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Short Form 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

OMB No 1545-1150

Open to Public

Private foundation

Spensoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form Department of the Treasury

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Please use IRS Address label or Name change XCEL UNIVERSITY. 26-4396095 print or INC. type Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | E Telephone number Specific 200 Termin-ated 215 WARD CIRCLE 615-309-0969 Instruc-Amended City or town, state or country, and ZIP + 4 tions F Group Exemption Application pending BRENTWOOD, TN37027 Number > G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A Tax-exempt status (check only one) - \times 501(c) (3) 4947(a)(1) or 527 required to attach Schedule B (Form 990 990-EZ, or 990-PF) _____ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 68,048. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 64,188 1 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 3,860. **b** Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 2,438. 6с 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 8 66,626 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) 10 27.105. 10 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits NOV 1 9 2010 32.912. 13 Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance 14 14 888. 15 Printing, publications, postage, and shipping 15 Other expenses (describe 4,827. 16 16 65,732. 17 Total expenses. Add lines 10 through 16 17 894. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 21 894 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 894 Cash, savings, and investments 0. 22 22 23 Land and buildings 23 24 24 Other assets (describe 0. 894 25 Total assets 25 26 0. 26 Total liabilities (describe 0 894. Net assets or fund balances (line 27 of column (B) must agree with line 21)

XCEL

Form **990-EZ** (2009)

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

Form 990-EZ (2009) XCEL UNIVERSITY, INC.			26-	43960	95 Page 2
Part III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		Ex	rpenses
What is the organization's primary exempt purpose? SEE STATEMENT	· 4				r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt put		ise manner, descr	be) organizations and 7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevan	nt information for each prog	gram title.		for others)	(0)(1)(10010)(0)(101101101
28 PROVIDED TUITION PAYMENTS AND SUPPI	JIES FOR NEEDY	AND			
AT-RISK STUDENTS TO ATTEND PRIVATE	HIGH SCHOOLS	AND			
COLLEGES.					
(Grants \$ 25, 175.) If this amount includes foreign	grants, check here			28a	700.
29 PROVIDED SPORTS PROGRAMS AND UNIFOR		AND			
AT-RISK STUDENTS.					
III III DI					
(Grants \$) If this amount includes foreign	grants, chock horo		\Box	29a	3,557.
30	grants, check here			294	
30					
					
10			$\overline{}$	_	
(Grants \$) If this amount includes foreign	grants, cneck nere			30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign	grants, check here		إب	31a	
32 Total program service expenses (add lines 28a through 31a)	-		_▶	32	<u>4,257.</u>
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions f	or Part IV)
	(b) Title and average hours	(c) Compensation	, ,	ntributions	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
(2)	position	-0)		eferred	other allowances
			com	pensation	
RONALD W. ARTEST, JR, 215 WARD	PRESIDENT				
CIRCLE, SUITE 200, BRENTWOOD, TN	5.00	0.	l	0.	0.
HEIDI BUECH, 215 WARD CIRCLE, SUITE	SECRETARY				
200, BRENTWOOD, TN 37027	5.00	0.		0.	0.
LOU TAYLOR, 215 WARD CIRCLE, SUITE	VP/TREASURER				
200, BRENTWOOD, TN 37027	5.00	٥.		0.	0.
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932172 02-08-10			<u> </u>	-	990-EZ (2009)

Yes No 33 Mid the organization engage in any activity not previously reported to the IRSP If Yes, attach a detailed description of each activity 33 Mid the organization had mouth from business activities, such as those reported on time 5, Es, and 7s (among others), but not reported on Form 990-1. The organization had mouther from business activities, such as those reported on time 5, Es, and 7s (among others), but not reported on Form 990-1. The organization had mouther from 900-1. In the organization had mouther from 900-1. In the organization had not report the normal profit of the program of the organization of Form 900-1 for the year? If Yes, 1 has it filed a tax return on Form 900-1 for the year? If Yes, 1 has it filed a tax return on Form 900-1 for the year? If Yes, 1 has it filed a tax return on Form 900-1 for the year? If Yes, 1 has the distance of Political expenditures, direct or midrect, as described in the instructions. Did the organization of Political expenditures, direct or midrect, as described in the instructions. Did the organization in Its Form 1120-Pol. for the year? Mid Political expenditures, direct or midrect, as described in the instructions. Did the organization in Its Form 1120-Pol. for the year? Mid Political expenditures, direct or midrect, as described in the instructions. Did the organization in Its Form 1120-Pol. for the year? Mid Political expenditures, direct or midrect, as described in the instructions. Did the organization in Its Form 1120-Pol. for the year? Mid Political expenditures, direct or midrect, as described in the instructions. Did the organization in Its Form 1120-Pol. for the year? Mid Political expenditures, direct or midrect, as described in the instructions. Did the organization in Its Form 1120-Pol. for the year? Mid Political expenditures, direct or midrect, as described in the instructions. Did the organization in Its Form 1120-Pol. for the year will be preparation or subject to the capital expenditure	Pa	Irt V Other Information (Note the statement requirements in the instructions for Part V)	_				
34 Were any changes made to the organization of overering documents? If "res," attach a conformed copy of the changes If the organization had income from business advicities, such as those reported on line 92, 62, and 7a (among others), but ear reported on Form 990-T, attach a statement explaning why the organization did not report the moome on Form 990-T. 1 of the organization had reported the statement explaning why the organization did not report the moome on Form 990-T. 2 of the organization not report and included business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy bits requirements? 3 of the organization noteror of included on the subject of the statement of the organization for Form 990-T for this year? 3 of the transport of 90-T, and the organization of included on the subject of the organization file Form 1120-P0L for this year? 3 of the organization file Form 1120-P0L for this year? 3 of the organization file Form 1120-P0L for this year? 3 of the organization file Form 1120-P0L for this year? 3 of the organization file Form 1120-P0L for this year? 3 of the organization file Form 1120-P0L for this year? 3 of the organization file Form 1120-P0L for this year? 3 of the organization file Form 1120-P0L for this year? 3 of the organization file Form 1120-P0L for this year? 3 of the organization file Form 1120-P0L for this year? 4 of Section 501(x)(x) organizations. The previous of club facilities 4 of Section 501(x)(x) and 501(x)(x) organizations. The organization file year or is at 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 orly of this organization organization engage in any section 4905 by the organization orga				Yes	No		
35. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization of income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35. If If Yes, Nas if fided a fax return on Form 990-T for this year? 36. If Yes, Nas if fided a fax return on Form 990-T for this year? 37. If Yes, Nas if fided a fax return on Form 990-T for this year? 38. If Yes, Nas if fided a fax return on Form 990-T for this year? 38. If Yes, Nas if fided a fax return on Form 990-T for this year? 38. If Yes, Nas if fided a fax return on Form 990-T for this year? 38. If Yes, Nas if fided a fax return on Form 990-T for this year? 39. If Yes, Year and still outstanding at the end of the period covered by this return? 39. If Yes, Year this such department of political expenditures, direct or indirect, as described in the instructions. 39. If Yes, Year this such department of political expenditures, direct or indirect, as described in the instructions. 39. If Yes, Year this direct individual in the period covered by this return? 39. If Yes, Year this such department of the period covered by this return? 39. If Yes, Year this such department of the period covered by this return? 39. If Yes, Year this such department of the requirement involved 39. If Yes, Year this the transaction during the year under section 4912 the year under sectio	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X		
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions. D Did the organization the Form 1120-PQL for this year? 37b 2 Did the organization beform without, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? B If Yes,* complete Schedule L, Part II and enter the total amount involved 38b N/A 38 Section 501(c)(7) organizations. Enter: a Indiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities 39a N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0_1; section 4912 ▶ 0_2; section 4955 ▶ 0_4 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 because the intransaction during the year or is it 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 of bax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization and each reimbursed by the organization. 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	.				
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0			.				
section 4911		· · ·					
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b X c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed. NONE 1 Lest the states with which a copy of this return is filed. NONE 1 Located at 1 215 WARD CIRCLE, SUITE 200, BRENTWOOD, TN 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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 1 Did the organization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ 1 Sany related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes,* Form 990 must be completed instead of Form 990-EZ	4U a		.				
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completed instead of Form 990-EZ	45		77				
			45		х		
				90-EZ			

	organizations and section 4947(a)(1) nonexempt charitable and 51						
46 Did th	he organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to o	candidates for public			Yes	No
office	e? If "Yes," complete Schedule C, Part I			ļ	46	<u> </u>	X
	he organization engage in lobbying activities? If "Yes," complete Sc].	47	<u> </u>	X
48 Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Y ϵ	es," complete Schedule E		ļ	48		X
49a Did th	he organization make any transfers to an exempt non-charitable related	d organization?			49a		X
	s," was the related organization a section 527 organization?			L	49b	<u> </u>	<u> </u>
	plete this table for the organization's five highest compensated employ \$100,000 of compensation from the organization. If there is none, ent	•	s, trustees and key e	mployees) who ea	ich re	ceived	more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(a	e) Expe ccount er allov	and
51 Comp	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated independing the series of the compensated independent." NONE (a) Name and address of each independent contractor paid more	· · · · · · · · · · · · · · · · · · ·	ved more than \$100			rom the	
d Total	number of other independent/contractors fact/receiving over \$100,0 Under benalties of benury, I declare that I hape of amined this feturi, including correct, and complete Declaration of prepare (https://pan.org/fac.) is based on all		ats, and to the best of m	y knowledge and be	ief, it is	s true,	
Sign Here	Signature of officer Type or print name and title	I information of which preparer has any	den	Dreet) V		
Paid Preparer's Use Only	TOUN E VELLY OD		ck if self- ployed X	earer's identifying nu	ımber (See insti	r)
	firm's name (or you's self-employed). address, and ZIP+4 BRENTWOOD, TENNESSEE	SUITE 215 37027	Phon no.		15-	038	7
May the IR	S discuss this return with the preparer shown above? See instructions			▶ [$\overline{}$	es [_ No
		-		<u> </u>			(2009

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service

Name of the organization **Employer identification number** UNIVERSITY. 26-4396095 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III - Other a Type I b Type II c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in vour organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) No No No

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for	•			(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	/i)	
~	(Complete only if you checke	u the box on line s	5, 7, or 8 of Part 1)					
_	ction A. Public Support							
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
_	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to			1				
_	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							
5	The portion of total contributions							
	by each person (other than a			1				
	governmental unit or publicly supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4							
	etion B. Total Support			1		1		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Amounts from line 4	(0) = 0.00	(4)		(2) = 3 3 3	(5) = 555	(7)	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc (see instructi	ons)	_		12		
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)		
	organization, check this box and stop	here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2009 (line 6, column (f) d	ivided by line 11,	column (f))		14	<u>%</u>	
15	Public support percentage from 2008	3 Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶Ш	
t	33 1/3% support test - 2008. If the o	-			line 15 is 33 1/3%	or more, check th	us box	
	and stop here. The organization qual	lifies as a publicly	supported organiz	zation				
17a	10% -facts-and-circumstances tes	-						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	nization	
	meets the "facts-and-circumstances"	-	· ·		-			
t	10% -facts-and-circumstances tes	-						
	more, and if the organization meets the				-			
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
<u>18</u>	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
					Sch	edule A (Form 990	or 990-EZ) 2009	

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Schedule A (Form 990 or 990-EZ) 2009

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

FORM 990-EZ	OTHER EXPENSES	5	STATEMENT	1
DESCRIPTION			AMOUNT	
STATE REGISTRATION FEILIABILITY INSURANCE SUPPLIES FOR STUDENTS SPORTS UNIFORMS AND STATES			55	20. 50. 50.
TOTAL TO FORM 990-EZ,	LINE 16		4,82	27.
FORM 990-EZ	CASH GRANTS AND ALLOCA	ATIONS	STATEMENT	2
CLASS OF ACTIVITY/GRA	NTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	ף
ANIMAL SHELTER SUPPOR HOUSTON HUMANE SOCIET 14700 ALMEDA ROAD HOUSTON, TX 77053		NONE	1,93	30.
TUITION AND FEES FOR BISHOP LOUGHLIN MEMOR 357 CLERMONT AVENUE BROOKLYN, NY 11238		NONE	6,92	28.
TUITION AND FEES FOR HOLY CROSS HIGH SCHOOL 26-20 FRANCIS LEWIS BEFLUSHING, NY 11358	L	NONE	1,10	00.
TUITION AND FEES FOR UNIVERSITY OF MIAMI 5801 SOUTHWEST 57TH A CORAL GABLES, FL 3314	VENUE	NONE	5,00	00.
TUITION AND FEES FOR HOLY CROSS HIGH SCHOOL 26-20 FRANCIS LEWIS B. FLUSHING, NY 11358	L .	NONE	1,35	50.
TUITION AND FEES FOR ARCHBISHOP MOLLOY HIG 8353 MANTON STREET JAMAICA, NY 11435		NONE	2,44	16.

"XCEL UNIVERSITY, INC.		26-4396095		
TUITION AND FEES FOR STUDENTS LIBERTY UNIVERSITY 1971 UNIVERSITY BLVD LYNCHBURG, VA 24052	NONE	8,351.		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		27,105.		

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT	3
DIRECTLY OF	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ITRACT?	[] YES [X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [] YES [X]	NO

990-EZ PG 2

STATEMENT

4

ENCOURAGE CHILDREN AND TEENS LIVING IN HIGH POVERTY AND HIGH RISK ENVIRONMENTS TO COMPLETE THEIR EDUCATION AND GET GOOD GRADES AND ENCOURAGE STUDENTS TO BECOME COMMUNITY LEADERS BY VOLUNTEERING THEIR TIME AND GIVING BACK TO THEIR COMMUNITIES.