serve	Grants to 24 organizations						
4b	(Code	) (Expenses \$	834,685 ınclı	ıdıng grants of \$	834,685 ) (Revenue \$	)						
		des academic, technical and vo ships were granted to 84 institu		Colleges, Universitie	s and other educational institutions for	deserving Bahamian						
4c	(Code	) (Expenses \$	283,000 ınclı	ıdıng grants of \$	283,000 ) (Revenue \$	)						
	The Foundation provide	des academic scholarships to de	serving students enro	led at The College of	The Bahamas 114 scholarships were	granted during the year						
4d	Other program se	rvices (Describe in Sche	dule O )									
	(Expenses \$	212,140 ınclu	ding grants of \$		) (Revenue \$	)						
4e	Total program ser	vice expenses►\$	1,768,073									
						Form <b>990</b> (2009)						

Part IV	Check	dist 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," 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		Νο
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 similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	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 2	8		Νo
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S ? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 line 25	24a		No
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	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		Νο
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		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% 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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38		Νo

orm	990 (2009)			Page
Pai	t 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 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
Ju	return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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 account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶BF			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 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		No.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9		8		-
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	70		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against 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		<u></u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   120			I

Paı	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances,								
		processes, or changes in Schedule O. See instructions.		,					
Se	ection	A. Governing Body and Management							
						Yes	No		
1a	Entor	the number of voting members of the governing body	1a	26					
		the number of voting members of the governing body	1b	26	-				
b ¬					-				
2		ny officer, director, trustee, or key employee have a family relationship or a bus officer, director, trustee, or key employee?	iness.	relationship with any	2	Yes			
3		e organization delegate control over management duties customarily performe vision of officers, directors or trustees, or key employees to a management coi			. 3		No		
4	Dıd th filed?	e organization make any significant changes to its organizational documents s	ince 1	the prior Form 990 was	4		No		
5	Dıd th	e organization become aware during the year of a material diversion of the orga	anızat	ıon's assets?	5		Νo		
6	Does	the organization have members or stockholders?			6		No		
7a		the organization have members, stockholders, or other persons who may elect	one c	r more members of the	7a		No		
b	A re ar	ny decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo		
8		e organization contemporaneously document the meetings held or written actions the following	ons ui	ndertaken during the					
а	The go	overning body?			8a	Yes			
b	Each	committee with authority to act on behalf of the governing body?			8b	Yes			
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, ization's mailing address? If "Yes," provide the names and addresses in Sched			9		No		
		<b>B. Policies</b> (This Section B requests information about policies not code.)	requ	red by the Internal					
						Yes	No		
10a	Does	the organization have local chapters, branches, or affiliates?			10a		No		
b		s," does the organization have written policies and procedures governing the ac es, and branches to ensure their operations are consistent with those of the oi			10b				
11	Has th	ne organization provided a copy of this Form 990 to all members of its governir	ng boo	ly before filing the form?	11	Yes			
		tibe in Schedule O the process, if any, used by the organization to review the Fo							
12a	Does	the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes			
b		ficers, directors or trustees, and key employees required to disclose annually iflicts?		ests that could give rise	12b	Yes			
c		the organization regularly and consistently monitor and enforce compliance wit ibe in Schedule O how this is done	th the	policy? If "Yes,"	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	Yes			
15		e process for determining compensation of the following persons include a revi endent persons, comparability data, and contemporaneous substantiation of th		• • • •					
а	The or	rganization's CEO, Executive Director, or top management official			15a	Yes			
b	Other	officers or key employees of the organization			15b		Νo		
	If"Ye	s" to line a or b, describe the process in Schedule O $$ (See instructions )							

### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed►NY
- 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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**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? . . . . . . . . . . . . . . . . . .

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of 19 interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MAUREEN FRENCH MANAGING DIR

WEST BAY STREET

Nassau

(242) 362-4910

Νo

16a

### Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- 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

Check this box if the organization did i		sate any	/ curi	rent	or fo	rmer o	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) (Average Position hours that			(C) sition (check all that apply)				<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forn	n 990 (2009)			Page <b>8</b>
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •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? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	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	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		Νο
S	ection B. Independent Contractors			
1	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 Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			
		F	orm <b>99</b> 0	2009

Form 9								Page <b>9</b>
Part	<b>/</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
##	1a	Federated cam	paigns 1a	·				
듄	ь	Membership du	ıes <b>1b</b>					
%. E	c	Fundraising ev	ents <b>1c</b>					
¥£ ₩	d	Related organiz	zations 1d					
ું ≣	e	Government grant	s (contributions) <b>1e</b>	70,000				
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b>	2,220,207				
ē Ē	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
돌								
္မ	h		s 1a-1f	▶	2,290,207			
				Business Code				
Program Service Revenue	2a							
es ₹	ь							
93	c							
ja Ja	d							
Ø ⊊	e							
<u> </u>	f	All other progra	am service revenue					
Š		<b>-</b>	2 26					
	g 3		s 2a-2f		0			
	•		ome (including dividen ar amounts)	_	523,306			523,306
	4		stment of tax-exempt bond		0			,
	5			▶	0			
		·	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
	-		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	6,970,223					
	ь	Less cost or	8,026,838					
		other basis and sales expenses						
	C	Gain or (loss)	-1,056,615					
	d		ss)		-1,056,615			
eune	8a	events (not inc \$	from fundraising luding  s reported on line 1c)					
Other Revenue		See Part IV, lır	ne 18 <b>a</b>					
¥	b c		penses <b>b</b> (loss) from fundraising		0			
_	9a		from gaming activities		Ŭ,			
		See Part IV, lır	ne 19 <b>a</b>					
	b		penses b		0			
	10a	Gross sales of returns and allo		vities	0			
			а					
	b	_	oods sold <b>b</b>		0			
	С	Net income or i	(loss) from sales of inv	entory ► Business Code	0			
	11a			561,000	36,308		36,308	
	ь	ADMINISTRAT		900,099	10,203		35,230	10,203
		MISCELLANEO	O O S INCOME	300,039	10,203			10,203
	C	Λ    other re						
	d e	All other reven	ue s 11a-11d					
	12		See Instructions .	▶ .	46,511			
	J	. J. a. i Creliue.	_ 30 0 (1 4 0 (10 113 )	•	1,803,409		36,308	533,509

Form	990 (2009)				Page <b>10</b>
Par	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to	complete columi	ns (B), (C), and (B)	(D).   (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	763,191	763,191		
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	792,742	792,742		
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	189,004	130,151	31,006	27,847
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,054	6,721	1,463	870
9	Other employee benefits	15,077	12,645	<del>                                     </del>	936
10	Payroll taxes	4,141	2,971	748	422
11	Fees for services (non-employees)	4,141	2,9/1	748	422
		0			
a	Management	_		24 204	
D	Legal	21,384		21,384	
С.	Accounting	44,025		44,025	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	28,591		28,591	
g	Other	44,928	18,645	<del>                                     </del>	6,215
12	Advertising and promotion	58,188	19,630	1,595	36,963
13	Office expenses	37,751	18,942	17,669	1,140
14	Information technology	20,479		20,479	
15	Royalties	0			
16	Occupancy	26,832		26,832	
17	Travel	2,400	1,998	252	150
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,235	437	1,798	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	888		888	
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		1			
b		1			
c					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,060,910	1,768,073	218,294	74,543
26	Joint costs. Check here ► ☐ 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				

Part X Balance Sheet (A) (B) End of vear Beginning of vear 46.989 75.110 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 859.975 2 712,636 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 7 8 Inventories for sale or use . . . . . . Prepaid expenses and deferred charges . . . . . . 6.474 9 6,474 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b b Less accumulated depreciation . . . . 10c 17.640.887 11 20,515,776 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 18.366 15 15 36.308 16 18,572,691 16 21,346,304 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 130.899 17 82.447 17 Accounts payable and accrued expenses . 1,344,873 349,263 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 **Total liabilities.** Add lines 17 through 25 . . . . . 1,475,772 26 431,710 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 15,734,961 19.332.347 27 Unrestricted net assets . . . . 27 28 1.361.958 28 1.582.247 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . 33 17,096,919 33 20,914,594 34 Total liabilities and net assets/fund balances . . . . . 18.572.691 34 21,346,304

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

		e organiz FOUNDATI					Employer identif	ication n	umber	
LITOI	CD CALL	OUNDAIL	JIV IIVC				23-7025275			
Pa	rt I	Reas	on for Pul	olic Charity Stat	<b>us</b> (All organizations r			tions		
The	organız				titis (For lines 1 through					
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of churches see	tion 170(b)(1)(A)(i).				
2	Γ	A schoo	oldescribed	ın <b>section 170(b)(1)</b>	(A)(ii). (Attach Schedule	: Е )				
3	Γ				vice organization describe		)(iii).			
4	Γ		al research I's name, cit	-	ed in conjunction with a ho	ospital described in <b>secti</b> o	on 170(b)(1)(A)	(iii). Ente	r the	
5	Г	_	•		of a college or university	owned or operated by a g	overnmental uni	t describe	_ id in	
	_			<b>\)(iv).</b> (Complete Pa	•					
6	<u> </u>		•	=	governmental unit describ					
7	<u>~</u>	describ	ed ın	t normally receives a <b>\)(vi)</b> (Complete Pa	a substantial part of its su rt II )	ipport from a government	al unit or from th	e general	public	;
8	$\vdash$	A comm	nunity trust	described in <b>section</b>	170(b)(1)(A)(vi) (Comp	lete Part II )				
9		Anorga	nization tha	t normally receives	(1) more than 331/3% of	its support from contribut	tions, membersh	ıp fees, aı	nd gro	SS
		receipts	from activi	ties related to its ex	empt functions—subject t	o certain exceptions, and	(2) no more tha	n 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrelated business	taxable income (less se	ction 511 tax) fr	om busin	esses	
		acquire	d by the org	anızatıon after June 3	30, 1975 See <b>section 50</b>	<b>9(a)(2).</b> (Complete Part I	II)			
10	Γ	Anorga	nization org	anized and operated	exclusively to test for pu	blic safety See <b>section 5</b> (	09(a)(4).			
11	Γ	one or r	nore publicly	/ supported organiza	exclusively for the benefi tions described in section orting organization and co c Type III -	n 509(a)(1) or section 50	9(a)(2) See <b>sec</b> 11h	,	a)(3).	Check
e	Γ	other th			organization is not control er than one or more public					
f			rganization r	eceived a written de	termination from the IRS	that it is a Type I, Type I	I or Type III su <sub>l</sub>	pporting o	rganız	ation,
g		followin	g persons?		ation accepted any gift o					
				•	ntrols, either alone or tog	·	ıbed ın (ıı)		Yes	No
					the supported organizati	on?		11g(i)		No
			•	r of a person describ	• • • • • • • • • • • • • • • • • • • •			11g(ii)		No
		(iii) a 3	5% controll	ed entity of a person	described in (i) or (ii) abo	ove?		11g(iii)		Νο
h 		Provide	the followin	g information about t	he supported organization	n(s)				
				(iii)	(iv)	(v)	(vi)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization of (i) list your gover docum	ne tion in sted in erning	Did you no organiza col (i) o	(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
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 yo	u checked the	e box on line 5,	7, or 8 or Part 1	.)			
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,796,7	95 1,345,55	7 1,963,297	1,876,641	2	2,290,207	9,272,497
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 lines 1 through 3	1,796,7	95 1,345,55	1,963,297	1,876,641	2	2,290,207	9,272,497
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly supported organization) included							1,590,236
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public Support.</b> Subtract line 5						+	
0	from line 4							7,682,261
S	ection B. Total Support	•	•	•	_		•	
Cale	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
_	beginning in)	1,796,795	1,121,963	1,963,297	1,876,641		,290,207	9,272,497
7 8	A mounts from line 4 Gross income from interest,	1,790,793	1,121,903	1,903,297	1,070,041		,290,207	9,272,437
0	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	363,315	1,121,963	1,698,316	837,641		523,307	4,544,542
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	24,571	19,106	25,453	19,132		46,511	134,773
11	Total support (Add lines 7 through 10)							13,951,812
12	Gross receipts from related activition	es, etc (See ins	tructions )			12		
13	First Five Years If the Form 990 is to check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız	ation, ▶┌
	ection C. Computation of Pub							
14	Public Support Percentage for 2009	(line 6 column	(f) divided by line	11 column (f))		14		55 063 %
15	Public Support Percentage for 2008	Schedule A, P	art II, line 14			15		53 435 %
L6a	33 1/3% support test-2009. If the				ine <b>14</b> is 33 1/3%	or more	, check tl	
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization	organization did	d not check the bo	x on line 13 or 16	a, and line 15 is 3	3 1/3%	or more, o	►√ check this ►
17a	10%-facts-and-circumstances test- is 10% or more, and if the organization Part IV how the organization mee	tion meets the "	facts and circums	tances" test, chec	k this box and <b>st</b>	op here.	Explain	ed
	organization			-				<b>▶</b> ┌
Ь	15 is 10% or more and if the organ							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat supported organization							<b>▶</b> □
18	<b>Private Foundation</b> If the organizations	ion did not chec	k a box on line 13	, 16a, 16b, 17a or	17b, check this l	box and	see	<b>▶</b> □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) 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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** 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 A (Form 990 or 990-EZ) 2009

### Software ID: Software Version:

**EIN:** 23-7025275

Name: LYFORD CAY FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	ent C	ontr	аст	ors					1
<b>(A)</b> Name and Title	(B) Average hours		(C tion ( hat a	ched	)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Mr Manuel J Cutillas Chairman	7 0	X		Х				0	0	0
Mr Stuart W Ray	7 0	X		Х				0	0	0
President Mr Frank J Crothers										
Vice President	7 0	X		Χ				0	0	0
Mrs Sarah Farrington Vice President	7 0	Χ		Χ				0	0	0
Mr Basıl P Goulandrıs Vıce President	7 0	X		Х				0	0	0
Mr Jeffrey A Everett Treasurer	7 0	X		Χ				0	0	0
Mr Anthony C Allen Director	3 0	X						0	0	0
Mr Philippe Bonnefoy Director	3 0	X						0	0	0
Mrs LaRıta Boren Dırector	3 0	X						0	0	0
Mr Christopher D Brady Director	3 0	X						0	0	0
Mrs Judith Loeb Chiara Director	3 0	X						0	0	0
Mrs Norma T Dana Director	3 0	X						0	0	0
Mrs Diane Delano Director	3 0	X						0	0	0
Mr Peter G Goulandris Director	3 0	X						0	0	0
Mrs Alessandra Holowesko Director	4 0	X						0	0	0
The Hon Lynn Holowesko Senator Director	3 0	X						0	0	0
Mr William T Hunter Jr Director	3 0	X						0	0	0
Mrs Nancy Kelly Director	3 0	X						0	0	0
Mr Arthur D Little Director	3 0	X						0	0	0
Mr Yves Lourdin Director	3 0	X						0	0	0
Mrs Kylie A Nottage Director	3 0	X						0	0	0
Mrs Betty Roberts Director	7 0	X						0	0	0
Mrs Suzannah Robinson Director	3 0	X						0	0	0
Mr Paul R Sandford Director	3 0	X						0	0	0
Sır O rville Turnquest Director	3 0	X						0	0	0

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees	, una znacpem				•••					
<b>(A)</b> Name and Title	(B) Average hours per week		it in stitutional Trustee	•		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Mr Peter B V lasov Dırector	4 0	X						0	0	
Mr Alexander Neave Secretary	7 0			Х				0	0	•
Mr E Parker Neave Assistant Secretary	7 0			X				0	0	(

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OMB No 1545-0047

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization LYFORD CAY FOUNDATION INC. 23-7025275 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

- Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year
- Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control?
- Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06
- Held at the End of the Year 2a 2b 2c
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)**
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
  - Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Par	<b>Till</b> Organizations Maintaining Co	liections of Art	, HIST	orica	irea	sure	es, or C	tner	Similar	Asse	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	_	-		_		e of its co	llection	)	
а	Public exhibition		d	┌ Lo	an or e	xcha	nge progi	ams				
b	Scholarly research		e		ther							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how	they fu	rther th	ne org	janizatior	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit	or receive donations	of art.	. hıstorı	cal trea	asure	s or othe	rsımı	ılar			
	assets to be sold to raise funds rather than t	o be maintained as	part of	the org	janızatı	ıon's	collection	1?			Yes	☐ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or	other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followir	ng table	!		г					
								_		A mou	nt	
с	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV											
Pai	rt V Endowment Funds. Complete										·- ·	
1_	Parimuma of warm balance	(a)Current Year 1,361,958	(b)	Prior Yea	r (	c) I wo	Years Back	(a)	Three Years I	Back (e	)Four Y	ears Back
1a	Beginning of year balance	1,301,938		1,90	3,000			+				
b	Contributions	297,789		_51	8,102			+				
С.	Investment earnings or losses	77,500			3,000							
d	Grants or scholarships	77,300		0.	3,000			-				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	1,582,247		1,36	1,958							
2	Provide the estimated percentage of the yea	r end balance held a	is									
а		100 000 % %										
Ь	Permanent endowment - %											
c 3a	Term endowment  %  Are there endowment funds not in the posses	ssion of the organiza	ation th	nat are	held an	ıd adr	ministara	d for t	·he			
54	organization by	ssion of the organize	2011	iat arc	neia an	ia aai		4 101 1			Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organization							•		3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. Se	e Forr	n 990,	, Par	t X, line	10.	<u> </u>		1	
	Description of investment				ost or ot investm		( <b>b)</b> Cost or basis (ot		(c) Accun depreci		(d) E	ook value
1a	Land		•									
b	Buildings											
С	Leasehold improvements											
d	Equipment											
e	Other		<u>.                                      </u>									
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B),	line 10	(c).) .				▶			
									Schedu	ıle D (F	orm 9	90) 2009

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

Par	t XII Reconciliation o	f Change in Net Assets from Fo	orm 990 to Financial Stat	ements	
1	Total revenue (Form 990, P	art VIII, column (A), line 12)		1	1,803,409
2	Total expenses (Form 990,	Part IX, column (A), line 25)		2	2,060,910
3	Excess or (deficit) for the ye	ear Subtract line 2 from line 1		3	-257,501
4	Net unrealized gains (losse:	s) on investments		4	4,075,176
5	Donated services and use o	f facilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV	)		8	
9	Total adjustments (net) Ad	d lines 4 - 8		9	4,075,176
10	Excess or (deficit) for the ye	ear per financial statements Combine li	nes 3 and 9	10	3,817,675
Par		f Revenue per Audited Financi		nue per Retur	n
1	Total revenue, gains, and c	ther support per audited financial state	ments	1	5,878,585
2	A mounts included on line 1	. but not on Form 990, Part VIII, line 1	2		
а	Net unrealized gains on inv	estments	<b>2a</b> 4,07	5,176	
b	Donated services and use	offacilities	. 2b		
c	Recoveries of prior year gr	ants	2c		
d	Other (Describe in Part XI	V)	2d		
e	Add lines <b>2a</b> through <b>2d</b>			2e	4,075,176
3	Subtract line <b>2e</b> from line <b>1</b>			. 3	1,803,409
4	A mounts included on Form	990, Part VIII, line 12, but not on line	1		
а	·	ncluded on Form 990, Part VIII, line 71	o . 4a		
b	Other (Describe in Part XI	v)	. 4b		
С	Add lines <b>4a</b> and <b>4b</b>			. 4c	
5		and 4c. (This should equal Form 990, F			1,803,409
1	Total expenses and losses	f Expenses per Audited Finance	iai Statements with Expo	inses per kett	2,060,910
_	statements	· · · · · · · · · ·		1	2,000,510
2	A mounts included on line 1	. but not on Form 990, Part IX, line 25			
а	Donated services and use	offacilities	2a		
b	Prior year adjustments .		2b		
c	Other losses		2c		
d	Other (Describe in Part XI	v)	2d		
e	Add lines <b>2a</b> through <b>2d</b> .			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			. 3	2,060,910
4		990, Part IX, line 25, but not on line 1:	1 1		
а	•	ncluded on Form 990, Part VIII, line 71			
Ь	•	V)	4b		
C				. 4c	
5		3 and 4c. (This should equal Form 990,	Part I, line 18)	5	2,060,910
C on Part		descriptions required for Part II, lines e e 8, Part XII, lines 2d and 4b, and Part			
	Ident if ier	Return Reference	Ex	planat ion	
Sche	dule D, Part V	Endowment	The Lyford Cay Foundation has funds Both endowment funds scholarships to Bahamian stu Excellence Scholarship Fund	as two board desig are intended to pi udents seeking hig	rovide academic gher education

c Add lines 4a and 4b			4c	
5 Total expenses Add lines 3 ar Part XIV Supplemental Inf	nd <b>4c.</b> (This should equal Form 990, P	Part I, line 18)	5	2,060,910
Complete this part to provide the des Part V, line 4, Part X, Part XI, line 8, additional information	scriptions required for Part II, lines 3			
	Return Reference	Explana	ion	
Ident if ier Schedule D, Part V	Return Reference Endowment	The Lyford Cay Foundation has two funds Both endowment funds are in scholarships to Bahamian students Excellence Scholarship Fund - provisional Bahamian students en universities in the USA or Canada is expected to contribute significan Bahamas. The scholarship is based recipients are required to continue throughout the duration of the schostudy are eligible for awards. Agric Architecture, Economics, Marine D. Manufacturing Systems, and Educa contribute at least 12.5% of the tomay apply a grant or scholarship fremaining contributory funds require the fund are limited to \$30,000 pecontributions added to the capital of invested in not less than 50% equinaving public trade in the US or Ca. Technical Scholarship Fund - provistations and colleges of the Commonwealth of The Bahamas. E proof of academic proficiency, finar (interest, seriousness of purpose, cleadership, community involvements school or college, and appropriate study which must be valuable in section and Aviation Mechanics, Ca. Trades, Heavy Equipment Operation Service Technology, Hospitality and Technology. Distribution from the Estation of the Estation of the Estation of the Service Technology Distribution from the Estation of the Estat	board of the decision of the following the f	to provide academic ing higher education innual Academic reserved for in colleges and particular field of study the betterment of The selected discipline, eir approved major in The following fields of Engineering, Construction, ecipients must to of their education and college toward the Disbursements from olus 9% of and The fund must be addor mutual funds alarold W Siebens inual scholarships of interest sensition, commitment, ity of the proposed the projected field of the needs of The sed, personal qualities ination, commitment, ity of the proposed the projected field of the needs of The sed, personal qualities ination, automotive, it in and Related chine Shop, Computer is m, and Health Care W Siebens Technical
FIN 48 Footnote	Schedule D Part X Line 2	= 1 1	tarold \\ at equa \\ cholars the Hai \\ Baham \\ 31st cee year \\ at Stance \\ at S	W Siebens Technical I to the lesser of (a) ship awards during rold W Siebens Fund has, or (b) 5% of the of the Harold W regrid dards boards (B) Account for etation of FASB counting for the financial mement No 109, 1, 2009, FASB Codification (ASC) 740" ASC 740 ain tax position may be that the position will resolutions of any ased on the technical more likely-than-not to be recognized upon int periods. This measurement, penalties, accounting on For non-public beginning after ses, including non-ed the effective date to 15, 2008. Although business enterprises, a tion of income as tax into no fincome as tax into no fi

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OMB No 1545-0047

2009

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SCHEDULE F (Form 990)

Department of the Treasury

### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number LYFORD CAY FOUNDATION INC 23-7025275 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) Central America and the 1 4 Maintaining offices all expenses 1,297,719 Carıbbean

Totals . . . .

1,297,719

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
See Add'l Data								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009		Page <b>4</b>
	o provide the information required	ın Part I, line 2, and any addıtıonal information.
Identifier Grantmakers	ReturnReference Form 990 Schedule F Part I Line 2	Explanation  The program of the Foundation responsible for making grants to Bahamian non-profit charitable organizations, the Gifts & Grants Program continues to proactively identify and support programs that protect or improve the quality of life in The Bahamas Since March 1996, the Committee has reviewed over 696 requests resulting in 305 separate grants to local programs including The Salvation Army, AIDS Foundation of The Bahamas, Bahamas Red Cross, various marching bands, Bahamas National Youth Choir, schools for the learning and physically disabled and mentally impaired, Bahamas Family Planning, Cancer Society, homes and shelters for orphaned or socially misplaced children and the elderly, Nassau Baseball Association Little League Program, and the Governor-General's Youth Award Program to name just a few Grants range in size from \$5,000 to \$25,000 On occasion substantially larger grants have been approved and special fundraising efforts undertaken Programs that target Bahamian youth are of particular importance. This stems from the belief that meeting the emotional, educational and recreational needs of children and young adults is the most effective long-term method of preventing community problems. The Committee has developed a list of "preferences" which act as granting guidelines. "Specific programs over general ones," Existing programs over start-ups, "Funding capital costs over operating costs," Discourages giffs to individuals, other endowments, religious or government agencies. Once a request passes the initial screening process, a comprehensive due diligence process commences focused on the following four areas." Organizational structure and reporting requirements, "Fiscal strength, discipline and accountability," Specifics of the project or program under consideration, and "Relative importance of the project or program to the community. This process may include. "Face-to-face interviews," Site visits, "Background and reference checks," Review of financial statements and budgets," Review of relev
Schedule F, Part I, Line 2		All of the Lyford Cay Foundation's activities are conducted in the Bahamas Since all of its activities are in the Bahamas, only one entry has been made on Schedule F to represent the expenditures
		in the region
	+	

Software ID: Software Version:

**EIN:** 23-7025275

Name: LYFORD CAY FOUNDATION INC

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent A merica/Caribbean	recycling	7,500	Cheque			
		Cent A merica/Caribbean	Equipment	12,500	Cheque			
		Cent A merica/Caribbean	Gen Support	8,000	Cheque			
		Cent A merica/Caribbean	Testing	20,000	Cheque			
		Cent A merica/Caribbean	Scholarships	8,000	Cheque			
		Cent A merica/Caribbean	Supplies	10,000	Cheque			
		Cent A merica/Caribbean	Equipment	7,500	Cheque			
		Cent A merica/Caribbean	Fuel & Electricity	10,000	Cheque			
		Cent A merica/Caribbean	Scholarships	84,035	Cheque			
		Cent A merica/Caribbean	Scholarships	30,000	Cheque			
		Cent A merica/Caribbean	O perating Funds	7,500	Cheque			
		Cent A merica/Caribbean	Screening Program	99,215	Cheque			
		Cent A merica/Caribbean	Educational Assistance	25,000	Cheque			
		Cent A merica/Caribbean	Summer Camp	19,998	Cheque			
		Cent A merica/Caribbean	Doors	15,000	cheque			
		Cent A merica/Caribbean	Workshop	15,000	Cheque			
		Cent A merica/Caribbean	Literacy Software	25,000	Cheque			
		Cent A merica/Caribbean	Scholarships	283,000	Cheque			
		North America	Scholarships	6,876	Cheque			
		North America	Scholarships	7,004	Cheque			
		Cent A merica/Caribbean	Scholarships	12,500	Cheque			
		North America	Scholarships	9,336	Cheque			
		North America	Scholarships	6,944	Cheque			
		North America	Scholarships	7,101	Cheque			
		North America	Scholarships	6,839	Cheque			
		North America	Scholarships	6,993	Cheque			
		North America	Scholarships	13,880	Cheque			

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Schedule I (Form 990)

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** 

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

OMB No 1545-0047

DLN: 93493319039940

Inspection

Department of the Treasury Internal Revenue Service Name of the organization LYFORD CAY FOUNDATION INC Part I General Information on Grants and Assistance

Employer identification number 23-7025275

1 2	Does the organization maintain re the selection criteria used to awa Describe in Part IV the organizat	rd the grants or ass	sistance?					F Yes ⊢ N
Pa	Form 990, Part IV, line Part IV and Schedule I	21 for any recipi	ent that received m	ore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(	<b>a)</b> 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See	Addıtıonal Data Table					·		

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
Monitoring the use of grant funds	Form 990 Schedule I Part II	The Lyford Cay Foundation monitors the grants it makes to scholarship recipients by remitting the scholarship funds directly to the institution of higher learning. No further follow-up is required as the scholarship grant is automatically applied against the a student's tuition. Scholarship Criteria. I Must be a Bahamian citizen and provide verification. 2 Must be accepted at the college or university. 3 Must have a minimum GPA of 3.0 out of a possible 4.0 or equivalent 4 Must submit a complete application with all supporting documentation including verification of family financial resources, two letters of recommendation, a current resume, two personal essays and copies of school transcripts and relevant examination results. The selection process is as follows. 1.0 bylously weak candidates and incomplete applications are eliminated. 2. Remaining candidate selection is weighted as follows. Academic merit 35% Financial need 35% Caliber of proposed college or university 10% Field of study 10% Candidate's personal qualities 10%. 3. Priority is given to fields of study considered most valuable in serving the economic and social needs of The Bahamas. 4. Financial resources are considered including the cost of attendance at the proposed college or university and other scholarship awards and grants received by the applicant. 5. The caliber of the institution of choice, and 6. Candidate's personal qualities including his or her leadership skills, level of commitment to the community, ability to think clearly about personal strengths and goals, motivation and the potential to succeed in college. An independent Screening Committee of local professionals is responsible for making recommendations on candidates to receive scholarships. To qualify for scholarship renewal, recipients are required to submit an official transcript showing that they have maintained the minimum GPA requirements for their scholarship type e.g. Undergraduate. 3.0, Graduate. 3.5, and Technical. & Vocational. 2.75. Effective. 2008, rec
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**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Software ID:

**Software Version:** 

**EIN:** 23-7025275

Name: LYFORD CAY FOUNDATION INC

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

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description of (h) Purpose of grant

organization or government	(b) LIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
Cape Eleuthera Foundation PO Box 5910 Princeton, NJ 08543	31-1591503	501(c)(3)	20,000				Scholarships
Albion College611 East Prter Street Albion, MI 49224	38-1359081	501(c)(3)	7,500				Scholarships
Barry University11300 NE 2nd Avenue Miami,FL 33181	59-0624364	501(c)(3)	7,500				Scholarships
Baylor University 1 Bear Place 97048 Waco, TX 767897048	74-1159753	501(c)(3)	7,500				Scholarships
Beulah Heights University 892 Berne Street SE Atlanta, GA 30316	58-6055244	501(c)(3)	7,500				Scholarships
Brown UniversityBox 1876 Providence,RI 029121876	05-0258809	501(c)(3)	35,000				Scholarships
Bryant University1150 Douglas Pike Smithfield,RI 029171287	05-0258810	501(c)(3)	7,500				Scholarships
Clark Atlanta Unviersity223 Jasmes P Brawley Road Atlanta, GA 30314	58-1825259	501(c)(3)	7,500				Scholarships
Drexel University3201 Arch Street Philadelphia,PA 19104	23-1352630	501(c)(3)	34,274				Scholarships
Duquesne University600 Forbes Avenue Pittsburgh,PA 15282	25-1035663	501(c)(3)	7,500				Scholarships

Form 990,Schedule I, Par	rt II, Grants ar	nd Other Assistanc	e to Governments	and Organization	ns in the United Sta	ates	
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory UniversityBoisfeuillet Jones Centre Atlanta,GA 30322	58-0566256	501(c)(3)	7,500				Scholarships
Elizabeth City State University1704 Weeksville Road Box 978 Elizabeth City, NC 27909	23-7115345	5 501(c)(3)	7,500				Scholarships
Florida International UniversityUniversity Park Campus Miami,FL 33199	23-7047106	501(c)(3)	12,500				Scholarships
Florida Memorial University 15800 NW 42nd Avenue Miami Gardens, FL 33054	59-0668483	501(c)(3)	7,500				Scholarships
Howard University2400 6th Street NW Washington, DC 20059	53-0204707	7 501(c)(3)	7,500				Scholarships
Ithaca College100 Job Hall Ithaca, NY 148507020	15-0532204	501(c)(3)	7,500				Scholarships
Kettering University1700 West Third Avenue Flint, MI 485044898	38-2410852	2 501(c)(3)	20,000				Scholarships
Lincoln University1570 Baltimore Pike MSC 47 Philadelphia, PA 19352	23-1352655	501(c)(3)	7,500				Scholarships
Monroe College434 Main Street New Rochelle, NY 10801	13-2501225	501(c)(3)	7,500				Scholarships
New York University22 Washington Square North New York, NY 100119191	13-5562308	501(c)(3)	7,500				Scholarships
1							

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) Plattsburgh State University 14-1484644 Scholarships 101 Broad Street 7,500 Plattsburgh, NY 129012681 State University of NY 51-0180576 501(c)(3) Scholarships Marittime College6 7,500 Pennyfield Avenue Throgs Neck, NY 104654198 501(c)(3) Taylor University236 West 35-0868181 Scholarships Reade Avenue 7,500 Upland, IN 469891001 Trinity UniversityOne Trinity 501(c)(3) 74-1109633 Scholarships Place 7,500 San Antonio, TX 782127200 Tufts University28 Capen 501(c)(3) Scholarships 04-2103634 Street 7,500 Medford, MA 02155 Tuskegee312 Milbank 63-0288878 501(c)(3) Scholarships Tuskegee, AL 36088 7,500 University of AkronOffice of 34-6009240 501(c)(3) Scholarships the Registrar 7,500 Akron, OH 443256208 University of Houston4361 20-1542435 501(c)(3) Scholarships Wheeler ST RM 303 7,500 Houston, TX 77004 University of MiamiPO Box 59-0624458 501(c)(3) Scholarships 248025 10,000 Coral Gables, FL 331242230 501(c)(3) University of Minnesota231 41-6007513 Scholarships Pilsbury Drive SE 7,500 Minneapolis, MN 554550213

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) University of Missouri1600 43-1143471 Scholarships Rollins Street 7,500 Columbia, MO 65211 University of Tampa401 W 59-0624459 501(c)(3) Scholarships Kennedy Blvd 15,000 Tampa, FL 33606 501(c)(3) University of the Pacific 3601 94-1156266 Scholarships Pacific Ave 35,000 Stockton, CA 95211 62-0476822 501(c)(3) Vanderbilt University2201 Scholarships West End Avenue 7,500 Nashville, TN 37240 Vassar College 124 Raymond 14-1338587 501(c)(3) Scholarships Avenue 38,500 Poughkeepsie, NY 126040008 501(c)(3) Vandercook College of Music 36-2539399 Scholarships 3140 South Federal Street 21,667 Chicago, IL 606163731 501(c)(3) Embry-Riddle Aeronautical 59-0936101 Scholarships University600 S Clyde 10,000 Morrise Blvd Davtona Beach, FL 321143900 501(c)(3) Florida International 23-7047106 Scholarships UniversityPO Box 659003 10,000 Miami, FL 332659003 State University of NY 51-0180576 501(c)(3) Scholarships Maritime College6 Pennyfield 10,000 Ave Throgs Neck, NY 10465 University of North Carolina 56-0791228 501(c)(3) Scholarships at Charlotte9201 University 10,000 City Blvd Charlotte, NC 282230001

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) Art Institute of Atlanta600 58-0671597 Scholarships Peachtree Dunwood Rd 7,500 Atlanta, GA 30328 Art Institute of Ft Lauderdale 25-1635095 Scholarships 1799 SE 17th Street 15,000 Fort Lauderdale, FL 333163000 DeVry University2300 SW 36-2781982 Scholarships 145th Avenue 15,000 Miramar, FL 330274150 Florida Hospital College of 59-3069793 501(c)(3) Scholarships Health800 Lake Estelle 7,500 Drive Orlando, FL 32803 501(c)(3) George T Baker Aviation 59-6000572 Scholarships School3275 NW 42nd 10,000 Avenue Miami, FL 33142 Hillsborough Community 59-1219841 501(c)(3) Scholarships College4001 W Tampa Bay 7,500 Blvd Tampa, FL 33614 ITT Technical Institute 3401 36-2061311 Scholarships South University Drive 17,500 Ft Lauderdale, FL 33760 501(c)(3) Johnson & Wales University 05-0306206 Scholarships 1701 NE 127th Street 7,500 North Miami, FL 33181 501(c)(3) Keiser College 1500 NW 49th 59-1829662 Scholarships Street 8,750 Ft Lauderdale, FL 33309 Lincoln College of 57-1150621 Scholarships Technology2410 7,500 Metrocentre Blvd West Palm Beach, FL 33407

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) New England Institute of 59-2420433 Scholarships Technology39 North Bennet 15,000 Street Boston, MA 02113 Northwest Arkansas 71-0685540 501(c)(3) Scholarships Community CollegeOne 7,500 College Drive Bentonville, AR 727125091 501(c)(3) Rochester Institute of 16-0743140 Scholarships Technology60 Lomb 7,500 Memorial Drive Rochester, NY 14623 Saint Paul College235 36-3507619 501(c)(3) Scholarships Marshall Avenue 7,500 Saint Paul, MN 55102 Seminole State College of 59-1210168 501(c)(3) Scholarships Florida 100 Weldon Boulevard 7,500 Sanford, FL 32773 Texas Southern University 52-2117007 501(c)(3) Scholarships 3100 Cleburne Avenue 7,500 Houston, TX 77004 Universal Technical Institute 86-0226984 Scholarships 721 Lockhaven Drive 25,000 Houston, TX 770735515 501(c)(3) University of Texas 1515 50-6506506 Scholarships Holcombe Boulevard 10,000 Houston, TX 770304009 George T Baker Aviation 59-2759298 501(c)(3) Scholarships School3275 NW 42nd 7,500 Avenue Miami, FL 33142 ITT Technical Institute 3401 36-2061311 Scholarships South University Drive 7,500 Ft Lauderdale, FL 33760

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Keiser University1500 NW 49th Street Ft Lauderdale, FL 33309	59-1829662	501(c)(3)	7,500				Scholarships	
Mıamı Dade College950 NW 20th Street Mıamı,FL 331274693	59-6169745	501(c)(3)	7,500				Scholarships	
Texas Southern University 3100 Cleburne Avenue Houston,TX 77004	52-2117007	501(c)(3)	7,500				Scholarships	

DLN: 93493319039940

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

	f the organization CAY FOUNDATION INC					E	mployer id	ent if ica	tion numl	ber	
LITORDC	CAT FOUNDATION INC					2	23-702527	'5			
Part I	Excess Benefit Tra										
	Complete if the organiza	tion answered "	Yes" on Form 990,	Part IV, line 25a	or 25b, o	r Form	990-EZ, F	art V , I			
1	(a) Name of disq	ualıfıed person		<b>(b)</b> Desc	cription c	of trans	action			Corrected	
									Yes	s No	
<b>2</b> Ente	er the amount of tax impos	ed on the organ	nızatıon managers o	or disqualified pers	ons durii	ng the	year under				
	tion 4958							\$			
3 Ente	er the amount of tax, if any	, on line 2, abo	ve, reimbursed by t	he organization .			•	\$			
Part II	I loons to and/or	Even Intere	stad Daysons								
Part II	Loans to and/or Complete if the organi			0. Part IV. line 26	. or Form	າ 990-	EZ. Part V.	line 38	а		
	complete if the organi		<u>u 103 0111 01111 33</u>	0,1 4111 1 7, 11110 20	, 01 1 0111	1330	(f)	11110 30	<u> </u>		
(a) Name	e of interested person and	<b>(b)</b> Loan to or from the	(c)O riginal		<b>(e)</b> In					(g)Written	
(a) Naiii	purpose	organization?	principal amount	(d)Balance due	defaul	t?	by board		agreem	ent?	
	•	To From			Yes	No	committe <b>Yes</b>	No No	Yes	No	
		10 110111			163	М	1 63	140	163	140	
Total .			🕨 🕏								
Part III											
	Complete if the orga	anızatıon ansv	wered "Yes" on Fo	orm 990, Part I\	/, line 2	7.					
(;	a) Name of interested pers	son (	<b>b)</b> Relationship betw		rson	( <b>c)</b> Ar	mount of gr	ant or ty	pe of ass	ıstance	
•	•		and the o	rganızatıon		• •	_		•		
Part IV	Business Transac	tions Involv	ing Interested	Dersons							
rait IV	Complete if the orga				/, line 2	8a. 28	3b. or 28c				
	22p.220 ii alo 01 gi		) Relationship		, 2	, <b>-</b> \		-	(e)	Sharing o	
			veen interested	(c) A mount of		N D :				anızatıon's	

person and the

organization

Assistant Secretary

Secretary

(a) Name of interested person

Alexander Neave

E Parker Neave

21,384 See Schedule O

21,384 See Schedule O

transaction

revenues?

No

Νo

Νo

Yes

(d) Description of transaction

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization LYFORD CAY FOUNDATION INC **Employer identification number** 

23-7025275

ldentifier	Return Reference	Explanation
REVIEW OF FORM 990	FROM 990 PART VI SECTION A LINE 10	The return was reviewed by the Executive Committee prior to its filing. The entire board receives a pdf of the final return prior to filing.
DOCUMENT AVAILABILITY	FORM 990 PART VI SECTION C LINE 19	The taxpayer makes its Form 990 and Form 1023 available to the public by retaining a copy of each at the address listed on Page 1 of this return. Any individual requesting a copy of these documents is provided that copy on the same business day. The organization's Form 990 is also available for public inspection on www guidestar org. The organization's governing documents, conflict of interest policy, AND FINANCIAL STATEMENTS are available at the public request and at management's discretion.
Governing Body and Management	Form 990 Part VI Section B Line 12 (c)	On an annual basis, all members, directors, officers, and employees are required to complete an Acknow ledgement of the Statement of Policy on Conflicts of Interest. The Managing Director is responsible for compiling a list of conflicts declared in accordance with the procedure and submits the list to the Audit Committee. The Audit Committee is responsible for reviewing such list and monitoring its compliance. Foundation members, directors, officers or employees are encouraged to participate in the discussion on grants to organizations to which they have official and disclosed connections however, he or she may not vote as a member of the Board of Directors upon any proposed grant to such applicants. All conflicts are to be noted in the Minutes of the meeting.
Policies	Form 990 Part VI Section B Line 15	Executive Committee is to meet at least once annually to discuss employee evaluations and compensation Minutes or a memorandum of the meeting summarizing the discussions and decisions taken are filed with the Foundation's permanent records. To ensure that the compensation of the Managing Director and other key employees is appropriate and consistent with the marketplace, the Committee will review other reliable benchmark information such as the Council On Foundation's annual Grantmakers Salary and Benefits Report
Famly Relationship	Form 990 Part VI Section A Line 2	Basil Goulandris Director Son Peter G Goulandris Director Father Sen Lynn Holowesko Director Mother-in-law Alessandra Holowesko Director Daughter-in-law Alexander Neave Secretary Father E Parker Neave Assistant Secretary Son Norma Dana Director Grandmother Isabella Ridall Development Assistant Grand Daughter Isabella Ridall Development Assistant Daughter Charles A Dana, III Ex-Officia Director Father Norma Dana Director Step Mother Charles A Dana, III Ex-Officio Director Step Son
Business Relationship	Schedule L	Alexander and E. Parker Neave are partners in the law firm of Putney, Twombly, Hall & Hirson which provides legal services to the Foundation. In 2009, the total fee paid by the Foundation to the law firm was \$21,384
OTHER PROGRAM SERVICES	990 PART III Line 4d	Scholarship Administration, Special Projects, and TimeWorks Volunteer program