

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



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

A For the 2009 c	ellendar year, or tax year beginning 10/01/09 , and ending 09/30/10	
B Check if applicable	Please C Name of organization	D Employer identification number
Address change	use IRS THE FOUNDATION FOR THE UNIVERSITY	
Name change	print or	66-0425865
Initial return	type. Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number
Termination	Specific #2 BOIN BREWER 5 BAT	G Gross receipts \$ 1,696,566
Amended return	Instructions. City or town, state or country, and ZIP + 4 ST. THOMAS VI 00802-9990	G Gross receipts \$ 1,696,566
\equiv	F Name and address of principal officer	H(a) is this a group return for
Application pending	Traine and address of printingal office.	affiliates? Yes X No
		H(b) Are all affiliates Yes No
		If "No," attach a list (see instructions)
I Tax-exempt stat		
J Website. ▶ I		H(c) Group exemption number
K Type of organization Part I S	X Corporation Trust Association Other ▶ L Year of formation	n M State of legal domicile
	escribe the organization's mission or most significant activities	
EDIT	CATION AND CHARITABLE PURPOSES	
200		
E		
Activities & Governance & Sovernance & Check to Sovernance & Sovernanc	nis box ▶ 🗍 if the organization discontinued its operations or disposed of more than 25% of its ne	et assets
3 Number	of voting members of the governing body (Part VI, line 1a)	3 15
4 Number	of independent voting members of the governing body (Part VI, line 1b)	4 15
5 Total nu	mber of employees (Part V, line 2a)	5 0
6 Total nu	mber of volunteers (estimate if necessary) pss unrelated business revenue from Part VIII, column (C), line 12 8 MAY 1 8 2011	3 6
E	3 (3)	7a 7b
D Net unre	elated business taxable income from Form 990-T, line 34	or Year Current Year
8 Contribu	itions and grants (Part VIII, line 1h)	276,470 16,01
9 Progran	service revenue (Part VIII, line 2g)	
~ I		449,737 1,680,549
11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	726 207 1 606 56
		726,207 1,696,560 245,446 2,824,619
	and similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4)	2,024,01
45 000	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
0 I	onal fundraising fees (Part IX, column (A), line 11e)	
b Total fu	ndraising expenses (Part IX, column (D), line 25) ▶	
17 Other e	openses (Part IX, column (A), lines 11a-11d, 11f-24f)	47,406 124,56
18 Total ex		292,852 2,949,18
		566,645 -1,252,62
20 Total as 21 Total la 22 Net ass		of Current Year End of Year 038, 995 18, 945, 72:
ZU IOTALAS	sets (Part X, line 16) L9, bilities (Part X, line 26)	882,32
Z Net acc		038,995 18,063,39
	ignature Block	
U	nder penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the best of my knowledge
ar	d belief it is true, conect and complete Declaration of preparer (other than officer) is based on all information of w	nich preparer has any knowledge
Sign		8/12/11
Here	Signature of Officer	Date
· •	+ Xefutive Director	
	Type or print name and title	Preparer's identifying numbe
ובעו	eparers S S	elf- (see instructions)
Preparer's -	gnature Pronectic September 05/12/11 e	mployed
Use Only F	rm's name (or yours self-employed). FRANCISCO/DEPUSOIR, CPA PO BOX 17/34	EIN D
· Inf		Phone no > 340-778-224
I		
a	Idress, and ZIP + 4 KINGSHILL, ST CROIX, VI 00851 Iss this return with the preparer shown above? (see instructions)	Yes N

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II X 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 right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 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 X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, X VII, VIII, IX, or X as applicable 11 • 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 related 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes Nο If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12A X 13 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? 14a 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 X 14b 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 X 15 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? If "Yes," complete Schedule F, Part III X 16 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 17 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 18 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

	,		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 19 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		l	1
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	L	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Ì
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		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		<u>x</u>
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,			
	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		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1	'	
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u>X</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,			
	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			٠,
	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,	`		٠,,
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			٠,,
	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			v
	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		X
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		990	X

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) THE FOUNDATION FOR THE UNIVERSITY 66-0425865 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 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 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 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a 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 h If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 76 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 9ь 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Entera 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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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	1a		L5			
b	Enter the number of voting members that are independent	1b		L5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	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						
	supervision of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?			4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?				7a		<u> </u>
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	<u> </u>
b	Each committee with authority to act on behalf of the governing body?				8b	X	<u> </u>
9	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				9	<u>. </u>	X
	tion B. Policies (This Section B requests information about policies not required by the	ntern	nal				
Rev	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,				1		
	affiliates, and branches to ensure their operations are consistent with those of the organization?				10b	ļ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				1		
	form?				11	 	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				40.		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	-	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				406	ľ	
	rise to conflicts?				12b	 	├─
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				42-	1	
42	describe in Schedule O how this is done				12c	 	х
13	Does the organization have a written decument retention and destruction policy?				14		X
14 15	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by						
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						,
а	The organization's CEO, Executive Director, or top management official				15a		x
b	Other officers or key employees of the organization				15b	 	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
iva	with a taxable entity during the year?				16a	İ	x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				100		
5	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard						
	the organization's exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure				1 .00	-	
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 X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of int	erest					
	policy, and financial statements available to the public						

State the name, physical address, and telephone number of the person who possesses the books and records of the

#2 JOHN BREWER'S BAY

VI 00802

CHARLOTTE AMALIE

organization. ▶ ADRINA SCOTT ELLOTT

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

X Check this box if the organization (A) Name and Title	(B) Average			(0	C)	that a		(D)	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee		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
MARIE E. THOMAS-C MEMBER	RIFFITH	·	SS	·				0	0	0
JOHN HARPER MEMBER								0	0	0
DAVID C. BLOOM MEMBER								0	0	0
DR. DAVID HALL PRESIDENT		х						0	0	0
FRANCISCO DEPUSO:	R	x	-					0	0	0
SHARMANE BROOKES		x						0	0	0
B. WARING PARTRII	GE IV	x			_			0	0	0
DR. CORA CHRISTIA	N	x		_				0	0	0
FRDERICK MORTON, MEMBER	JR. ESQ	x						0	0	0
R. OLIVER DAVID,	ESQ.	x						0	0	0
JIMMY L. BETHEA		x						0	0	0
ALEXANDER A. MOOI	HEAD			x				0	0	0
DIONNE V. JACKSON VICE PRESIDENT	y -			x				0	0	0
JAMES D. TUNICK, TREASURER	CPCU			x				0	0	0
EDWARD E. THOMAS CHAIR				x				0	0	0
DR. ALFRED O. HEA	ATH			x				0	0	0
ADRIANE J. DUDLEY SECRETARY	, ESQ.			x				0	0	0

Form 990 (2009) THE FOUNDATION FOR THE UNIVERSITY

Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average hours per	_		chec	_	hat a		(D) Reportable compensation	(E) Reportable compensation	Estin	F) nated unt of	_
		week	Individual trustee 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)	otl compe fron organ and re	ner nsation	
	······												
					_								
						, 							
	·												
											-		
					_								
						<u> </u>							
_													
1b 2	Total Total number of individuals (in	icluding but not li	mite	d to	thos	e lıs	ted a	bove	e) who received more than	\$100,000 in			
	reportable compensation from	-						_	, 	<u> </u>		Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or	' complete Schede e 1a, is the sum	dule of re	J for porta	suc able	h inc	lividu pens	al atıo	n and other compensation	from	3		x
5	individual Did any person listed on line 1 services rendered to the organ									or	5	-	X
Sec	tion B. Independent Contracto												<u> </u>
1	Complete this table for your fix compensation from the organi	zation	ensa	ted ı	ndep	end	ent c	ontr				<u>(C)</u>	
	Name and	(A) business address						_	Descrip	(B) stion of services		(C) compensat	tion_
								-				_	
											+	_	
	·			_									
2	Total number of independent of more than \$100,000 in compe						ed to	thos	se listed above) who receiv	/ed)	4.7
DAA											For	m 990	(2009)

•	II' Statement of Revo				(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 campaigns	1a						
b	Membership dues	1b						
С	Fundraising events	1c						
d	Related organizations	1d						
е	Government grants (contributions)	1e						
f	All other contributions, gifts, grants,							
	and similar amounts not included above	1f	1	5,017				
q	Noncash contributions included in lines 1a	a-1f \$						
_	Total. Add lines 1a-1f			▶	16,017			
-		-	Bus	n. Code				
2a								
b								
c			 					
d			· · ·	-				
_								
f	All other program service revo	enue		-+				
	Total. Add lines 2a–2f							
	Investment income (including	dividend	s. interest a					
	other similar amounts)	GIVIGO.IIG	0,	•	1,680,549	1,680,549		
	Income from investment of ta	v-evemnt	hond proce	eds •				
	Royalties	ix-exempt	bona proce					
J	(i) Real		(II) Perso	nal		· · · · · · · · · · · · · · · · · · ·		
٥-	- ''		(11) 1 0130	····		₩	* *	
	Gross Rents					*	*	
	Less rental exps	_			, • «			*
	Rental inc or (loss)						-m	-
	Net rental income or (loss) Gross amount from		(II) Othe	<u> </u>				
	sales of assets (i) Securities	38	(II) Otile	"——	~	46		
	other than inventory				*	é		
b	Less cost or other							
	basis & sales exps						,	
	Gain or (loss)							
	Net gain or (loss)	_		•				
8a	Gross income from fundraising ev	rents			`			
	(not including \$							*
	of contributions reported on line 1	c)		İ	*			
	See Part IV, line 18	a				٠		
b	Less direct expenses	ь			- ,-	6 8 m = 6 8 8 7		
С	Net income or (loss) from fur	ndraising e	events	•				
	Gross income from gaming activit							
	See Part IV, line 19	a						
h	Less: direct expenses	ь						
	Net income or (loss) from ga		vities	•				
	Gross sales of inventory, les							
.va	returns and allowances	a						
L	Less cost of goods sold	ь						
			entory				-	
	Net income or (loss) from sa Miscellaneous Reven			sn. Code				
44-					-	-		
11a			<u> </u>				_	-
þ			⊢				-	
С			-					· · · · · · · · · · · · · · · · · · ·
d			L	+				
e	Total. Add lines 11a-11d			▶		4 555 315		
12	Total Revenue. See instruct	iono			1,696,566	1,680,549	l o	ì

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).

	All other organizations must o				<u> </u>
	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	2,824,619	2,824,619		
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	ľ			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above, to disqualified				
J	persons (as defined under section 4958(f)(1)) and				
	111111]			
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
ь	Legal	14,158		14,158	
c	Accounting				
d	Lobbying				
- -	Professional fundraising services See Part IV, line 17	·			
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
					
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	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	1			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	FEES	83,313		83,313	
b	MISCELLANEOUS	26,918		26,918	
С	BANK CHARGES	180		180	
d					
е					
f	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24f	2,949,188	2,824,619	124,569	
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				
DAA		<u></u>			Form 990 (2009

Page 11

Part	,	Balance Sheet			(A)		(B)
					Beginning of year		End of year
'	1	Cash—non-interest bearing			168,005		170,042
2	2	Savings and temporary cash investments		-		2	
;	3	Pledges and grants receivable, net	L		3		
4	4	Accounts receivable, net			4		
:	5	Receivables from current and former officers, directors,					
ı		employees, and highest compensated employees. Com					
		Schedule L	1		5		
- •	6	Receivables from other disqualified persons (as defined		l			
		4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete				
ام		Part II of Schedule L		ļ		6	
: ق	7	Notes and loans receivable, net		Ĺ		7	
Assets	8	Inventones for sale or use		L		8	
۱ 🏲	9	Prepaid expenses and deferred charges		1		9	
1	0a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	113,000			
	b	Less accumulated depreciation	10b		113,000	10c	113,000
1	1	Investments—publicly traded securities		1	18,757,990	11	18,662,681
1:	2	Investments—other securities See Part IV, line 11				12	
1	3	Investments—program-related See Part IV, line 11		ļ		13	
1	4	Intangible assets		ļ		14	
1	5	Other assets See Part IV, line 11		Ļ		15	
1	6	Total assets. Add lines 1 through 15 (must equal line 3	4)		19,038,995	16	18,945,723
1	7	Accounts payable and accrued expenses		-		17	
1	8	Grants payable		ļ		18	882,328
1	9	Deferred revenue		1		19	
2	20	Tax-exempt bond liabilities		1		20	
န္မ 2	21	Escrow or custodial account liability. Complete Part IV	of Schedule D	1		21	·
<u>≅</u> 2	22	Payables to current and former officers, directors, truste	ees, key				
Liabilities		employees, highest compensated employees, and disq	ualified				
ובֿ		persons Complete Part II of Schedule L		ļ		22	
2	23	Secured mortgages and notes payable to unrelated thir	d parties			23	
2	24	Unsecured notes and loans payable to unrelated third p	parties			24	
2	25	Other liabilities Complete Part X of Schedule D				25	
_	26	Total liabilities. Add lines 17 through 25	=			26	882,328
es		Organizations that follow SFAS 117, check here ▶	K and				
Balances		complete lines 27 through 29, and lines 33 and 34.			4		15 100 400
ᇛ 2	27	Unrestricted net assets		ļ	17,751,776		15,182,420
20 0 0	28	Temporarily restricted net assets			1 005 010	28	0 000 075
Pung 2	29	Permanently restricted net assets		ļ	1,287,219	29	2,880,975
ᇎ		Organizations that do not follow SFAS 117, check he					
ا ة		and complete lines 30 through 34.	and complete lines 30 through 34.				
Net Assets or	30	Capital stock or trust principal, or current funds				30	
S 3	31	Paid-in or capital surplus, or land, building, or equipment				31	
% 3	32	Retained earnings, endowment, accumulated income,	or other funds	1	10 020 005	32	10 063 305
<u>당</u> 3	33	Total net assets or fund balances			19,038,995		18,063,395
Z 3	34	Total liabilities and net assets/fund balances			19,038,995	34	18,945,723

Form **990** (2009)

Form	1 990 (2009) THE FOUNDATION FOR THE UNIVERSITY 66-0425865		Pa	ge 12
Pa	nrt 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			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ŀ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	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	3b		1

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

OMB No 1545-0047

2009 Open to Public

Inspection

Internal Revenue Service

Name of the organization

Part I

Department of the Treasury

THE FOUNDATION FOR THE UNIVERSITY

Employer identification number 66-0425865

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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state X 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									
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state X 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									
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 X 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 X 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
city, and state 5 X 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
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									
section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
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									
7 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)									
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross									
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its									
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the									
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section									
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h									
a Type I b Type II c Type III-Functionally integrated d Type III-Other									
e 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)									
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting									
organization, check this box									
Const. Assessed 47, 2000, has the expension accepted any office accepted any of the									
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									
	res No								
(,,	63 140								
and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(i) 1 11g(ii)									
(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?									
Description of the state of the									
h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amoun	at of								
organization (described on lines 1–9 in col (i) listed in your the organization in organization in col support									
above or IRC section governing document? col (i) of your (i) organized in the									
(see instructions)) Yes No Yes No Yes No									
									
Total									

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

18

Schedule A (Form 990 or 990-EZ) 2009 THE FOUNDATION FOR THE UNIVERSITY 66-0425865 Page 3 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.) 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") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its hehalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6 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 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less b section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 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 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

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 THE FOUNDATION FOR THE UNIVERSITY 66-0425865

0425865 Page 4

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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

lame	e of the organization		Employe	er identification number
וידי	HE FOUNDATION FOR THE UNIVERSITY		66-0	425865
	ort I Organizations Maintaining Donor Advised Function the organization answered "Yes" to Form 990, I	nds or Other Similar Funds or A		
		(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	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excli			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	used only for chantable purposes and not for the benefit of the donor or	•		
	purpose conferring impermissible private benefit?	•		Yes No
Pa	art II Conservation Easements. Complete if the orga	anization answered "Yes" to For	m 990, I	
1	Purpose(s) of conservation easements held by the organization (check	-		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	portant lar	nd area
	Protection of natural habitat	Preservation of certified historic		
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a conse	ervation	
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/	06	2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ition during)
	the taxable year			
4	Number of states where property subject to conservation easement is l	located >		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the y	ear ear	
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation easem	•		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that c	iescribes	
Do	the organization's accounting for conservation easements art III Organizations Maintaining Collections of Art,	Historical Transuras or Other	Similar	Acceta
ГС	Complete if the organization answered "Yes" to		Jiiiiiai ,	A33613.
12	If the organization elected, as permitted under SFAS 116, not to report		eet works	of
	art, historical treasures, or other similar assets held for public exhibition			
	provide, in Part XIV, the text of the footnote to its financial statements t		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ь	If the organization elected, as permitted under SFAS 116, to report in it		works of a	rt.
_	historical treasures, or other similar assets held for public exhibition, ed			•
	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 dain, or	ovide the	
_	following amounts required to be reported under SFAS 116 relating to t	· · · · · · · · · · · · · · · · · · ·		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		•	<u> </u>
	·	- for Form 000		0-1-1-1-0-1-000

Sched	lule D (Form 990) 2009 THE FOUNDA	TION FOR TH	E UNIVERSI		<u>66-042</u>		Page 2
Pai	t III Organizations Maintaining (Collections of Art	, Historical Treas	sures, o	Other S	Similar Asse	ts (continued)
3 ·	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, ch	eck any of the following	ng that are	a significa	nt use of its	
	Public exhibition	d 🗌 Loan	or exchange progran	ns			
a b	Scholarly research	e Othe					
	Preservation for future generations	c	' – – – –	· - - ·			
С			. 41 6 41 41		avemet nur	moso in	
	Provide a description of the organization's colle Part XIV					pose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	e maintained as part o	f the organization's c	ollection		N/ - 11 A - 15	Yes No
Pa	rt IV Escrow and Custodial Arrar IV, line 9, or reported an amo	ngements. Complount on Form 990	ete if the organiz , Part X, line 21.	ation an	swered "	Yes" to Forr	n 990, Paπ
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions or ot	her assets	not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV as	nd complete the follow	ng table				
							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	· · · · · · · · · · · · · · · · · · ·
f	Ending balance					1f	
	Did the organization include an amount on For	m 990, Part X, line 21?					Yes No
	If "Yes." explain the arrangement in Part XIV						
	rt V Endowment Funds. Comple	ete if organization	answered "Yes"	to Form	990, Pai	rt IV, line 10	<u></u>
		(a) Current year	(b) Pnor year	(c) Two y	ears back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance			*			
	Contributions					*	
	Net investment earnings, gains,					*	* *
•	and losses						
d	Grants or scholarships					¥	
	Other expenditures for facilities						
·	and programs		ı	*			
	Administrative expenses					*	,
	End of year balance			š.			**
g 2	Provide the estimated percentage of the year	and halance held as					
_	Board designated or quasi-endowment	%					
	Permanent endowment >%	- - - "					
	= - -						
	Term endowment ▶ % Are there endowment funds not in the possess	non of the organization	that are held and add	ministered :	for the		
Ja		Sion of the organization	triat are neid and adi	minotorou	101 1110		Yes No
	organization by						3a(i)
	(i) unrelated organizations						3a(ii)
	(ii) related organizations		shadula D2				3b
b	If "Yes" to 3a(II), are the related organizations						<u> </u>
4	Describe in Part XIV the intended uses of the	organization's endowm	ent See Form 00	O Part	X line 10	<u> </u>	
_Pa	Investments—Land, Buildi	(a) Cost or other base		ther		cumulated	(d) Book value
	Description of investment	(a) Cost or other basis	basis (othe	l l	• •	eciation	(-)
		(myesunent)		3,000			113,000
	Land			,,000			
	Buildings						
С	Leasehold improvements						
	Equipment						
	Other				· ·		112 000
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X,	column (B), line 10(c)).)		<u> </u>	<u> </u>

Part VII Investments—Other Securities. See Form		Page .
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Otter	-	
	_	
~		
~		
	_	
~		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form	000 Part Y line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(5) 235% 75%	Cost or end-of-year market value
	·	
		
		
		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>	7
Part IX Other Assets. See Form 990, Part X, line 15	5.	
(a) Description		(b) Book value
		·
		
		
		
7 at (Orlean /1) and a set (D) to (E)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line	25	<u></u>
1. (a) Description of liability	(b) Amount	
Federal income taxes		
	 	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	>	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the or	rganization's financial statements	s that reports the

organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 THE FOUNDATION FOR THE UNIV			_	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990	to Auui	teu Financiai Statei	Tents	<u> </u>
_	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses		•	6	
7	Prior period adjustments		••	7	
8	Other (Describe in Part XIV.)	•		8	
9	Total adjustments (net) Add lines 4 through 8		•	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a			10	
_ <u>Pa</u>	rt XII Reconciliation of Revenue per Audited Financial State	ments V	<u>/ith Revenue per Re</u>	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1	ı	1 1	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	_2b		.	
С	Recoveries of prior year grants	_2c		1 1	
d	Other (Describe in Part XIV)	_2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIV)	4b		1	
С	Add lines 4a and 4b			7 4c]	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stat	ements '	With Expenses per	Retur	n
1	Total expenses and losses per audited financial statements	_		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	!		
ь	Prior year adjustments	2b		1 1	
_	Other losses	2c		1 1	
d	Other (Describe in Part XIV)	2d		1 1	
u	Add lines 2a through 2d	Lu		2e	1
3	Subtract line 2e from line 1			3	
3		ſ	ſ	\vdash	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			I
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			i e e e e e e e e e e e e e e e e e e e
	•			-	
ט	Other (Describe in Part XIV)	4b		† -	
c	Other (Describe in Part XIV) Add lines 4a and 4b			4c	
	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c	
5 Pa	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information	4b			
5 Pa Com	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			
5 Pa Com and 2	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part XIb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	4b			

Sc	hed	ule l	D (F	orm	990	200 len	9	T	HE	F	OU.	ND.	AΤ	10	N	FO	R	TH	E	UN	IV	ER	SI	TY		6	6 - 0	42	58	<u>65</u>						Page 5
	Par	t X	IV	Sι	Jpp	lem	nen	tal	Inf	orn	nati	on	(co	ntir	nue	d)																				
	•																																			
_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_			_	_	_		_		_	– –
_	_	_	_	_	_	_	_	_	_	_	_	_	_		_		_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	– –
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_				_	_	_	_	_	_	
_	_		_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	-	_	_	_	_	_	
_	_		_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	– –
-	-	_	_	_	_	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_		-	_	_	_	_	_	_	_	
-	-	_	_	_	_	_	_	_	_	_	_	-	-	_	_	_	_	_	_	-	_	_	_	-	_	-			_	_	_	_	_	-	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_			-	-	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-			_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		- –	_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		-	_	_	_	_	_	_	_	
_	_		_	_							_		_			_	_	_	_	_	_	_	_	_	_	_			_	_	_	_		_	_	
_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_			_		_	_	_		_	
																								_	_			_			_		_	_	_	
_	_	_	_				_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_			_	_	_	_	_		_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_		_	_	_		_	_	_	_	_	_	_	_	_	_			_	_	_	_	_			
	_		_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_		_	_	_		
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_		- –	_	_	_		_	_	_	
_	_	_	_	_	_	_	_	_		_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		- –	_	_	_	_		_		
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		- —	_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		-	_	_	_	_	_	-	_	
_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_		-	_	_	_	_	_	-		
_	_		_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_		- –		_	_	_	_	-		- -
_	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_		_	_	_	_		

₹
43
6
=
Ξ
\circ
ū
3
$\overline{}$
9
5
ø
œ.
ñ
ŭ.
ш
I

SCHEDULEI (Form 990)

Department of the Treasury Infernal Revenue Service Name of the organization

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

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

Open to Public Inspection

Name of the organization mers and the organi	WINT THAT	PD CT TPV			Employer 6.6 - 0.4	Employer Identification number 66 – 0425865	ber	
Part General Information on Grants and Assistance	Assistance							
selecti	ne amount of the garden	rants or ass grant funds	sistance, the grantees' in the United States	eligibility for the grants	s or assistance, and	p	Yes	» N
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments ar ecipient that re if additional s	d Organ ceived π space is r	Organizations in the United States. Complete if the organization answered "Yes" to sived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	ited States. Com Check this box if	plete if the org no one recipie	janization ans int received m	wered "Yes" to ore than \$5,000. Use	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF THE VIRGIN ISLANDS #2 JOHN BREWER'S BAY OF THE VIRGIN ISLANDS	66-0432514		2,824,619				EDUCATIONAL PURPOSES	POSES
								1
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	organizations							
ے ا	the Instructions for	or Form 99(Schedule I (Form 990) 2009	90) 2009

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

66-0425865 Schedule I (Form 990) 2009 THE FOUNDATION FOR THE UNIVERSITY

Page 2

(e) Method of valuation (book, f) Description of non-cash assistance FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Part IV

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

Open to Public Inspection

Name of the organization

THE FOUNDATION FOR THE UNIVERSITY

Employer identification number 66-0425865

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 12c - Enforcement of Conflicts Policy

MATTERS THAT APPEAR TO BE OF CONFLICT ARE REFERRED TO THE UNIVERSITY'S

LEGAL COUNSEL FOR REVIEW AND COMMENT.

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

EF5865 05/12/2	2011 9 43 AM									
Form '9		F				s Schedule 10/01/09		00	/30/10	2009
lame		For calenda	r year 2009,	or tax year beginning	g·	10/01/03	, and ending	_09		ntification Number
THE FO	INDATIC	N FOR	THE ID	NIVERSITY					66-0425	865
		(A)		(B)		(C)	0:	thers		Total
Gross receipt	ts _		0		0	<u> </u>	0		0	0
Less contri	butions		<u> </u>		0		0		0	0
Gross revenu			0		0		0		0	0
Less direct			0		0		0		0 -	0
Net income (I	loss) =		0		<u> </u>		0		<u> </u>	
Description	(A)	GOLF	TOURNA	MENT						
	(B)	BEACH	I							
										
	(C)									
	Others									
						_				
						_				
						<u> </u>				
						_				

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury

Form 990-PF

payment instructions

For Paperwork Reduction Act Notice, see Instructions.

Form 990-T (sec 401(a) or 408(a) trust)

Form 990-T (trust other than above)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

> 2

10

11

12

Form **8868** (Rev 1-2011)

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 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization **Employer identification number** Type or print THE FOUNDATION FOR THE UNIVERSITY 66-0425865 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your #2 JOHN BREWER'S BAY return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions ST. THOMAS VI 00802-9990 01 Enter the Return code for the return that this application is for (file a separate application for each return) **Application Application** Return Return Is For Is For Code Code Form 990-T (corporation) `Form 990 01 07 02 Form 1041-A Form 990-BL 08 03 Form 4720 Form 990-EZ 09

04

05

06

Form 5227

Form 6069

Form 8870

• 7	The books are in the care of ► ADRINA SCOTT ELLOTT			
7	Telephone No ▶ 340-693-1043 FAX No ▶			
•	f the organization does not have an office or place of business in the United States, check this box			▶ 🗌
•	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	IS		
or th	ie whole group, check this box If it is for part of the group, check this box and attach			
lışt	with the names and EINs of all members the extension is for			
1	until 05/15/11 , to file the exempt organization return for the organization named above. The extension of the organization named above.	RECE ONS &	EIVED DEPOSIT NO. 10	
	calendar year or Tay years beginning 10 / 01 / 09 and and an or 10 / 01 / 09	EB 1	4 2011	
2	If this tax year entered in line 1 is for less than 12 months, check reason I Initial return Final return INTERNATIONAL Change in accounting period	N ISLAN IL REVE	DS BUREAU OF NUE, ST. CROIX, VI	
3a	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	\$	
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit	3ь	\$	
С	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	2,7%		
	instructions	3с	\$	
Cau	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-	EO for		