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THEF3386 08/02/2010 4 40 PM

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

	or the 2009 ca neck if applicable	- T	ar, or tax year beginning 04/01/09 , and ending 03/ C Name of organization	/31/10		D Empl	oyer identification numbe
	ddress change	use IRS	FOUNDATION FOR THE REICHHOLD	CENTER			
- Na	ame change	print or	Doing Business As				-0373386
T In	itial return	type. See	Number and street (or P O box if mail is not delivered to street address) NO. 2 JOHN BREWERS BAY	Ro	oπ/suite		hone number) – 643 – 1040
Te	ermination	Specific	City or town, state or country, and ZIP + 4			G Gross rec	4.45 0.5
Ar	mended return	Instruc- tions.	ST. THOMAS VI 00802				
Ar	oplication pending		and address of principal officer			affiliat H(b) Are all include	laffiliates 🗂 🦰
	ax-exempt statu		501(c) (3) ◀ (insert no) 4947(a)(1) or 527			H/a) Crava	
	Vebsite: ► N ype of organization		ration Trust Association Other ▶	I Vear	of formation	n(c) Group	exemption number M State of legal domicile
		ımmary			or iorniapori		W State of legal domicile
Activities & Governance	TO P . 2 Check th 3 Number of	PROMOTI is box ► [of voting r of indeper	e organization's mission or most significant activities: EDUCATION AND THE ARTS if the organization discontinued its operations or disposed of mornembers of the governing body (Part VI, line 1a) indent voting members of the governing body (Part VI, line 1b) inployees (Part V, line 2a)	e than 25% o	of its net ass	ets 3 4 5	
₽cti	6 Total nun	nber of vo	lunteers (estimate if necessary)			6	
`	7a Total gro	ss unrelat	ed business revenue from Part VIII, column (C), line 12			7a	·
\dashv	b Net unrel	ated busi	ness taxable income from Form 990-T, line 34	 1	Prior Year	<u> 7b </u>	Current Year
Revenue	9 Program10 Investme11 Other rev12 Total rev	service re int income venue (Pa enue – ad	grants (Part VIII, line 1h) evenue (Part VIII, line 2g) e (Part VIII, column (A), lines 3, 4, and 7d) rt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) d lines 8 through 11 (must equal Part VIII, column (A), line 12)		2	3,356 3,112 3,468	145,581 1,670 147,251
Expenses	14 Benefits15 Salaries,16a Professionb Total fund17 Other exp18 Total exp	paid to or other con onal fundra draising e penses (Penses Acenses Ace	amounts paid (Part IX, column (A), lines 1–3) RECEIVED for members (Part IX, column (A), line 4) Inpensation, employee benefits (Part IX, column (A), lines 5–10) AUG 2 3 2010 Expenses (Part IX, column (D), line 25) AUG 2 3 2010 Expenses (Part IX, column (D), line 25) Inart IX, column (A), lines 11a–11d, 11f 24f) OGDF N, UT enses Subtract line 18 from line 12	IRS-OSC	402 -122	,484 ,484 ,016	929,930 929,930 -782,679
200				Beg	ginning of Curre		End of Year
Balar	20 Total ass	-		-	8,105	,941	10,170,570
Fund Balances	21 Total liab 22 Net asset		nt X, line 26) balances Subtract line 21 from line 20		8,105	,941	10,170,570
Sign Herre	Unc and	Signature	s of perjury, I declare that I have examined this return, including accompanying s true, correct, and complete Declaration of preparer (other than officer) is based	schedules and on all informat	statements, an	to the best reparer has a	t of my knowledge any knowledge
Ç			nnt name auth title				Proposed death
ž		parer's		Date	Check if self-		Preparer's identifying number (see instructions)
हिं।	oarer's	nature	FRANCISCO DEPUSOIR, CPA	08/02/1	LO employe		I
Pêê Ĉ,	Only Firm	n's name (c elf-employe iress, and Z	PO BOX 1734	251	 	Phone	340-778-2243
Aav i			urn with the preparer shown above? (see instructions)			no 🕨	Yes No
			rork Reduction Act Notice, see the separate instructions				Form 990 (2009)

	FOUNDATION FO)373386	Page 2
1 Briefly desc	Statement of Program Cribe the organization's miss NOTE EDUCATION			
		·		
the prior Fo	anization undertake any sigr orm 990 or 990-EZ? scnbe these new services or	inficant program services during the year which were no	t listed on	Yes X No
3 Did the organizers?		or make significant changes in how it conducts, any pro	ogram	Yes X No
4 Describe the Section 501	e exempt purpose achievem (c)(3) and 501(c)(4) organiz	nents for each of the organization's three largest programations and section 4947(a)(1) trusts are required to repose, and revenue, if any, for each program service reported	ort the amount of grants and	
THE VIR	GIN ISLANDS IN	including grants of \$ ISTS AND SUPPORTS THE UNIVER N ACCOMPLISHING ITS CHARITAL BY PORVIDING FINANCIAL ASSIS	BLE AND	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
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4c (Code) (Expenses \$	ıncludıng grants of \$.) (Revenue \$)
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4c (Code		including grants of \$) (Revenue \$)
) (Expenses \$	hedule O)	.) (Revenue \$)

- Form 990 (2009) FOUNDATION FOR THE REICHHOLD CENTER 66-0373386

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 is the organization required to complete Schedule B, Schedule of Contributors? 2 is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization required in complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lidiblying activities? If "Yes," complete Schedule C, Part II 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the night to provide advise on the distribution or investment of amounts in such funds or accounts "If "Yes," complete Schedule D, Part II 5 Did the organization maintain any donor advised funds or any similar funds or accounts "If "Yes," complete Schedule D, Part II 6 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide or erolet conselling, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, in the Organization or service or the following questions "Yes"? If so, complete Schedule D, Part VI 10 Did the organization report an amount for line or the part X, line 10; If "Yes," complete Schedule D, Part VI 11 Is the organization report an amount for investments—other securities in Part X, line 10; If "Yes," complete Schedule D, Part X VI 11 Did the organization report an amount for investments—other securities in Part X, line 10; If "Yes," complete Sche	
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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 Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Put 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 9 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 11 Is the organization for investments of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 10 D and X I line 16° If "Yes," complete Schedule D, Part X, line 10° If "Yes," complete Schedule D, Part VI 11 In 1	X
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If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	X
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	,
Did the organization maintain an office, employees, or agents outside of the United States? b 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ļ
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business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	X
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	l
organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	l
	X
to individuals located outside the United States? if "Yes," complete Schedule F, Part III	
· · · · · · · · · · · · · · · · · · ·	X
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	X
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	X
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	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<u> </u>

	art IV Checklist of Required Schedules (continued)			aye
	art iv. Oneckist of Required Schedules (Commused)		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 12 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		Х
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	1		
	employees? If "Yes," complete Schedule J	23		X
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		
С	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	j	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part 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	1 1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	, A	111	
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	} }	- }	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	l j	J	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		- 1	
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations]]	- 1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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		<u>X</u>
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		X
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		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1 T	[

Form **990** (2009)

19? Note. All Form 990 filers are required to complete Schedule O

.Form 990 (2009) FOUNDATION FOR THE REICHHOLD CENTER 66-0373386

P	art 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	1 1			
	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	* : .	, ,	5%
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable	5	120	. 4. %
	gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		5504 ,	٨.
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	ا الله	7.27	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	•		,[1, 2]	
	instructions)		24	12 -7	1.4
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by	. 23.		
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority		İ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	nancial			1
	account)? .		4a		X
b	If "Yes," enter the name of the foreign country: ▶			100	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	7.		
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_5a	Ь	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg.	ardıng			ĺ
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e			l <u>. </u>
	organization solicit any contributions that were not tax deductible?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
_	gifts were not tax deductible?		_6b	8.7.38	20237.50
7	Organizations that may receive deductible contributions under section 170(c).		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods	- "-"	ಭಾಗಾಜ್ಞಾ ಇ	المعما
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ne.	_7b	-	
С	required to file Form 8282?		7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	350.8		Wasa
u	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				
·	benefit contract?	oroona.	7e	Single S.	1 22
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	$\neg \neg$	
h	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		\$ 33	2.25	33877
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring		F 750		
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				x 3 'S
а	Did the organization make any taxable distributions under section 4966?		_9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		_9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1 1	ľ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]		
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a]]		,
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b	1.	- 1	_
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	\perp \top	T	

Form 000 (2000)	FOUNDATION	ROR	THE	RETCHHOLD	CENTER	66-0373386
Form 990 (2009)	LOUNDATION	ruk	IRE	KEICHHOLD	CENTER	00-03/3300

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2				
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, p	rocesse	s, or changes	s in	
Sec	Schedule O. See instructions. tion A. Governing Body and Management				
<u> </u>	Mon A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body	1a		13 13	17:00
b	Enter the number of voting members that are independent	1b	~~,		j. *
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2	3.35	
	any other officer, director, trustee, or key employee?		2	└	X
3	Did the organization delegate control over management duties customarily performed by or under the direct		:	ŀ	
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3	↓	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?	4	ــــــ	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5_	 	X
6	Does the organization have members or stockholders?		. 6	├	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		1_	['	
_	of the governing body?		7a	 -	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	750a330	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				7
_	the year by the following:			X	
a b	The governing body? Each committee with authority to act on behalf of the governing body?		8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		85	_ <u>^</u>	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	nternal		<u> </u>	
	venue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10.1	N. A.	
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		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c	-+	v
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	5343	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
_	The organization's CEO, Executive Director, or top management official				X X
a b	Other officers or key employees of the organization		15a 15b	+	$\frac{\Lambda}{X}$
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			经基	
16a				7 1/47 5.1.48	
	with a taxable entity during the year?		16a	1. A. 1.	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		7.4	e" 'g*	***
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			` `	7.20 × 4
	the organization's exempt status with respect to such arrangements?		16ь	`	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ VI, UT				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest			
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of				
	organization > THE FOUNDATION FOR THE REICHHOLD NO. 2 JOHN BREWERS				
s:	r. THOMAS VI 0080	2	<u>340</u> -643	3-10	040

Form 990 (2009) FOUNDATION FOR THE REICHHOLD CENTER 66-0373386

<u>Partivili</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated <u>Employees, and Independent Contractors</u>

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 organizatio (A) Name and Title	(B) Average			(C) k all	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR. LAVERNE RAGS: EC/TREAS	1							0	0	
ATTY WARREN M WII HAIR								O	0	
DR. M. O. AKINTOI EMBER								0	0	
MISS RUTH E. THOM EMBER	IAS							0	0	
PAMELA BERKOWSKY								0	0	
									- 	
										· · · · · · · · · · · · · · · · · · ·
										····
					<u> </u>		_			
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Form **990** (2009)

Part VII Section A. Office							_	nd Highest Compensated		
(A) Name and Title	(B) Average	Pos	ition	(chec	C) k all	that a		componention	(E) Reportable compensation	(F) Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	•) :							
·										
	<u> </u>									
	ļ			_						
	<u> </u>									
	 						-			
	 		_		_	_				
	 	-			_					
-	 				-	_				
1b Total	<u> </u>						•			
2 Total number of individuals (reportable compensation fro	-			those	e Irst	ed al	oove	e) who received more than	\$100,000 in	
 Did the organization list any employee on line 1a? If "Yes For any individual listed on lithe organization and related individual Did any person listed on line 	s," complete Scheone 1a, is the sum organizations great 1a receive or acc	tule of reparter the true of t	I for corta han :	such ble o \$150 ensa	indi comp ,000	vidua censa ? If " from	al ation Yes any	n and other compensation f ," complete Schedule J for vunrelated organization for	rom such	Yes No 3 X 4 X
services rendered to the org. Section B. Independent Contract	tors									5 X
Complete this table for your compensation from the orga	nızatıon.	ensat	ed ir	ndep	ende	ent co	ontra			
Name a	(A) nd business address					\dashv		Description	(B) on of services	(C) Compensation
				_			-			
						_				
			-			1				
2 Total number of independent		-				d to t	hose	e listed above) who receive	d	

rt V	iii, Statem	ent of Reve	enue_			(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	ipaigns	1a						
b	Membership du	ıes	1b						
С	Fundraising ev	ents	1c					•	
d	Related organiz	zations	1d	*****					
е	Government grants (d	contributions)	1e						
f	All other contributions and similar amounts i		1f						
_	Noncash contribution		-1f \$	5	.				
<u>h</u>	Total. Add lines	s 1a-1f						y	
				ᄩ	usn. Code				
2a				-					
b				F					
С	•			⊦					·
d				F	- 1		-		
e	All other progra		nnue					-	
	All other progra Total. Add lines		ilue	۔	<u> </u>				
_	Investment inco	ome (including	dıvıden	ds, interest	, and	145,581	145,581		
4	Income from in		x-exemp	ot bond pro	ceeds ▶				
5	Royalties			•					
	[(ı) Real		(II) Per	sonal		!		,
6a	Gross Rents	<u> </u>					, ,		
b	Less rental exps					,	,	e 2	\
	Rental inc or (loss)						3"';		*
d		me or (loss)			•				
7a	Gross amount from	(ı) Secuntie	s	(11) O	ther				
	sales of assets other than inventory								;
b	Less cost or other								;
	basis & sales exps					i	,		1
С	Gain or (loss)							· · · · · · · · · · · · · · · · · · ·	
d	Net gain or (los	ss)	_		· •				
8a	Gross income fro	m fundraising eve	ents		İ			* *	
	(not including \$,		
İ	of contributions re	eported on line 1c	;)						
	See Part IV, line	18	a						;
	Less: direct ex		ьĹ			a a second and and and area are			
	Net income or			events	•				
9a	Gross income fro		es						
	See Part IV, line	19	a			**			
	Less direct ex		ь[
C	Net income or	(loss) from gan	ning act	tivities	•				
10a	Gross sales of	inventory, less	;						
	returns and allo	owances	a						
	Less cost of g		ь[
_ c	Net income or				>				
	Misce	ellaneous Revenu	e	E	usn Code				
11a	MISCELLAN	EOUS INCOME				1,670	1,670		
b									
C	1			L					
d				L					
е	Total. Add line	s 11a-11d			▶	1,670	145 055		
مد ا	Total Revenue	- Coo inotriuotio	one		▶	147,251	147,251	01	0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_ 7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages		<u> </u>	<u> </u>	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	<u> </u>			
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				·
С	Accounting		-		
d	Lobbying	 -			
e	Professional fundraising services See Part IV, line 17			- · · · · · · · · · · · · · · · · · · ·	
T	Investment management fees				
g 42	Other Advertising and promotion				
12 13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	-			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		···		
					:
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together	Ì		1	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	054 055		054 055	
а	GRANT	864,275		864,275	<u> </u>
b	MANAGEMENT FEE	62,004		62,004	
C	CUSTODY FEE	3,443		3,443	
d	ANNUAL FEE	150 58		150	
e	TAXES	58		58	
f or	All other expenses	929,930		929,930	
25	Joint costs. Check here ► I if following	949,930		343,330	
26	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	randing dolloration				Form 990 (2009)

.Form 990 (2009) FOUNDATION FOR THE REICHHOLD CENTER 66-0373386

art)	C Balance Sheet		/A)		/D)
			(A) Beginning of year		(B) End of year
т.	O. L. Constant bosons		737,869	1	835,450
1	Cash—non-interest bearing		368,237		4,777
2	Savings and temporary cash investments		300,237	3	2,111
3	Pledges and grants receivable, net	•		4	
4	Accounts receivable, net		-4	, , , , , , , , , , , , , , , , , , , ,	
5	Receivables from current and former officers, director			٠.	
	employees, and highest compensated employees Co	implete Part II of			<u> </u>
	Schedule L		5		
6	Receivables from other disqualified persons (as defini			3 ,	* * * * * * * * * * * * * * * * * * * *
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		<u></u>	American constant destruction of the constant
	Part II of Schedule L			6	
7 8	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges	t 1		9	
10a	Land, buildings, and equipment cost or				*
	other basis Complete Part VI of Schedule D	10a		.,,	
b	Less. accumulated depreciation	10b		10c	
11	Investments—publicly traded securities		6,999,835	11	9,330,343
12	Investments—other securities. See Part IV, line 11			12	
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)	8,105,941	16	10,170,570
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	-
21 22					
1	employees, highest compensated employees, and dis				
	persons Complete Part II of Schedule L			22	
23		ird parties		23	
24	Unsecured notes and loans payable to unrelated third			24	
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25			26	
	Organizations that follow SFAS 117, check here ▶	X and			
27 28	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		-122,016	27	<u>-782,679</u>
28	Temporanly restricted net assets		1,504,848	28	4,230,140
29	Permanently restricted net assets		6,723,109	29	6,723,109
29	Organizations that do not follow SFAS 117, check h	nere ▶ 🗍	D > 2 1,50	1	, e
:	and complete lines 30 through 34.		1 × 2 × 2	1	
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31	
30 31 32	Retained earnings, endowment, accumulated income,			32	
33	Total net assets or fund balances	, =:	8,105,941	33	10,170,570
33	Total liabilities and net assets/fund balances		8,105,941	34	10,170,570

orn	n 990 (2009) FOUNDATION FOR THE REICHHOLD CENTER 66-0373386		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		, · ·	~ 6
	Schedule O.		سنت	2, =
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	X
b	Were the organization's financial statements audited by an independent accountant?	2b	<u></u>	X
c	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in	.~	1.	. 40
	Schedule O		5 d 42	, ,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1 . 2.	1,2	£ }
	issued on a consolidated basis, separate basis, or both	, ,	,	
	Separate basis Consolidated basis Both consolidated and separate basis			
За	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		
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	3h		

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FOUNDATION FOR THE REICHHOLD CENTER

Employer identification number 66-0373386

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, 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 c Type III-Functionally integrated Type III-Other Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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). eived a written determination from the IRS that it is a Type I. Type II. or Type III supporting

If the organization received a written determination from the rive that the diriginal rype if type in supporting	
organization, check this box	Ĺ
Since August 17, 2006, has the organization accepted any gift or contribution from any of the	
_	

following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(ı)		
11g(ii)		
11g(iii)		

h Provide the f	following information about	the supported organization(s)							
(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
		(222 332 323 37,	Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

g

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION FOR THE REICHHOLD CENTER 66~0373386 Page **2** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 290,891 378,185 1,735,932 Net income from unrelated business 9 activities, whether or not the business is regularly carned on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 1,735,932 11 12 Gross receipts from related activities, etc. (see instructions) 12 147,251 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

	edule A (Form 990 or 990-EZ) 2009 FO	UNDATION	FOR THE R	EICHHOLD	CENTER 6	<u>6-0373386</u>	Pag
Pa	Support Schedule for C				(2)		
800	(Complete only if you chetion A. Public Support	ecked the box	on line 9 of P	art i.)			
	lendar 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						
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	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 .	Ser Sandrowski (1980)	Political and the second secon			######################################	
8	Public support (Subtract line 7c from line 6)						

	Landan was for final was basinging in \	4-1 0005	(1-) 0000	(-) 0007	(4) 2000	(=) 2000	(D. T-4-1
Calendar year (or fiscal year beginning in) ▶		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	<u> </u>					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						·
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)			i		:	

	and 12)							
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
	organization, check this box and stop here		>					
Sec	ction C. Computation of Public Support Percentage							
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%					
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%					
Sec	ction D. Computation of Investment Income Percentage							
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%					
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%					
19a	33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line							
	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3 % support tests—2008 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and							
	line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	anization	▶ [
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		▶					

Page 4

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION FOR THE REICHHOLD CENTER 66-0373386

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.

SCHEDULE O

(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.

2009

Name of the organization

FOUNDATION FOR THE REICHHOLD CENTER

Employer identification number 66-0373386

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **8868**

(Rev April 2009) Department of the Treasury

1 al Revenue Service

► File a separate application for each return.

Application for Extension of Time To File an Exempt Organization Return OMB No 1545-1709

you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X						
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868								
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed	l).							
corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and completer I only	te Co	na RECENSE ► []						
, corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and comple Fart I only II other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e The to file income tax returns	tension	DEPOSIT NO. 10						
me to file income tax returns (lectronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form lectronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 88 eturns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonj	f time to 886 97 8 7 975 88 Part II) o	offer 1 2 2010						
ype or Name of Exempt Organization rint THE FOUNDATION FOR THE UNIVERSITY		yer identification number						
le by the OF THE VIRGIN ISLANDS	66-0	0425865						
Number, street, and room or suite no If a P O box, see instructions turn See Number, street, and room or suite no If a P O box, see instructions #2 JOHN BREWER'S BAY								
City, town or post office, state, and ZIP code For a foreign address, see instructions ST. THOMAS VI 00802-9990	<u>.</u>							
heck type of return to be filed (file a separate application for each return): Form 990		Form 4720 Form 5227 Form 6069 Form 8870						
The books are in the care of ► ADRINA SCOTT ELLOTT Telephone No ► 340-693-1043 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the whole group, check this box If it is for part of the group, check this box In the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box	f this is ttach	▶□						
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15/11, to file the exempt organization return for the organization named above. The extension if for the organization's return for. Calendar year or tax year beginning 10/01/09, and ending 09/30/10.	s							
If this tax year is for less than 12 months, check reason I Initial return Final return Change in	accour	nting period						
a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		•						
less any nonrefundable credits. See instructions	3a	\$						
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	l							
payments made Include any prior year overpayment allowed as a credit	3b_	\$						
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,								
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment								
System) See instructions	3с	\$						
•vition. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 887 syment instructions	9-EO							
or Privacy Act and Paperwork Reduction Act Notice, see Instructions		Form 8868 (Rev 4-2009)						