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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Department of the Treasury

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning January 2009, and ending Decea , 2009 C Name of organization International Gradue Employer identification number B Check if applicable use iRS label or Doing Business As same as above 1075269 Address change print or Number and street (or PO box if mail is not delivered to street address) Telephone number Room/suite Name change type. See 1325 D Street SE (202) 547-453*5* Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated instruc-Washington, DC. 20003-2304 tions. G Gross receipts \$ Amended return F Name and address of principal officer walter E. Boek, Pres Application pending H(a) Is this a group return for affiliates? Yes same as above H(b) Are all affiliates included? ☐Yes **X** 501(c) (**3**) **◄** (insert no.) If "No," attach a list (see instructions) Website: > international graduate university . org. **H(c)** Group exemption number ▶ Form of organization. Corporation Trust Association Other > Drivate Man L Year of formation 1967 M State of legal domicile. probit unversity 1 .Bnefly describe the organization's mission or most significant activities: The this of International Graduate . University is to enhance the delivery of high level education and reliable traveledge to individuels through institutes, courses and conforences Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) . . . 5 6 0 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** 10035.00 4120.00 Contributions and grants (Part VIII, line 1h) 9. Program service revenue (Part VIII, line 2g) 85775.00 95 150:00 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ... 2... 5.6 371011.00 159027.00 .11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3.(3.18 3030:00 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 <u>੶</u>⋧⋧३৻३५*∙৻*୫ <u>259317.00</u> -0--07 Grants and similar amounts paid (Part IX, column (A), lines 1-3). -0-Benefits paid to of for members (Part IX, column (A), line 4) -0~ Salaries, other compensation employee benefits (Part IX, column (A), lines 5–10) 124433.42 111988,00 16a Professional undra sing fees (Part IX, column (A), line 11e) -0b Total fundraising expenses (Part IX, column (D), line 25) ▶ 125571.86 98575.00 Other expenses (Part X, column (A), lines 11a-11d, 11f-24f) 250505.29 210563.00 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 48754.00 12628,96 **Beginning of Current Year End of Year** 4823454.07 5452709.79 Total assets (Part X, line 16) . ((522-1(21 3416 • 85 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 9 11931-96 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here ccounting Officer 410 PP 1 T Type or print name and title Check if Date Preparer's identifying number Preparer's selfsignature employed ▶ 🔲 **Paid** Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP

May the IRS discuss this return with the preparer shown above? (see instructions)

No

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The musion of International Graduate University is to enhance the delivery of high level education and reliable knowledge to individual through his titutes, courses, and conference
	The state of the s
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
• •	(Code:) (Expenses \$ 15063.00 including grants of \$ -0-) (Revenue \$ 12285.00) The Certified Addiction Counselor training with 3, three hour classes each week and one 3 hour class on Saturday. The Soturday class not once placenth. This training began in September 2009 and will end in June 2010
	<u>*</u>
	· · · · · · · · · · · · · · · · · · ·
4b	(Codé) (Expenses \$.65 [62:00 including grants of \$ -0-) (Revenue \$ 76,610.00) Marters level francing with courses For 3 meaths in 2009 along with consultations and guidance of Student's theses For 12 montr in 2009. Also, the provision of special Studies of the United States government programs such as the Social Security System and the Constitution For Dearly 75 Chinese officials in groups of 14-16 carried on in Cooperation with a non-profit organization
	-
•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d 4e	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses >

Checklist of Required Schedules

		_	Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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	N	4
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_	•	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	-	x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Χ	
• '	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13.	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
٠,٠	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	_	X
17* '	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18,	rait viii, lines it and oa? If res, complete Schedule G, Part II	18		Χ_
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		X
20	Did the organization operate one or more hospitals? If "Yes" complete Schedule H	20		Х

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		X
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		×
23.	Did the organization answer "Yes" to Part VII, Section A, line 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		Χ_
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
<u>ب</u>	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		X
ď		24d		X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
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		Х
26		26		Х
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		χ
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		7 X
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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_		X
33./	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		χ
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		χ
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

			Yes N	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N/A	
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			
b,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
.:	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	-	<u> </u>
 h	this return?	3b	M/A	
	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	- - -	X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	N/A	
	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	MA	
X	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? Yes. to First port. Do to the are port	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A	
	Organizations that may receive deductible contributions under section 170(c).			
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	MA	
• ;	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c)	<u>X</u>
v	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)	X
f.	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	M/A	
٠,,-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	M/A	
8	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?	8		<u>X</u>
g., ⊦	Sponsoring organizations maintaining donor advised funds.	9a		×
a h	Did the organization make any taxable distributions under section 4966?	9b		X
10 :"	Did the organization make a distribution to a donor, donor advisor, or related person?			
a	Initiation fees and capital contributions included on Part VIII, line 12]		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			χ.
	A 1 4 4 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	40-		_
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		~

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	•		Yes	No
1a	Enter the number of voting members of the governing body			_
	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_		2	X	
•				
3	Did the organization delegate control over management duties customarily performed by or under the direct			Х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Ϋ́
6 , 1	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b,	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			
	enue Code.)	mai		
			V	
40	and the second of the second o	40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N	Ą
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			V
	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		X
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c		X
13.		13		X
	Does the organization have a written document retention and destruction policy?	14		×
	Did the process for determining compensation of the following persons include a review and approval by		-	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		45.		.
	·	15a		X
D	Other officers or key employees of the organization	15b		X _
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
4 -	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	-		A
	the organization's exempt status with respect to such arrangements?	16b	\square	H_
Sec	tion C. Disclosure		1	
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
	available for public inspection. Indicate how you make these available. Check all that apply.	,	• • •	
	☐ Own website .☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.	J. 1110	551	
20	State the name, physical address, and telephone number of the person, who possesses the books and reco	rde e	f tha	
	organization: > Gregory Guinessy 1335 D Street SE was h. D. 2003 703-835-7112	ius 0	ı uıe	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co	ompe	nsate	any c	curre	ent	offic	cer, d	ırec	tor, or trustee.	ı	
(A)		B)			(((D)	(E)	(F)
Name and Title		erage	Positi	on (c			that ap	ply)	Reportable	Reportable	Estimated
		rs per eek	or d	Inst	Officer	Key employee	Hig	Former	compensation from	compensation from related	amount of other
			l rec	ituti	cer	err	ploy	mer	the	organizations (W-2/1099-MISC)	compensation
			Individual trustee or director	nstitutional trustee		pl o	8 8		organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)	from the organization
			uste	trug		ee	npe				and related organizations
		i	l g	stee			Highest compensated employee				organizations
Clinton W. Chapman	less	Han					8			_	
Chairman	1								-0-	-0-	-0-
Sharen Adoms	105	than									
Secretary	1	_							-0-	~ 0 -	-0-
Lester Poretsky		thun									-0-
Treasurer	Δ							<u> </u>	-0-	-6-	<u> </u>
James Adduci		Han								-0-	-0-
Governor	1								-0-		
Ama C. Chennault	/स्ट्र	than								-0-	-0-
Governor		<u> </u>							-0		
John Cosgrove	क्ष	than							-0-	-0-	-0-
Tovernor	 	<u> </u>									
Jean K. Boek	40	o							300.00	-0-	-0-
Walter E. Boek	 									-	
Governor	40)							300.00	~0-	-0-
Frederick R. Douglass	(ett	thon									
Governor		١							- 0 -	-0-	- 0 -
Albert F. del Rosario	less -	than									- 0 -
Governor	1								-0-	-0-	-0-
William M. Feighan	(ess	than							-0-	_ v ~	-0-
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Par	t VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hest	Compensated	Employees	continued)
	(A)	(B)			•	C)			(D)	(E)	(F)
	Name and title	Average hours per week			Officer		that ap		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	,		Individual trustee or director	nstitutional trustee	icer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	compensation
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1b 2	Total						<u> </u>	>	600.00		000:-
2	Total number of individuals (including but reportable compensation from the organization)		to tri	ose	1151	3Q-6	anove	;,wi	io received mo		5000 m. + 72, 40 540 - 42
					_		•				1 20 120
3	Did the organization list any former office	er, director	or tr	uste	e. k	œv	emple	ove	e. or highest c	-	
	employee on line 1a? If "Yes," complete S										3
4	For any individual listed on line 1a, is the										
	the organization and related organizations individual.	greater tha	an \$1	50,0	000?	¥f '	'Yes','"	' cor	nplete Schedu	le J for such	. 4 . X
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	pen Sch	satı edu	วกิ 1	from'	any	unrelated org	anization for	
Sec	tion B. Independent Contractors		-	<u> </u>	-		S. 66	_	<i>pordon</i>	, ,,,,	
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	nt o	contra	acto	rs that received	d more than S	\$100,000 of
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
		1/4				•					
		* (*)									
	· · · · · · · · · · · · · · · · · · ·										
2	Total number of independent contractors (in more than \$100,000 in compensation from					to	those	liste	ed above) who	received	

Pari	VIII	Statement 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
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	4130.00				
	<u> </u>	Total. Add lines 1a-1f	Business Code	4150.00			
Program Service Revenue	2a b c d	School Fees School tuition Colebration Dinner		(0435.00 18460.00 6457.00	10435.00 78460.00 6355.00		
ogu		All other program service revenue .	L	00000			
_ <u>&</u>	3	Total. Add lines 2a–2f Investment income (including dividend other similar amounts)	s, interest, and	15902700	158027.00		
	4 5	Income from investment of tax-exempt bon Royalties	d proceeds				
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	e de				
	7a		(ii) Other				
	С	Less: cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss)	% 54 27:				
Other Revenue	8a	Gross income from fundraising events (not including \$					
off.		Less: direct expenses b Net income or (loss) from fundraising e					
		Gross income from gaming activities	<u> </u>				
		Less: direct expenses b Net income or (loss) from gaming activ					
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold ' b. Net income or (loss) from sales of invent					
		Miscellaneous Revenue	Business Code	1			
	11a b	University published Books		5050.00	3090.00		
	C	3416 2 3 3 4 5 6 6 6		2020 25	-		
		All other revenue	<u> </u>	3030.00			
	12	Total. Add lines 11a–11d Total revenue. See instructions	: : : >	259317.00	255197.00		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 8	501(c)(4) organizations mus	it complete all columns.	
All other organizations must complete c	olumn (A) but are not requi	ired to complete columns (B) (C	1) and (f

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16)		
4	Benefits paid to or for members	٠,, ن			
5	Compensation of current officers, directors, trustees, and key employees : :	.33 536 '00	32 936.00	600.00	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			erica sign	· . · ·
7	Other salaries and wages	35585:00	35585.00		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	No. 1 1 1 1 1			
9	Other employee benefits	38 091.00	14811.00	23380.00	
10	Other employee benefits	4776.00	4628,10	147.90	
11	Fees for services (non-employees):				
а	Management		· _		
	Legal				
	Accounting	9200.00	4700.00		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	7000	700000		
12	Advertising and promotion	7095.00	7095.00		
13	Office expenses	21035.00 17420.00	<u>21035.00</u> 17420.∞		
14	Information technology	11940-06	11740.00		
15	Royalties				
16	Occupancy	1246.00	1246.00		
17	Travel	12 10 00	12 10 00		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	15709.00	15709.00		
19	Conferences, conventions, and meetings .	13107-0	13 104-00		
20 21	Interest				
21 22	Depreciation, depletion, and amortization.				
22 23	Insurance	24964.00	24,964.00		
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.)				
a	Campus rehabilation	1906.00	1906.00		
b					
d		,	, ,,	.,	;
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	210563.00	186535.10	24027.40	
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				

Pa	ırt X	Balance Sheet			
		* · ·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	107385.80	1	5768'08
•	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
•	4	Accounts receivable, net		4	
	' 5 ·	Receivables from current and former officers, directors, trustees, key			
•		employees, and highest compensated employees. Complete Part II of Schedule L		5	
S.	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 Schedule L.		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ÀS.	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
•		Less: accumulated depreciation 10b 8411.00	1659539.00	10c	1656728:00
	11 11	·	3056529.27	11	3790213.71
	12	Investments—publicly traded securities	303032 1 41	12	<u> </u>
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4823454.07	16	5452709.79
	17	Accounts payable and accrued expenses	11255-11	17	3416.85
	18	Grants payable		18	1
	19	Deferred revenue	-	19	
	20	Tax-exempt bond liabilities		20	<u> </u>
Se	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≝	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11279-11	26	3416.85
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ılar	27	Unrestricted net assets		27	
Be	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► ⊠ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	95863.69	30	2351.73
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	1659539.00	31	1656738.00
Ä	32	Retained earnings, endowment, accumulated income, or other funds	3056529127	32	3790213.7
Žet	33	Total net assets or fund balances	4811931.96	33	5449292.94
	34	Total liabilities and net assets/fund balances	4823454.07	34	5452709.79

Par	t XI Fina	ncial Statements and Reporting		
	1		Yes	No
		ethod used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🗍 Other]
	Schedule O.	tion changed its method of accounting from a prior year or checked "Other," explain in		
		nization's financial statements compiled or reviewed by an independent accountant? 2a		×
		inization's financial statements audited by an independent accountant?		 ≥
		2a or 2b, does the organization have a committee that assumes responsibility for oversight of w, or compilation of its financial statements and selection of an independent accountant?	M.	ľΔ
		w, or compilation of its financial statements and selection of an independent accountant?	1.7	
	Schedule O.			
		2a or 2b, check a box below to indicate whether the financial statements for the year were		
		nsolidated basis, separate basis, or both: pasis Consolidated basis Both consolidated and separate basis		İ
3a	As a result of	a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Au	dit Act and OMB Circular A-133?		<u> </u>
		ne organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	V.	$\sqrt{\Delta}$
3,	· All les	Form	n 990	1200
	17. A. S	- こいだいできるが、	000	(200
٠	10 11 20 1	e toward the second		
J-5		2 - 7-22-55-5 2-23-23-11		
	Profile of			
		eri.		
<i>5</i> °	4.468			
	19-65000 19-6000 1-66500 1-80005			
		ો કર્યા કર્યા કર્યા છે. જે જો માન્યું જો જો જો જો જો જો જો જો જો જો જો જો જો		
<i>to</i> 7	1.50° 235	Communication (Control of the Control		

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

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

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

Name	of t	he organization		- (,	•	١	ſ			-			tion number
		Interna	tional	Grade	rate	Univel	3,	7				54	1075	<u> 868</u>
Pa	11	Reason	for Put	blic Ch	arity	Status (Ali	or	ganizatıc	ns mus	t comple	ete this	part.) Se	e instruc	ctions.
The	oraa	anization is n	ot a priva	ate foun	dation	because it	is.	(For lines	1 through	h 11, ch	eck only	one box.)	
1		A church, co												
2		A school de												
3		A hospital of								ın sectio	n 170(b)	(1)(A)(iii).		
4													170(b)(1)(A)(iii). Enter the
-		hospital's na		_	-									
5		An organizat					olle	ge or univ	versity ov	vned or c	perated	by a gov	ernmenta	I unit described in
6	\Box	A federal, st					nme	ental unit	describe	d in secti	ion 170(l	o)(1)(A)(v	1_	
7				•		-								the general public
•	ш	described-in		-				•	ita auppo	<u>n</u> t nom a	governin	icital am	. 01 110111	ine general pasie
8		A communit							omplete	Part II \				
9	\Box										m contrib	utions m	embersh	p fees, and gross
3	Ч													than 331/3 % of its
														from businesses
		acquired by												
10	П	An organizat	tion orga	nized ar	nd one	rated exclu	ISIVE	elv to test	for publ	ıc safetv.	See sec	tion 509	(a)(4).	
11	\exists													r to carry out the
••	_													a)(2). See section
		509(a)(3). Cl												
		a 🗌 Type	1	ь□	Туре	· II	· c	: 🗌 Тур	e III–Fun	ctionally	ıntearate	d	d 🗆	Type III-Other
e	X												y one or	more disqualified
•	-													scribed in section
		509(a)(1) or :				J				•		_		
f		If the organi	ization re	eceived	a writt	en determi	inatı	on from	the IRS t	that it is	a Type	i. Type II	. or Type	III supporting
		organization												🗀
g		Since Augus			the ord	anization a	acce	epted anv	aift or c	ontributio	on from a	iny of the	;	_
9		following pe		,		,			J			,		
		(i) A persor		rectly or	· ındıre	ctly control	ls. e	either aloi	ne or toa	ether wit	h persor	ns descril	oed ın (ıi)	Yes No
						ody of the s								11g(i) X
		(ii) A family	member	of a pe	rson d	escribed in	(i) a	above?						11g(ii) 🗶
		(iii) A 35% c							(II) above	?				11g(iiı) 📉
h		Provide the	following	informa	ation a	bout the su	ıppo	orted orga	anızatıon	(s).				
(1)	Nam	e of supported	(iı) E	≣IN		pe of organizat		(iv) Is the c	organization	(v) Did y	ou notify		s the	(vii) Amount of
	org	ganization				rbed on lines f e or IRC section		aovernina	sted in your document?	the organ	of your		ion in col zed in the	support
						instructions)					oort?		S?	
								Yes	No	Yes	No	Yes	No	
											}			
												}	•	
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Tak														
Tota	2 I		l		l			ŀ	l	1	1	1	1	

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)
Sect	ion A. Public Support		<u> </u>				
Cal	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.")		,	••••••	1. 8 8 8 P. C.		(
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1	111			· · · · · ·
3	The value of services or facilities furnished by a governmental unit to the organization without charge		\\	111,			
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4.		<u> </u>		L	L	<u> </u>
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_		(a) 2003	(b) 2000	(0) 2007	(u) 2008	(e) 2009	(i) Total
7 8	Amounts from line 4			110			
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 .	L			<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc	. (see instruction	ons)	. :		12	
13	First five years. If the Form 990 is for organization, check this box and stop he	-	on's first, secor		•		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14] (Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14_	<u></u> %
15 🛴	Public support percentage from 2008 Sci	hedule A, Part	II, line 14			15_	<u>%</u>
	33% % support test—2009. If the organiand stop here. The organization qualifies	zation did not	check the box	on line 13, and	line 14 is 331/3		
b	33% % support test-2008. If the organization quality and stop here. The organization quality						
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explaın in Par	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun ances" test. The	nstances" test, o organization qu	check this box alifies as a publi	and stop here cly supported o	Explain in Part	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support		<u> </u>							
Ca	llendar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513				-					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			NA						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge									
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .									
b	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									
C	Add lines 7a and 7b					ļ	.			
8	Public support (Subtract line 7c from line 6)							<u> </u>		
	tion B. Total Support			T	413 0000			(0 T.1.1		
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total		
9 10a	Amounts from line 6									
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
с 11	Add lines 10a and 10b			V						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			, ,			n 1 -			
13	Total support. (Add lines 9, 10c, 11, and 12.)									
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u>	nd, third, fourt						
Sec	tion C. Computation of Public Su					, ,				
15 16	Public support percentage for 2009 (line Public support percentage from 2008 \$					15 16	<u>-</u> _	<u>%</u> %		
	tion D. Computation of Investmen									
17	Investment income percentage for 200			d by line 13, c	olumn (f)) .	17		%		
18	Investment income percentage from 20					18		%		
19a	331/3 % support tests - 2009. If the org	anızation dıd r	ot check the b	ox on line 14,	and line 15 is i	more th	nan 331/3	%, and line _		
b	17 is not more than 33%%, check this b 33%% support tests—2008. If the organ	ox and stop h	ere. The organ	izatıon qualifie:	s as a publicly	suppo	rted orga	anization 🕨 🗀		
	line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	ınization qualifie	es as a publicly	suppo	rted orga	ınizatıon 🕨 📙		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► Schedule A (Form 990 or 990-EZ) 2009									

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	•
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	,
	······································
	·
/	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

L	ternational Graduate University 154: 1075268
₽ā	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
1	Total number at end of year
2	Aggregate contributions to (during year)
3	Aggregate grants from (during year)
4	Aggregate value at end of year
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?
Pa	rt 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).
1	Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
	Protection of natural habitat Preservation of a certified historic structure
	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
	Held at the End of the Tax Yea
9	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a) 2c
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
_	the tax year ▶
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9	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.
Pa	rt 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.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of ar 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
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide th following amounts required to be reported under SFAS 116 relating to these items:
а	Revenues included in Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

Par	Organizations Maintain	ng Collections	of Art, H	istoric	al Treasures,	or O	iner Similar	ASS	ets (co	<u> Intini</u>	ued)
3	Using the organization's acquisition collection items (check all that appl	, accession, and (y):	other reco	ords, ch	eck any of the	follow	ing that are a	a sıgr	ııficant	use	of its
а	Public exhibition		d		Loan or exchan	ige pr	ograms				
b	Scholarly research		е		Other				- 		
С	Preservation for future general	ions			• • •		. •		•		
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive d	onations o	of art, his	storical treasure	s, or c	other similar ction?		☐ Ye	es [] No
Par	Escrow and Custodial A IV, line 9, or reported an					swere	ed "Yes" to	Form	1 990,	Part	
	Is the organization an agent, truster included on Form 990, Part X? .					ns or	other assets	not		es [] No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	follow	ing table:			•			
	_					-	1	Amo	ount		
	- -					1c					-
	Additions during the year					1d					-
	Distributions during the year					1e	 				
f	Ending balance					1f					
	Did the organization include an am If "Yes," explain the arrangement in	Part XIV.								es L	」No
Pal	t V Endowment Funds. Co										L1.
		(a) Current year	(b) Pri	or year	(c) Two years b	ack	(d) Three years b	ack	(e) Four	years	раск
1a	Beginning of year balance		<u> </u>					-			
b	Contributions		 					\dashv			
	Net investment earnings, gains, and losses										
d	Grants or scholarships							_			
е	Other expenditures for facilities and programs										
f g	Administrative expenses End of year balance										
2	Provide the estimated percentage of	of the year end ba	alance hel	d as:							
а	Board designated or quasi-endown	nent 🕨	%								
b	Permanent endowment ▶	%									
С	Term endowment ▶ 9	6									
За	Are there endowment funds not in thorganization by:	e possession of the	he organız	ation tl	nat are held and	admı	nistered for tl	he		Yes	No
	(i) unrelated organizations								3a(i)		
	/m								3a(ii)		
b	If "Yes" to 3a(ii), are the related org	anizations listed a	as require	d on S	chedule R? .				3b		
4	Describe in Part XIV the intended u	···									
Par	t VI Investments—Land, Bu	ıildings, and Ed	quipmen	t. See	Form 990, Par	<u>t</u> X, li	ne 10.				
	Description of investment	(a) Cost or o (investri			cost or other sis (other)		ccumulated oreciation		(d) Bool	k value	;
1a	Land										
b	Buildings			1656	178.00		o —	169	56728	.00	
С	Leasehold improvements										
d	Equipment			84	11.00	8	111.00		0		
_	Other										
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	990, Part X	, colum	n (B), line 10(c))		▶	169	56729	3.00	<u> </u>

Schedule D (For		Page 5
Part XIV	Supplemental Information (continued)	<u> </u>
· · · · · · · · · · · · · · · · · · ·		
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		•••••

SCHEDULE E (Form 990 or 990-EZ)

Schools

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Name	e of the organization	Emp	-	identificat			
	International Graduate University	<u>54</u>	-	1075	76 S		
	1					YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statem bylaws, other governing instrument, or in a resolution of its governing body?	ent ir			1	χ	
2	Does the organization include a statement of its racially nondiscriminatory policy toward	stude	ents	ın all ıts			
	brochures, catalogues, and other written communications with the public dealing with stuprograms, and scholarships?	dent	adm	issions,	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or during the period of solicitation for students, or during the registration period if it has no sol in a way that makes the policy known to all parts of the general community it serves? describe. If "No," please explain If you need more space, use Schedule O (Form 990) The policy appears on the University S. website	icitation	on p 'es,"	rogram, please	3		
					1]	
4	Does the organization maintain the following?						.,
а	Records indicating the racial composition of the student body, faculty, and administrative				4a		X
b	Records documenting that scholarships and other financial assistance are awarden nondiscriminatory basis?	ed or	1 a	racially	4b	N	A
С	Copies of all catalogues, brochures, announcements, and other written communications to	the pu	plic	dealing		v'	
٦	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	•	•		4c 4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, (Form 990).	use S	ched	dule O			_
5	Does the organization discriminate by race in any way with respect to.				_		
а	Students' rights or privileges?			-	<u>5a</u>	-	X_
h	Admissions policies?				5b		X
	Admissions policies						
С	Employment of faculty or administrative staff?				5c		X
d	Scholarships or other financial assistance?				5d	\\ \psi/,	}
е	Educational policies?				5e		X
f	Use of facilities?				5f		X
		•	•				
9	Athletic programs?				5g	ןא	
h	Other extracurricular activities?				5h		X
	If you answered "Yes" to any of the above, please explain If you need more space, (Form 990).						
_					6-		
	Does the organization receive any financial aid or assistance from a governmental agency				6a 6b	 -	X
b	Has the organization's right to such aid ever been revoked or suspended?		•	-	90		
7	Does the organization certify that it has complied with the applicable requirements of sections of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Sc (Fermi 980)			gh 4 05			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Employer identification number Graduate University 54:1075268 Page 6, Part III line 2 walter Book and Jean Book are husband wife Page 6, Part VI, line 11a Form 990 is completed by the Accounting Officet. Gregory Guinessy Page 6, Port III, line 19, The University does not normally make its governing documents, conflict of interest, or Financial Statements available to the public. Upon request these documents maybe reviewed,