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Department of the Treasury

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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 Name of organization LYFORD CAY FOUNDATION INC D Employer identification number B Check if applicable C/O PUTNEY TWOMBLY HALL & HIRSON 23-7025275 Address change Doing Business As Name change E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (242) 362-4910 521 5TH AVE 10TH FL Terminated **G** Gross receipts \$ 6,604,468 City or town, state or country, and ZIP + 4 NEW YORK, NY 10175 . Amended return Application pending Name and address of principal officer H(a) Is this a group return for affiliates? MANUEL J CUTILLAS PO BOX N 7776 H(b) Are all affiliates included? LYFORD CAY, NASSAU If "No," attach a list (see instructions) BF H(c) Group exemption number ▶ **▽** 501(c)(3) **┌** Tax-exempt status 501(c) () ◀ (insert no) √ 4947(a)(1) or
√ 527 Website: ► WWW LYFORDCAYFOUNDATION ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1969 M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities
THE FOUNDATION SUPPORTS THE DEVELOPMENT OF THE BAHAMAS BY INVESTING RESOURCES DIRECTLY IN PHILANTHROPIC INITIATIVES INCLUDING POST SECONDARY EDUCATION, THE SUPPORT OF BAHAMIAN NON-PROFIT Activities & Governance ORGANIZATIONS AND THE PREPARATION OF BAHAMIAN STUDENTS FOR POST SECONDARY OPPORTUNITIES 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) $\,$. 27 4 27 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 0 6 3 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 44,596 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 1,929,023 Contributions and grants (Part VIII, line 1h) . 2,290,207 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -533,309 1,156,980 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 46,511 54,996 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1.803.409 3.140,999 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,555,933 4,163,207 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 282,787 217,276 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 57,116$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 287,701 318,932 18 2,060,910 4,764,926 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -257,501 -1,623,927 (Assets or | nd Balances | **Beginning of Current End of Year** Year 20 21,346,304 22,250,874 Total assets (Part X, line 16) . . Net. Fund 21 Total liabilities (Part X, line 26) 431,710 1,513,364 22 20,914,594 Net assets or fund balances Subtract line 21 from line 20 20,737,510 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2011-11-08 Signature of officer Date Sign Here MANUEL J CUTILLAS CHAIRMAN Type or print name and title Check if self Print/Type preparer's name Preparer's signature employed 🕨 2011-11-09 Paid Firm's name 🕨 DELOITTE TAX LLP

Firm's address 🕨 TWO WORLD FINANCIAL CENTER

NEW YORK, NY 10281

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

Preparer

Use Only

Phone no 🕨 (212) 436-

Firm's EIN

Par	Statement of Check if Schedule			lishments uestion in this Part I		
1	Briefly describe the orga	anızatıon's mıss	sion			
SCH CHA YOU ENH	DLARSHIPS FOR POST S RITABLE ORGANIZATIC NG ADULTS, THE ENVIR	SECONDARY E NS TARGETIN ONMENT AND N OF A LARGI	DUCATION AND NG THE EMOTION OTHER PRESSIN ER NUMBER OF B	TECHNICAL TRAIN NAL, EDUCATIONA NG SOCIAL ISSUES	OF THE BAHAMAS THROUING, THE SUPPORT OF B LAND RECREATIONAL NE , AND TO PROVIDING EFF TS FOR POST SECONDAR	AHAMIAN NON-PROFIT EEDS OF CHILDREN AND ECTIVE PROGRAMS THAT
2	Did the organization und the prior Form 990 or 99		nıfıcant program se	ervices during the ye	ar which were not listed on	√ Yes No
	If "Yes," describe these	new services o	n Schedule O			
3	Did the organization cea services?	se conducting,	or make significar	nt changes in how it o	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Sc	hedule O			
4	• •	01(c)(4) organ	ızatıons and secti	on 4947(a)(1) trusts	e largest program services are required to report the a n service reported	
4a	(Code) (Expenses \$	3,039,992	including grants of \$	3,039,992) (Revenue	\$)
	THE FOUNDATION PROVIDES GRANTS TO 30 ORGANIZATION				HE HEALTH AND WELFARE OF THE	COMMUNITIES THAT THEYSERVE
44	(Code) (Expenses \$	807,215	ıncludıng grants of \$	807,215) (Revenue	ф \
4Ь	THE FOUNDATION PROVIDES	ACADEMIC, TECH	INICAL AND VOCATION	IALSCHOLARSHIPS TO CO	, , ,	R EDUCATIONALINSTITUTIONS FOR
_	(Cada	\	216.000		216 000 \ (Payrama	.
4c	(Code THE FOUNDATION PROVIDES GRANTED DURING THE YEAR			including grants of \$ INGSTUDENTS ENROLLED	316,000) (Revenue AT THE COLLEGE OF THE BAHAMA	•
4d	Other program services (Expenses \$	•	Schedule O) See : - including grants o		for Description) (Revenue \$)
 4е	Total program service e	•	4,381,78	·	, (+	,
	· -	- '	, , , , -			

Part TV	Checklist of	Required	Schedules
	CHCCKHSLOI	IXC GGII CG	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	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.	11b		No
c	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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		N o
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete <i>Schedule M</i>	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\boxed{\text{Yes}}$ $\boxed{\text{Yes}}$ No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		Vaa	
а	gaming (gambling) winnings to prize winners?	. <u>1c</u>	Yes	
	Statements filed for the calendar year ending with or within the year covered by this return	0		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	. 3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	If "Yes," enter the name of the foreign country ►BF, EI			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accoun	ts		
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gıfts . 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?	and 7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	ed to 7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	99 as 7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	e a 7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Description or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?) id 8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	in les, has it lied a rotti / 20 to report these payments / 17 No, provide an explanation in Schedule O	14b	000	(2010

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

Se	ction A. Governing Body and Management								
					Yes	No			
	1		Ī						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27						
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes				
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con	d by c	or under the direct	3		No			
4	Did the organization make any significant changes to its governing documents since filed?		•	4		No			
5	Did the organization become aware during the year of a significant diversion of the oi	rganız	ation's assets? .	5		Νο			
6	Does the organization have members or stockholders?			6		No			
7a	Does the organization have members, stockholders, or other persons who may elect governing body?	one o	or more members of the	7a		N o			
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers o	rother persons?	7b		No.			
8	Did the organization contemporaneously document the meetings held or written activ		·						
	year by the following	ons ui	idertaken during the						
а	The governing body?			8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	•		8b	Yes				
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								
	ction B. Policies (This Section B requests information about policies not venue Code.)	requ	ired by the Internal						
					Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?			10a		Νο			
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.			10b					
11a	Has the organization provided a copy of this Form 990 to all members of its governing	_			Vas				
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	990	11a	Yes				
12-	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes				
				12a	res				
	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?			12b	Yes				
С	Does the organization regularly and consistently monitor and enforce compliance will describe in Schedule O how this is done		policy? If "Yes,"	12c	Yes				
13	Does the organization have a written whistleblower policy?	•		13	Yes				
14	Does the organization have a written document retention and destruction policy? $\;\;$.			14	Yes				
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of th								
а	The organization's CEO, Executive Director, or top management official			15a	Yes				
b	Other officers or key employees of the organization			15b		Νο			
	If "Yes" to line 15a or 15b, describe the process in Schedule O $$ (See instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	ılar arrangement with a	16a		No				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	en ste	ps to safeguard the	16b					
Se	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed▶NY								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data								

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MAUREEN FRENCH MANAGING DIR

WEST BAY STREET BF

(242) 362-4910

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

ation nor any re	elated o	rganı	zatio	on co	mpen	sate	d any current office	er, director, or trust	ee
(B) A verage hours	Posi	(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
	(B) A verage hours per week (describe hours for related organizations in Schedule	(B) A verage hours per week (describe hours for related organizations in Schedule	(B) A verage hours per week (describe hours for related organizations in Schedule	(B) A verage hours per week (describe hours for related organizations in Schedule (C) Position (check that apply Office Institutional Trustee	(B) A verage hours per week (describe hours for related organizations in Schedule	(B) A verage hours per week (describe hours for related organizations in Schedule	(B) A verage hours per week (describe hours for related organizations in Schedule (C) Position (check all that apply) Former Highest compensate or director Former Former Former Former Former Former Former	A verage hours per week (describe hours for related organizations in Schedule A verage hours (C) Position (check all that apply) Position (check all that app	Average hours per week (describe hours for related organizations in Schedule Average hours per week (describe hours for related organizations in Schedule Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from the organizations (W-2/1099-MISC) Reportable compensation from the organizations (W-2/1099-MISC)

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) (C) A verage Position (check all that apply) per that apply							(D) Reportable compensation from the	(E) Reportable compensation from related	on amou) ated f other sation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	organization (W- organizations (W- 2/1099-MISC) Highest compensate on pensate organization (W- 2/1099-MISC) Folimer Officer of the pensate						from t organizati relat organiza	the ion and ed
e Addıtıonal Data Table	-											
Sub-Total						٠	►					
Total from continuation sheets	s to Part VII, Sec	tion A				Þ						
Total (add lines 1b and 1c) .							Þ	0		0		0
Total number of individuals (inc \$100,000 in reportable compe					ted	above)) who	received more tha	n		1	
Did the organization list any fo on line 1a? <i>If</i> "Yes," complete Sc							ee, o	r highest compens	ated employee	3	Yes	No No
For any individual listed on line organization and related organization and related organizations.										4		No
Did any person listed on line 1a services rendered to the organi									r individual for	5		No
Section B. Independent Cor	ntractore											
Complete this table for your five \$100,000 of compensation from	e highest comper		ındep	ende	ent c	ontrac	tors	that received more	than			
	(A) me and business add							Descr	(B) option of services		(C Comper	

	990 (2010)				Page 10
Par	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	
	ll other organizations must complete column (A) but are not required to c	complete columi	(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	726,707	726,707		_
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	3,436,500	3,436,500		
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 salaries and wages	240,878	162,462	59,140	19,276
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,162	8,220	3,030	912
9	Other employee benefits	23,111	17,096	4,936	1,079
10	Payroll taxes	6,636	4,174	1,975	487
а	Fees for services (non-employees) Management	3,100	,,	2,210	
ь	Legal	27,661		27,661	
c	Accounting	85,680		85,680	
d	Lobbying	03,000		03,000	
	Professional fundraising services See Part IV, line 17				
e •		40.641		40.641	
f	Investment management fees	40,641	657	40,641	0.221
g 12	Other	39,091	657	29,103	9,331
12	Advertising and promotion	33,147	6,958	1,566	24,623
13	Office expenses	31,651	10,715	19,678	1,258
14	Information technology	18,765		18,765	
15	Royalties				
16	Occupancy	26,832		26,832	
17 18	Payments of travel or entertainment expenses for any federal,	2,400	1,998	252	150
40	state, or local public officials	12.176	6 204	5 003	
19	Conferences, conventions, and meetings	12,176	6,294	5,882	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance	888		888	
a	line 25, column (A) amount, list line 24f expenses on Schedule O)				
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,764,926	4,381,781	326,029	57,116
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 75,110 45,253 1 1 712,636 2 926.051 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 8 Prepaid expenses and deferred charges 6.474 9 6,474 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D ь Less accumulated depreciation 10b 10c 11 20.515.776 11 20.173.878 12 1,054,622 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 36.308 15 44,596 15 16 21,346,304 16 22,250,874 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 82,447 17 78.064 17 Accounts payable and accrued expenses . 349.263 18 18 1.435.300 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 431.710 26 1,513,364 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 19,332,347 27 18,999,600 Temporarily restricted net assets 1,582,247 1,737,910 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 20,914,594 33 20,737,510 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 21.346.304 22,250,874 34

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3.1	L40,99
2	Total expenses (must equal Part IX, column (A), line 25)	2			764,92
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,9	914,59
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,4	146,84
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		20,7	737,510
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 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		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	n			
	Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

Cine Gigarnie princ po Not i Roces

SCHEDULE A (Form 990 or 990EZ)

Name of the organization LYFORD CAY FOUNDATION INC

Department of the Treasury Internal Revenue Service

h

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

Open to Public Inspection

C/O PUTNEY TWOMBLY HALL & HIRSON 23-7025275 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). 1 2 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 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 331/3% 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 331/3% 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 Seesection 509(a)(4). 10 11 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 Type I Type II c Type III - Functionally integrated Type III - Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
 Total									

and (III) below, the governing body of the the supported organization?

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

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

11g(i)

11g(ii)

11g(iii)

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fart III. II the	e organizacion	alis to quality t	illuel the tests i	sted below, pie	ease con	ibiere i	art III.)
S	ection A. Public Support				<u> </u>			
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,345,55	7 1,963,29	1,876,641	2,290,207	1,	929,023	9,404,725
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities						\longrightarrow	
3	furnished by a governmental unit to the organization without charge	,						
4 5	Total. Add lines 1 through 3 The portion of total contributions	1,345,55	7 1,963,29	1,876,641	2,290,207	1,	929,023	9,404,725
5	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the							1,692,755
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							7,711,970
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 📂	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20		(f) Total
7	A mounts from line 4	1,345,557	1,963,297	1,876,641	2,290,207	1,9	929,023	9,404,725
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	532,390	770,503	512,014	523,307	ţ	531,387	2,869,601
9	Net income from unrelated business activities, whether or not the business is regularly				6,487			6,487
10	Carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	19,106			10,203		10,400	39,709
11	Total support (Add lines 7 through 10)							12,320,522
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or fı	fth tax year as a			ation, ▶
S	ection C. Computation of Pub	olic Support F	ercentage					
14 15	Public Support Percentage for 2010 Public Support Percentage for 2009	-		11 column (f))		14		62 590 %
	•	•	•		1 1 2 2 1/20/	15	-11-41	63 780 %
	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the	alıfıes as a public	ly supported orga	nızatıon				► ✓
	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meeorganization	n qualifies as a p — 2010. If the org tion meets the "f	ublicly supported anization did not acts and circums	organization check a box on lind tances" test, chec	e 13, 16a, or 16b k this box and st	o and line op here. E	14 Explain	► □
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets th	e "facts and cırcı	mstances" test, c	heck this box and	stop hei	re.	▶ [
18	Private Foundation If the organizat	ion did not check	a box on line 13	. 16a, 16b, 17a or	17b, check this	box and s	ee	.

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 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 behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part 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) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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—2009. 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 (Fo	orm 990 or 990-EZ) 2010	P
Part IV	Supplemental Information. Supplemental Information. Complete the required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 13 additional information. (See instructions).	• •

racts And Circumstances	res

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493313011211

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization LYFORD CAY FOUNDATION INC		Empi	oyer identification number
C/O PUTNEY TWOMBLY HALL & HIRSON			025275
Part I Organizations Maintaining Donor A organization answered "Yes" to Form 9		lar Funds (or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor ad funds are the organization's property, subject to the			sed Yes No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit		•	
art II Conservation Easements. Complete	e if the organization answered "\	res" to Form	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	tion or pleasure) Preservation Preservation	n of a certified	cally importantly land area I historic structure nservation
,			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easement	ts	2b	
: Number of conservation easements on a certified h	ıstorıc structure ıncluded ın (a)	2c	
Number of conservation easements included in (c)	acquired after 8/17/06	2d	
Number of conservation easements modified, trans the taxable year -			e organization during
Number of states where property subject to conser	vation easement is located 🗠		
Does the organization have a written policy regardi enforcement of the conservation easements it hold		n, handling of	violations, and Yes No
Staff and volunteer hours devoted to monitoring, in:	specting and enforcing conservation	easements du	uring the year ►
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation ease	ements during	the year 🟲 \$
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements	ofsection	☐ Yes ☐ No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's fin		
Organizations Maintaining Collecti Complete if the organization answered			ner Similar Assets.
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or r	esearch in fur	
If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or rese		•
(i) Revenues included in Form 990, Part VIII, line	1		► \$
(ii) Assets included in Form 990, Part X			► \$
If the organization received or held works of art, his following amounts required to be reported under SF.		sets for financ	'
Revenues included in Form 990, Part VIII, line 1			► \$

Assets included in Form 990, Part X

e organization's accession and other leck all that apply) ic exhibition plarly research ervation for future generations is description of the organization's concept and the organization solicity be sold to raise funds rather than scrow and Custodial Arrangement IV, line 9, or reported an augunization an agent, trustee, custo on Form 990, Part X? explain the arrangement in Part XI g balance is during the year alance reganization include an amount on Fexplain the arrangement in Part XI andowment Funds. Complete	or receive donations to be maintained as gements. Complemount on Form 99 dian or other intermed. V and complete the form 990, Part X, line V	d e of art part o ete if 0, Pa ediary following	they further order to the order to the order to the control of the	ther urther t ucal tre ganizat ganiza ne 21 tributio	exchang the organ easures tion's co ation an	nization's or other illection? swered her asse	s exe	mpt pu ar s" to F	rpose 	n Yes		No No
ervation for future generations description of the organization's concept of the organization solicity be sold to raise funds rather than secrow and Custodial Arranguist IV, line 9, or reported an air ganization an agent, trustee, custo on Form 990, Part X? explain the arrangement in Part XI g balance is during the year alance rganization include an amount on Fexplain the arrangement in Part XI explain the arrangement in Part XI.	or receive donations to be maintained as gements. Complemount on Form 99 dian or other intermed. V and complete the view of the organization	e of art part o ete if 10, Part of 10, Par	they furthey furthey fund on the organist X, lings for continuous the continuous	ther urther t ucal tre ganizat ganiza ne 21 tributio	the organisms assures toon's continuous and the second sec	or other ollection? ISWERED her asse	s exessimily of the state of th	ar s" to F	 Form 9 	90, Yes		
ervation for future generations idescription of the organization's concept of the organization solicity be sold to raise funds rather than scrow and Custodial Arrangement IV, line 9, or reported an airganization an agent, trustee, custo on Form 990, Part X? explain the arrangement in Part XI god balance solutions during the year alance reganization include an amount on Fexplain the arrangement in Part XI.	or receive donations to be maintained as gements. Complemount on Form 99 dian or other intermed. V and complete the view of the organization	of art part of the look of the	they further, history fithe orgenter than the orgenter than the orgenter than the for continuous the	irther t ical tre ganizat ganiza ne 21 tributio	easures tion's co ation an	or other illection? iswered her asse	sımıl P I "Ye ets no	ar s" to F	 Form 9 	90, Yes		
e year, did the organization's content of the organization solicity be sold to raise funds rather than scrow and Custodial Arrangement IV, line 9, or reported an air and an agent, trustee, custo on Form 990, Part X? explain the arrangement in Part XI g balance is during the year alance rganization include an amount on Fexplain the arrangement in Part XI.	or receive donations to be maintained as gements. Complemount on Form 99 dian or other intermed. V and complete the view of the organization	of art part of the look of the	the order the order the order trt X, II	ical tre ganizat ganiza ne 21 tributio	easures tion's co ation an	or other illection? iswered her asse	sımıl P I "Ye ets no	ar s" to F	 Form 9 	90, Yes		
e year, did the organization solicity be sold to raise funds rather than scrow and Custodial Arrangert IV, line 9, or reported an aignization an agent, trustee, custo on Form 990, Part X? explain the arrangement in Part XI g balance is during the year alance rganization include an amount on Fexplain the arrangement in Part XI.	or receive donations to be maintained as gements. Complemount on Form 99 dian or other intermed. V and complete the view of the organization	of art part of the look of the	the order the order the order trt X, II	ical tre ganizat ganiza ne 21 tributio	easures tion's co ation an	or other illection? iswered her asse	sımıl P I "Ye ets no	ar s" to F	 Form 9 	90, Yes		
be sold to raise funds rather than scrow and Custodial Arrang art IV, line 9, or reported an arganization an agent, trustee, custo on Form 990, Part X? explain the arrangement in Part XI g balance so during the year alance rganization include an amount on Fexplain the arrangement in Part XI alance	to be maintained as gements. Complemount on Form 99 dian or other intermed and complete the form 990, Part X, line V and corganization	part o ete if i0, Pa diary followi	f the ord the ord ort X, li	ganizat ganiza ne 21 tributio	tion's co ition an	her asse	I "Ye	s" to F	orm 9	90, Yes		
art IV, line 9, or reported an anganization an agent, trustee, custo on Form 990, Part X? explain the arrangement in Part XI g balance s during the year alance rganization include an amount on Fexplain the arrangement in Part XI	mount on Form 99 dian or other interme V and complete the form 990, Part X, line V If the organization	on, Pa	rt X, li	ne 21. tributio		her asse	ets no			Yes		No
on Form 990, Part X? explain the arrangement in Part XI g balance s during the year lions during the year alance rganization include an amount on F explain the arrangement in Part XI	orm 990, Part X, line Torm from 990, Part X, line	followi 21?			ons or ot	1	1c	ot				No
g balance s during the year nons during the year alance rganization include an amount on F explain the arrangement in Part XI	Form 990, Part X, line V If the organization	≘ 21?	ing tabl	e		1			Am	nount		
s during the year tions during the year alance rganization include an amount on F explain the arrangement in Part XI	v If the organization					1						
s during the year tions during the year alance rganization include an amount on F explain the arrangement in Part XI	v If the organization					—	1d					
ions during the year alance rganization include an amount on F explain the arrangement in Part XI	v If the organization											
alance rganızatıon ınclude an amount on F explaın the arrangement ın Part XI	v If the organization						le					
rganization include an amount on F explain the arrangement in Part XI	v If the organization						1f					
explain the arrangement in Part XI	v If the organization					<u> </u>	<u> </u>			Yes	Г	No
	ıf the organization	200							,		,	
		ı a115'	wered	"Yes"	to Forr	n 990.	Part	IV, lın	e 10.			
	(a)Current Year		Prior Yea			ears Back				(e)Four	Year	s Back
g of year balance	1,582,247		1,36	1,958								
ions												
ent earnings or losses	224,413		29	7,789								
scholarships	68,750		7	7,500								
penditures for facilities rams												
rative expenses												
arbalance	1,737,910		1,58	32,247								
he estimated percentage of the yea	ar end balance held a	is										
signated or quasi-endowment 🕨	100 000 %											
nt endowment 🕨												
lowment 🕨												
endowment funds not in the posse	ession of the organiza	ation t	hat are	held a	nd admı	nıstered	for t	he				
ion by											+	No
-							•			-	-	10
_									-		+^	10
	•				• •		•		. <u>J</u>	<u>'_</u>	—	—
). Part \	X. line 1	LO.					
	, _ ,				<u> </u>			(c) An	cumulate	ed I		
Description of investment											Book	: value
. man raya manta												
improvements												
:												
h s n le e e	ne estimated percentage of the yesting ated or quasi-endowment intendowment intendowment intendowment funds not in the possession by ted organizations and a second functions of the second function of the se	ne estimated percentage of the year end balance held a signated or quasi-endowment 100 000 % intendowment 100 000 % intendowment 100 000 % intendowment 100 000 % intendowment 100 000 % intendowment funds not in the possession of the organization by ted organizations 100 000 % intendoment 100 000 % intendoment 100 000 % intended organization 100 000 % intended	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % intendowment 100 000 % intendowment 100 000 % intendowment 100 000 % intendowment 100 000 intendowment funds not in the possession of the organization to 100 by ted organizations	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % intendowment 100 000 % intendowment 100 000 % intendowment 100 000 % intendowment funds not in the possession of the organization that are endowment funds in the possession of the organization that are endowment funds in the possession of the organization that are endowment funds organizations in the possession of the organization that are endowment funds organizations in the possession of the organization of schedule in Part XIV the intended uses of the organization's endowment funds or the possession of the organization's endowment funds or the possession of the organization's endowment funds or the possession of the organization of the organ	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % intendowment 100 000 % intendowment 100 000 % intendowment 100 000 % intendowment funds not in the possession of the organization that are held a sign by ted organizations 100 000 % intended used organizations 100 000 % intended used organizations 100 000 % intended used of the organization of sendowment funds 100 000 % intended used organization organization organization organization of investment 100 000 % inve	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % Intendowment endowment endowment funds not in the possession of the organization that are held and admition by ted organizations	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % nt endowment endowment funds not in the possession of the organization that are held and administered in by ted organizations	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % nt endowment endowment funds not in the possession of the organization that are held and administered for the organizations of the organization that are held and administered for the organizations of the organization of the org	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % Int endowment owment endowment funds not in the possession of the organization that are held and administered for the ion by ted organizations	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % nt endowment endowment endowment funds not in the possession of the organization that are held and administered for the endown by ted organizations	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % Intendowment owment endowment funds not in the possession of the organization that are held and administered for the endowment funds Yes Yes 3a(i) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 10 3a(ii) 10 3a(ii) 10 3a(ii) 10 3a(ii) 11 Part XIV the intended uses of the organization's endowment funds Vestments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Cost or other basis (other) (d) Cost or other basis (other) (d) Cost or other basis (other) (e) Accumulated depreciation (f) Accumulated depreciation (h) Cost or other basis (other) (h) Co	ne estimated percentage of the year end balance held as signated or quasi-endowment 100 000 % Intendowment owment endowment endowment funds not in the possession of the organization that are held and administered for the endowment funds ion by ted organizations

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

_	t XI Reconciliation of C	hange in Net Assets from 5	form 990 to Financial Stateme	nts	Page 4
1	Total revenue (Form 990, Part	VIII, column (A), line 12)	orm 550 to 1 maneral Stateme	1	3,140,999
2 3	Total expenses (Form 990, Pa Excess or (deficit) for the year	, , , , , , , , , , , , , , , , , , , ,		3	4,764,926
4 5	Net unrealized gains (losses) of Donated services and use of fa			5	1,446,843
6	Investment expenses	cintres		6	
7 8	Prior period adjustments Other (Describe in Part XIV)			8	
9 10	Total adjustments (net) Add I		lines 2 and 0	9	1,446,843 -177,084
Part	XIII Reconciliation of R	•	ial Statements With Revenue p	er R	eturn
1 2	· -	er support per audited financial stat ut not on Form 990, Part VIII, line :		1	4,587,843
a b	Net unrealized gains on inves Donated services and use of f	tments	2a 1,446,843		
c d	Recoveries of prior year grant Other (Describe in Part XIV)		2c 1		
e	Add lines 2a through 2d .			2e	1,446,844
3 4	Subtract line 2e from line 1 . A mounts included on Form 99	O, Part VIII, line 12, but not on line	• • • • • • • • • • • • • • • • • • •	3	3,140,999
a b	Investment expenses not inc Other (Describe in Part XIV)	uded on Form 990, Part VIII, line 7	7 b . 4a 4b		
c	Add lines 4a and 4b			4c	0
	XIII Reconciliation of E	xpenses per Audited Finan	Part I, line 12)	5 s per	
1	Total expenses and losses pe statements			1	4,764,926
2 a	A mounts included on line 1 but Donated services and use of f	it not on Form 990, Part IX, line 25 acilities	2a		
b c	Prior year adjustments Other losses		2b		
d	Other (Describe in Part XIV)		2d		
е 3	Add lines 2a through 2d Subtract line 2e from line 1 .			2e 3	4,764,926
4 a		0, Part IX, line 25, but not on line 1 luded on Form 990, Part VIII, line 7	1 1		
b	Other (Describe in Part XIV)	·	4b		
с 5		nd 4c. (This should equal Form 990		4c 5	4,764,926
	t XIV Supplemental In		3, 5, and 9, Part III, lines 1a and 4, P	art IV ,	lines 1b and 2b,
Part			rt XIII, lines 2d and 4b Also complete		
	Ident if ier	Return Reference	Explanat		
	RIPTION OF INTENDED USE NDOWMENT FUNDS	PART V, LINE 4	THE LYFORD CAY FOUNDATON F DESIGNATED ENDOWMENT FUNI FUNDS ARE INTENDED TO PROV	os Bo	TH ENDOWMENT
			BAHAMIAN STUDENTS SEEKING EXCELLENCE SCHOLARSHIP FUN	HIGH	ER EDUCATION (1)
			ACADEMIC SCHOLARSHIPS OF URSERVED FOR EXCEPTIONAL B	АНАМ	IAN STUDENTS
			OR CANADA WHOSE PARTICULA EXPECTED TO CONTRIBUTE SIG	R FIEL	_D OF STUDY IS
			BETTERMENT OF THE BAHAMAS BASED ON A SELECTED DISCIPL	THES	SCHOLARSHIP IS
			REQUIRED TO CONTINUE IN THE THROUGHOUT THE DURATION C	EIR ÁF FTHE	PPROVED MAJOR SCHOLARSHIP THE
			FOLLOWING FIELDS OF STUDY A AWARDS AGRICULTURE, ENGIN	EERIN	G, ARCHITECTURE,
			ECONOMICS, MARINE DESIGN/C MANUFACTURING SYSTEMS, AN RECIPIENTS MUST CONTRIBUTE	D EDU	CATION
			TOTAL COST OF THEIR EDUCAT GRANT OR SCHOLARSHIP FROM	ION A THE C	ND MAY APPLY A OLLEGE TOWARD
			THE REMAINING CONTRIBUTOR DISBURSEMENT FROM THE FUND	ARE	LIMITED TO \$30,000
			PER YEAR PLUS 9% OF THE CON THE CAPITAL OF THE FUND THE IN NOT LESS THAN 50% EQUITI	FUND	MUST BE INVESTED
			FUNDS HAVING PUBLIC TRADE I HAROLD W SIEBENS TECHNICA	N THE	USORCANADA (2)
			PROVIDES ANNUAL SCHOLARSH TOWARDS THE TUITION OF BAH	AMIA	NSTUDENTS
			ENROLLING IN CAREER SCHOOL TECHNOLOGY OUTSIDE THE CO BAHAMAS ELIGIBLE RECIPIENT	MMON	IWEALTH OF THE
			OF ACADEMIC PROFICIENCY, FI PERSONAL QUALITIES (INTERES	NANC ST, SE	IAL NEED, RIOUSNESS OF
			PURPOSE, DETERMINATION, CO	UALIT	Y OF THE PROPOSED
			SCHOOL OR COLLEGE, AND APP PROJECTED FIELD OF STUDY WH IN SERVING THE NEEDS OF THE	IICH M	1UST BE VALUABLE
			FIELDS OF STUDY SUCH AS AGR AIR CONDITIONING AND REFRIC	ICULT	URE & FISHERIES,
			MARINE AND AVIATION MECHA AND RELATED TRADES, HEAVY	QUIP	MENT OPERATION,
			MACHINE SHOP, COMPUTER SEF HOSPITALITY AND TOURISM, AN TECHNOLOGY DISTRIBUTION F	ID HE	ALTH CARE
			SIEBENS TECHNICAL SCHOLARS AMOUNT EQUAL TO THE LESSER	SHIP F	UND IS UP TO AN A) 25% OF THE
			DURING EACH YEAR FROM SOUR	CESC	THER THAN THE
			HAROLD W SIEBENS TECHNICAL TECHNICAL TRAINING OUTSIDE 5% OF THE AVERAGE MARKET V	OFT	HE BAHAMAS, OR (B)
			OF OF THE HAROLD W SIEBENS SCHOLARSHIP FUND OVER THE	TECH	NICAL
	RIPTION OF UNCERTAIN	PART X	IN JULY 2006, THE FINANCIAL A		
TAX	POSITIONS UNDER FIN 48		BOARD (FASB) ISSUED FINANCIA 48, ACCOUNTING FOR UNCERTA AN INTERPRETATION OF FASB S	INTY	IN INCOME TAXES -
			WHICH CLARIFIES THE ACCOUN IN INCOME TAXES RECOGNIZED	TING	FOR UNCERTAINTY
			STATEMENTS IN ACCORDANCE NO 109, ACCOUNTING FOR INC	омет	TAXES AS OF JULY 1,
			2009, FASB LAUNCHED THE FAS STANDARDS CODIFICATION (AS CLASSIFIED AS "ASC 740" ASC	SC)TH	US "FIN 48" IS NOW
			TAX BENEFIT FROM AN UNCERTARECOGNIZED WHEN IT IS MORE	LIKEL	Y THAN NOT THAT
			THE POSITION WILL BE SUSTAIN INCLUDING RESOLUTIONS OF A LITIGATION PROCESSES, BASEI	NY RE	LATED APPEALS OR
			MERITS INCOME TAX POSITION LIKELY-THAN-NOT RECOGNITION	IS MU	ST MEET A MORE
			ADOPTION OF ASC 740 AND IN	SUBSE	QUENT PERIODS
			THIS INTERPRETATION ALSO PE MEASUREMENT, DERECOGNITIO INTEREST AND PENALTIES, ACC	N, CL	ASSIFICATION,
			PERIODS, DISCLOSURE AND TRA PUBLIC ENTITIES, ASC 740 WAS	NSIT EFFE	ION FOR NON- CTIVE FOR YEARS
			BEGINNING AFTER DECEMBER 1 ENTERPRISES, INCLUDING NON-	-PROF	IT ORGANIZATIONS,
			FSP FIN 48-3 DEFERRED THE EFF PERIODS BEGINNING AFTER DEG ALTHOUGH ASC 740 IS PRIMARI	СЕМВЕ	ER 15, 2008
			BUSINESS ENTERPRISES, A TAX THE CHARACTERIZATION OF IN	POSIT COME	TION MAY INCLUDE AS TAX EXEMPT
			(RELATED OR EXCLUDED EXEMP DESCRIBED IN IRC SECTION 51:	2 (A)- (I	B)) AND/OR TAXABLE
			AS UNRELATED BUSINESS INCO 511(A) FOR PRIVATE FOUNDAT: MAY ALSO INCLUDE THE CHARA	IONS,	A TAX POSITION
			AND EXPENSE AS NET INVESTMEXCISE TAX UNDER IRC SECTIO	ENT IN N 494	NCOME SUBJECT TO O(A) LYFORD CAY
			FOUNDATION, INC. HAS ADOPT THE TAX YEAR BEGINNING JANU	ARY 1	.,2009 LYFORD CAY
			FOUNDATION, INC HAS EVALUA STANDARD AND HAS DETERMIN OF ASC 740 WILL HAVE NO SIGN	ED TH	AT THE ADOPTION
			FINANCIAL STATEMENTS IN TH		

FOUNDATION, INC WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS AN INCOME TAX EXPENSE TAX YEARS 2007 THROUGH 2010 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN

PROCESS

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DLN: 93493313011211

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

YFORD CAY FOUNDATION INC :/O PUTNEY TWOMBLY HALL & HIF	RSON			23-7025275	
	n on Activiti		ne United States. Co	omplete if the organiz	zation answered
1 For grantmakers. Does the			s to substantiate the a	mount of the grants	or
assistance, the grantees' eli	gibility for the	grants or assis	stance, and the selection	on criteria used to aw	ard
the grants or assistance? .					┌ Yes ┌ No
2 For grant makers. Describe in P United States	art V the organız	atıon's procedur	es for monitoring the use	of grant funds outside t	he
Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	
CENTRAL AMERICA/CARIBBEAN	1		FUNDRAISING, PROGRAM SEVICES, GRANTS TO RECIPIENTS LOCATED IN THE BAHAMAS		3,928,21
NORTH AMERICA			EDUCATIONAL SCHOLARSHIPS		72,50
EUROPEAN REGION			EDUCATIONAL SCHOLARSHIPS		37,50
NORTH AMERICA			INVESTMENTS		1,183,63
3a Sub-total		4			5,221,85
b Total from continuation sheets		<u>'</u>			-,222,00

to Part I

c Totals (add lines 3a and 3b)

5,221,853

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

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	V	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	ᅜ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	দ	Νο
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	~	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	~	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	▽	Νο

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to	provide the	ınformatıon	(see	instructions)	required	ın Part I	, line 2,	and any	addıtıonal
information									

<u>information.</u>		
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING		SCHEDULE F, PART I, LINE 2 GRANT RECIPIENTS MUST
GRANTS OUTSIDE THE U S		SATISFY THE FOLLOWING CRITERIA - MUST BE A
		BAHAMIAN CITIZEN AND PROVIDE VERIFICATION - MUST
		BE ACCEPTED AT THE COLLEGE OR UNIVERSITY - MUST
		HAVE A MINIMUM GPA OF 3 0 OUT OF A POSSIBLE 4 0 OR
		EQUIVALENT - MUST SUBMIT A COMPLETE APPLICATION
		WITH ALL SUPPORTING DOCUMENTATION INCLUDING
		VERIFICATION OF FAMILY FINANCIAL RESOURCES, TWO
		LETTERS OF RECOMMENDATION, A CURRENT RESUME, TWO
		PERSONAL ESSAYS AND COPIES OF SCHOOL TRANSCRIPTS
		AND RELEVANT EXAMINATION RESULTS GRANTS ARE
		MADE DIRECTLY TO EDUCATIONAL INSTITUTIONS (NOT
		TO INDIVIDUAL RECIPIENTS) TO ENSURE THAT THE FUNDS
		ARE USED FOR EDUCATIONAL PURPOSES
		Schedule F (Form 990) 2010

Software ID: Software Version:

EIN: 23-7025275

Name: LYFORD CAY FOUNDATION INC C/O PUTNEY TWOMBLY HALL & HIRSON

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Unit	ted States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
			FUNDING OF LUNCH & EDUCATION MATERIALS	40,450	СНЕСК			
			FUNDING THE HOLOWESKO LIBRARY	15,000	СНЕСК			
			FUNDING FOR SEMINAR SERIES FOR GUIDANCE COUNSELORS	5,500	СНЕСК			
		CENTRAL AMERICA & THE CARIBBEAN	FUNDING FOR PROJECT POTCAKE	7,013	СНЕСК			
		CENTRAL AMERICA & THE CARIBBEAN	FUND FOR BREATHE EASY CAMPAIGN	42,797	CHECK			
		CENTRAL AMERICA & THE CARIBBEAN	FUNDING FOR THE COB LIBRARY	2,500,000	CHECK			
		CENTRAL AMERICA	FUNDING IN MEMORY OF LADY TURNQUEST	75,000	CHECK			
		CENTRAL AMERICA & THE CARIBBEAN	FUNDING FOR THE JANYNE HODDER STUDY ABROAD PROGRAM	10,000	СНЕСК			
		CENTRAL AMERICA & THE CARIBBEAN	SCHOLARSHIPS FOR NEEDY CHILDREN	10,000	СНЕСК			
		CENTRAL AMERICA & THE CARIBBEAN	FUND FOR THE SIZE MATTERS CAMPAIGN	10,000	СНЕСК			
		CENTRAL AMERICA & THE CARIBBEAN	PURCHASE OF BACK TO SCHOOL SUPPLIES	7,500	СНЕСК			
		CENTRAL AMERICA & THE CARIBBEAN		17,500	CHECK			
			FUNDING FOR OPERATIONS	40,000	CHECK			
		CENTRAL AMERICA & THE CARIBBEAN	SCHOLARSHIPS FOR SPECIAL NEEDS CHILDREN	57,500	СНЕСК			
		CENTRAL AMERICA & THE CARIBBEAN	PARTIAL, NEEDS BASED SCHOLARSHIP PROGRAM	50,000	CHECK			
		& THE CARIBBEAN	FUNDING FOR PURCHASE OF NEW REFRIGERATOR AND WINDOW SCREENS	9,940	CHECK			
		CENTRAL AMERICA & THE CARIBBEAN	PROVISION WILL SUPPORT SUMMER CAMP PROGRAM	14,680	CHECK			
		CENTRAL AMERICA & THE CARIBBEAN	SUMMER YOUTH PROGRAM GENERAL SUPPORT	7,500	CHECK			
			FUNDING FOR THE PURCHASE OF COMPUTER LAB CHAIRS & A PRINTER/FAX	6,547	CHECK			
		CENTRAL AMERICA & THE CARIBBEAN	FUNDS FOR OUTREACH CENTRE	7,500	CHECK			
		CENTRAL AMERICA & THE CARIBBEAN	PURCHASE & TRAINING OF LITERACY SOFTWARE FOR AFTER SCHOOL PROGRAM	25,000	CHECK			
			FUNDING FOR GENERAL OPERATING COSTS	7,500	СНЕСК			
		EUROPEAN REGION	EDUCATIONAL SCHOLARSHIPS	10,000	СНЕСК			
		CENTRAL AMERICA & THE CARIBBEAN		316,000	СНЕСК			
		EUROPEAN REGION	EDUCATIONAL	7,500				
		NORTH AMERICA	SCHOLARSHIPS EDUCATIONAL	19,796	СНЕСК			
			ACADEMIC	7,500	CHECK			
		& THE CARIBBEAN NORTH AMERICA	SCHOLARSHIPS EDUCATIONAL	19,796	CHECK			
		EUROPEAN REGION		20,000				
		NORTH AMERICA	SCHOLARSHIPS EDUCATIONAL		СНЕСК			
			SCHOLARSHIPS	7,70				

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AMERICA	EDUCATIONAL SCHOLARSHIPS	7,428	CHECK			
		NORTH AMERICA	EDUCATIONAL SCHOLARSHIPS	7,334	CHECK			
		NORTH AMERICA	EDUCATIONAL SCHOLARSHIPS	7,450	СНЕСК			

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493313011211 OMB No 1545-0047

Employer identification number

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

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

Inspection

LYFORD CAY FOUNDATION INC C/O PUTNEY TWOMBLY HALL & HIRS						23-7025275	
Part I General Information 1 Does the organization maintain rathe selection criteria used to away	ecords to substantı	ate the amount of the					✓ Yes 「I
2 Describe in Part IV the organiza							
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50	1(c)(3) and governr	ment organizations .					58
3 Enter total number of other organ							7

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE LYFORD CAY FOUNDATION MONITORS THE GRANTS IT MAKES TO SCHOLARSHIP
MONITORING GRANTS		RECIPIENTS BY REMITTING THE SCHOLARSHIP FUNDS DIRECTLY TO THE INSTITUTION OF HIGHER LEARNING NO
IN THE U S		FURTHER FOLLOW-UP IS REQUIRED AS THE SCHOLARSHIP GRANT IS AUTOMATICALLY APPLIED AGAINST THE
		STUDENT TUITION SCHOLARSHIP CRITERIA 1) MUST BE BAHAMIAN CITIZEN AND PROVIDE VERIFICATION, 2)
		REMAINING CANDIDATE SELECTION IS WEIGHTED AS FOLLOWS ACADEMIC MERIT 35% FINANCIAL NEED- 35%
		CALIBER OF PROPOSED COLLEGE OR UNIVERSITY 10% FIELD OF STUDY- 10% CANDIDATES PERSONAL
		QUALITIES- 10%, 3) PRIORITY IS GIVEN TO FIELDS OF STUDY CONSIDERED MOST VALUABLE IN SERVING THE
		ECONOMIC AND SOCIAL NEEDS OF THE BAHAMAS, 4) FINANCIAL RESOURCES ARE CONSIDERED INCLUDING THE
		COST OF ATTENDANCE AT THE PROPOSED COLLEGE OR UNIVERSITY AND OTHER SCHOLARSHIP AWARDS AND
		GRANTS RECEIVED BY THE APPLICANT, 5) THE CALIBER OF THE INSTITUTION OF CHOICE, AND 6) THE
		CANDIDATE'S PERSONAL QUALITIES INCLUDING HIS OR HER LEADERSHIP SKILLS, LEVEL OF COMMITMENT TO
		THE COMMUNITY, ABILITY TO THINK CLEARLY ABOUT PERSONAL STRENGTHS AND GOALS, MOTIVATION AND
		THE POTENTIAL TO SUCCEED IN COLLEGE AN INDEPENDENT SCREENING COMMITTEE OF LOCAL
		PROFESSIONALS IS RESPONSIBLE FOR MAKING RECOMMENDATIONS ON CANDIDATES TO RECEIVE
		SCHOLARSHIPS OR TO QUALIFY FOR SCHOLARSHIP RENEWALS RECIPIENTS ARE ALSO REQUIRED TO SUBMIT AN
		OFFICIAL TRANSCRIPT SHOWING THAT THEY HAVE MAINTAINED THE MINIMUM GPA REQUIREMENTS FOR THEIR
		SCHOLARSHIP TYPE (E G , UNDERGRADUATE 3 0, GRADUATE 3 5 AND TECHNICAL AND VOCATIONAL 2 75)
		RECIPIENTS ARE ALSO REQUIRED TO SUBMIT A WRITTEN PERSONAL EVALUATION OF THEIR ACADEMIC YEAR,
		TO COMPLETE 20 HOURS OF VOLUNTEER COMMUNITY SERVICE, AND TO COMPLETE ON AN ANNUAL BASIS A
		COST OF ATTENDANCE FORM DETAILING THEIR EDUCATIONAL EXPENSES, OTHER SCHOLARSHIP AWARDS AND
		GRANTS, ETC GRANTS ARE MADE ON THE UNDERSTANDING THAT THE RECIPIENT WILL RETURN TO LIVE AND
		WORK IN THE BAHAMAS WHEN HIS OR HER EDUCATION HAS BEEN COMPLETED

Software ID: Software Version:

EIN: 23-7025275

Name: LYFORD CAY FOUNDATION INC

C/O PUTNEY TWOMBLY HALL & HIRSON

Form 990,Schedule I, Part	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRY UNIVERSITY11300 NE 2ND AVENUE MIAMI,FL 331616695	59-0624364	501(C)(3)	10,000				SCHOLARSHIP
DEVRY UNIVERSITY2300 SW 145TH AVENUE MIRAMAR,FL 32901	59-6046500	501(C)(3)	15,000				SCHOLARSHIP
HILLSBOROUGH COMMUNITY COLLEGE 4001 W TAMPA BAY BLVD TAMPA,FL 336147820	59-1219841	501(C)(3)	7,500				SCHOLARSHIP
JOHNSON & WALES UNIVERSITY1701 NE 127TH STREET NORTH MIAMI,FL 33181	05-0306206	501(C)(3)	7,500				SCHOLARSHIP
LINCOLN COLLEGE OF TECHNOLOGY2410 METROCENTRE BLVD WEST PALM BEACH,FL 33407	59-2420433		10,000				SCHOLARSHIP
MARINE MECHANICS INSTITUTE9715 DELEGATES DRIVE ORLANDO,FL 32837	86-0226984		10,000				SCHOLARSHIP
NEW ENGLAND INSTITUTE OF TECHNOLOGY39 NORTH BENNET STREET BOSTON,MA 02113	59-2420433		7,500				SCHOLARSHIP
NEW YORK INSTITUTE OF TECHNOLOGYOLD WESTBURY CAMPUS OLD WESTBURY, NY 115688000	11-1788788	501(C)(3)	7,500				SCHOLARSHIP
NORTHWEST ARKANSAS COMMUNITY COLLEGEONE COLLEGE DRIVE BENTONVILLE, AR 727125091	71-0685540	501(C)(3)	7,500				SCHOLARSHIP
ROCHESTER INSTITUTE OF TECHNOLOGY60 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	7,500				SCHOLARSHIP
SEMINOLE STATE COLLEGE OF FLORIDA100 WELDON BOULEVARD SANFORD,FL 32773	59-1210168	501(C)(3)	7,500				SCHOLARSHIP
TEXAS SOUTHERN UNIVERSITY3100 CLEBURNE AVENUE HOUSTON,TX 77004	52-2117007	501(C)(3)	15,000				SCHOLARSHIP

Form 990,Schedule 1, Par	t II, Grants and	TOUTE ASSISTANCE	to doverninents	and Organization	T the officed Sta	1163	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSAL TECHNICAL INSTITUTE721 LOCKHAVEN DRIVE HOUSTON,TX 770735515	86-0226984		7,500				SCHOLARSHIP
UNIVERSITY OF TEXAS 1515 HOLCOMBE BOULEVARD HOUSTON,TX 770304009	50-6506506	501(C)(3)	10,000				SCHOLARSHIP
GEORGE T BAKER AVIATION SCHOOL3275 NW 42ND AVENUE MIAMI,FL 33142	59-6000572	501(C)(3)	17,500				SCHOLARSHIP
ITT TECHNICAL INSTITUTE3401 SOUTH UNIVERSITY DRIVE FT LAUDERADALE, FL 33760	36-2011311		15,000				SCHOLARSHIP
MIAMI DADE COLLEGE950 NW 20TH STREET MIAMI,FL 33181	59-6169745	501(C)(3)	15,000				SCHOLARSHIP
WYOMING TECHNICAL INSTITUE4373 NORTH 3RD STREET LARAMIE,WY 82072	83-0301912		10,000				SCHOLARSHIP
SOUTHERN UNION STATE COMMUNITY COLLEGE OPELIKA CAMPUS 1701 WELDON BOULEVARD SANFORD, AL 36801	63-0494681	501(C)(3)	7,500				SCHOLARSHIP
FLORIDA INSTITUTE OF TECHNOLOGY150 W UNIVERSITY BLVD MELBOURNE,FL 32901	59-6046500	501(C)(3)	7,500				SCHOLARSHIP
DAYTONA STATE COLLEGE 1200 WINTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH,FL 32114	59-1211226		15,000				SCHOLARSHIP
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	56-0791228	501(C)(3)	10,000				SCHOLARSHIP
STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE6 PENNYFIELD AVENUE THROGS NECK, NY 104654198	51-0180576	501(C)(3)	10,000				SCHOLARSHIP
CLARKSON UNIVERSITYPO BOX 5610 POTSDAM,NY 13699	15-0543659	501(C)(3)	10,000				SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CAPE ELEUTHERA FOUNDATIONPO BOX 5910 PRINCETON,NJ 08543	31-1591503	501(C)(3)	45,000				SCHOLARSHIP			
ALBION COLLEGE611 EAST PETER STREET ALBIO,MI 49224	38-1359081	501(C)(3)	15,000				SCHOLARSHIP			
BELOIT COLLEGE700 COLLEGE STREET BELOIT, WI 535115595	39-0808497	501(C)(3)	7,500				SCHOLARSHIP			
BEULAH HEIGHTS UNIVERISTY892 BERNE STREET SE PO BOX 18145 ATLANTA,GA 30316	58-6055244	501(C)(3)	7,500				SCHOLARSHIP			
BROWN UNIVERSITYBOX 1876 PROVIDENCE,RI 029121876	05-0258809	501(C)(3)	35,000				SCHOLARSHIP			
BRYANT UNIVERSITY1150 DOUGLAS PIKE SMITHFIELD, RI 029171287	05-0258810	501(C)(3)	7,500				SCHOLARSHIP			
CALIFORNIA MARITIME ACADEMY200 MARITIME ACADEMY DRIVE VALLEJO,CA 94590	68-0316355	501(C)(3)	7,500				SCHOLARSHIP			
CARNEGIE MELLOW UNIVERSITY5000 FORBES AVE PITTSBURGH,PA 15213	25-0969449	501(C)(3)	7,500				SCHOLARSHIP			
CLARK ATLANTA UNIVERSITY223 JASMES P BRAWLEY ROAD ATLANTA,GA 30314	58-1825259	501(C)(3)	7,500				SCHOLARSHIP			
DREXEL UNIVERSITY3201 ARCH STREET PHILADELPHIA,PA 19104	23-1352630	501(C)(3)	37,790				SCHOLARSHIP			
YALE UNIVERSITYPO BOX 208365 NEW HAVEN, CT 065208365	06-0646973	501(C)(3)	10,000				SCHOLARSHIP			
DUQUESNE UNIVERSITY 600 FORBES AVE PITTSBURGH,PA 15282	25-1035663	501(C)(3)	7,500				SCHOLARSHIP			

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY BOISFEUILLET JONES CENTRE ATLANTA,GA 30322	58-0566256	501(C)(3)	7,500				SCHOLARSHIP
ELMIRA COLLEGEONE PARK PLACE ELMIRA,NY 14901	16-0743996	501(C)(3)	7,500				SCHOLARSHIP
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY600 SOUTH CLYDE MORRIS BLVD DAYTONA BEACH,FL 32114	59-0936101	501(C)(3)	15,000				SCHOLARSHIP
FLORIDA INTERNATIONAL UNIVERSITYUNIVERSITY PARK CAMPUS MIAMI,FL 33199	23-7047106	501(C)(3)	7,500				SCHOLARSHIP
FLORIDA MEMORIAL UNIVERSITY15800 NW 42ND AVENUE MIAMI GARDENS,FL 33054	59-0668483	501(C)(3)	7,500				SCHOLARSHIP
GEORGIA INSTITUTE OF TECHNOLOGY225 NORTH AVENUE ATLANTA,GA 303320255	58-6002023	501(C)(3)	35,000				SCHOLARSHIP
ITHACA COLLEGE100 JOB HALL ITHACA,NY 148507020	15-0532204	501(C)(3)	7,500				SCHOLARSHIP
KETTERING UNIVERSITY 1700 WEST THIRD AVENUE FLINT,MI 485044898	38-2410852	501(C)(3)	15,000				SCHOLARSHIP
MONROE COLLEGE434 MAIN STREET NEW ROCHELLE, NY 10801	13-2501225	501(C)(3)	7,500				SCHOLARSHIP
OHIO STATE UNIVERSITY ENARSON HALL 154 W 12TH AVE COLUMBUS,OH 43210	31-1145986	501(C)(3)	7,500				SCHOLARSHIP
PLATTSBURGH STATE UNIVERSITY101 BROAD STREET PLATTSBURGH,NY 129012681	14-1484644	501(C)(3)	7,500				SCHOLARSHIP
TAYLOR UNIVERSITY236 W READE AVENUE UPLAND,IN 469891001	35-0868181	501(C)(3)	7,500				SCHOLARSHIP

Form 990,Schedule 1, Pari	t 11, Grants and	Other Assistance	to dovernments	and organization	· · · · · · · · · · · · · · · · · · ·		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY UNIVERSITYONE TRINITY PLACE SAN ANTONIO,TX 782127200	74-1109633	501(C)(3)	7,500				SCHOLARSHIP
TUFTS UNIVERSITY28 CAPNE STREET MEDFORD,MA 02155	04-2103634	501(C)(3)	7,500				SCHOLARSHIP
TUSKEGEE312 MILBANK TUSKEGEE,AL 36088	63-0288878	501(C)(3)	7,500				SCHOLARSHIP
UNIVERSITY OF HOUSTON CONRAD N HILTON COLLEGE 4361 WHEELER ST RM303 HOUSTON,TX 77004	20-1542435	501(C)(3)	7,500				SCHOLARSHIP
UNIVERSITY OF MIAMIPO BOX 248025 CORAL GABLES, FL 331242230	59-0624458	501(C)(3)	7,500				SCHOLARSHIP
UNIVERSITY OF MISSOURI ROLLIN STREET COLUMBUS, MO 65211	43-1143471	501(C)(3)	7,500				SCHOLARSHIP
UNIVERSITY OF SOUTH FLORIDA4202 EFOWLER AVENUE TAMPA,FL 33620	59-3102112	501(C)(3)	7,500				SCHOLARSHIP
UNIVERSITY OF TAMPA401 WKENNEDY BLVD TAMPA,FL 33606	59-0624459	501(C)(3)	15,000				SCHOLARSHIP
UNIVERSITY OF PACIFIC 3601 PACIFIC AVE STOCKTON,CA 95211	94-1156266	501(C)(3)	35,000				SCHOLARSHIP
VANDERCOOK COLLEGE OF MUSIC3140 SOUTH FEDERAL STREET CHICAGO,IL 606163731	36-2539399	501(C)(3)	18,667				SCHOLARSHIP
VIRGINIA COMMONWEALTH UNIVERSITY900 EAST MAIN STREET RICHMOND,VA 23284	54-6001758	501(C)(3)	7,500				SCHOLARSHIP

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As Filed Data -

DLN: 93493313011211

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2010

Open to Public Inspection

Name of the organization LYFORD CAY FOUNDATION INC C/O PUTNEY TWOMBLY HALL & HIRSON										ntion numbe	er	
Part I Excess Benefit Tra	nsact	i ons (s	ection 501	(c)(3) a	and section 501	(c)(4)		.3-70252 Izations (
Complete If the organiza	tion ans	wered "	Yes" on For	m 990, I	Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V , I			
1 (a) Name of disq	ualified	l person			(b) Desc	rıptıon	of trans	action		Yes	orrected? No	
										103	110	
2 Enter the amount of tax impos	ed on t	he organ	nızatıon man	agers o	disqualified pers	ons dur	ing the	year unde	r	•	•	
section 4958								•	* \$ —			
3 Enter the amount of tax, If any	, on lin	e 2, abo	ve, reimburs	ed by th	ie organization .			•	• \$ <u> </u>			
Complete if the organi			d "Yes" on F 	orm 990), Part IV, line 26	, or Fori	n 990-	EZ, Part V (f)		Sa Transfer		
(a) Name of interested person and		oan to om the	(c)0 rig	unal		(e) In		Approved		1	(g)Written	
purpose		ızatıon?	principal		(d)Balance due	defau	lt?	by boar		agreeme	nt?	
section 4958	То	From				Yes I		Yes	No	Yes	No	
	+-											
				. .								
Total				► \$ ested	Dersons							
Complete if the orga	anızatı	on ansv	wered "Yes	" on Fo	rm 990, Part IV		27.					
(a) Name of interested pers	on	(een interested per ganization	rson	(c) A r	nount of g	rant or t	ype of assis	stance	
						+						
						+						

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
(1) ALEXANDER NEAVE	SECRETARY	20,423	SEE BELOW		Νο
(2) E PARKER NEAVE	ASSISTANT SECRETARY	20,423	SEE BELOW		Νο

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		(A) NAME OF PERSON ALEXANDER NEAVE(D) DESCRIPTION OF TRANSACTION ALEXANDER NEAVE, PARTNER IN THE LAW FIRM OF PUTNEY, TWOMBLY, HALL & HIRSON WHICH PROVIDES LEGAL SERVICES TO THE FOUNDATION IN 2010, THE TOTAL FEE PAID BY THE FOUNDATION TO THE LAW FIRM WAS \$20,423 (A) NAME OF PERSON E PARKER NEAVE(D)DESCRIPTION OF TRANSACTION E PARKER NEAVE PARTNER IN THE LAW FIRM OF PUTNEY, TWOMBLY, HALL & HIRSON WHICH PROVIDES LEGAL SERVICES TO THE FOUNDATION IN 2010, THE TOTAL FEE PAID BY THE FOUNDATION TO THE LAW FIRM WAS \$20,423

Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493313011211

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Name of the organization
LYFORD CAY FOUNDATION INC
C/O PUTNEY TWOMBLY HALL & HIRSON

Employer identification number

23-7025275

ldentifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	NEW PROGRAM SERVICES 2010 SAW THE FOUNDATION TURN ITS ATTENTION TO A YOUNGER STUDENT POPULATION AND THE YEARS-LONG PROCESS THAT ULTIMATELY LEADS TO THE ATTAINMENT OF POST-SECONDARY DEGREES FOCUS FORWARD & ONWARD TO COLLEGE UPWARD TO SUCCESS THE FOUNDATION LAID THE PROGRAMMATIC FRAMEWORK FOR THE 2011 LAUNCH OF FOCUS FOCUS IS A FREE, 9 YEAR ACADEMIC DEVELOPMENT AND ENRICHMENT PROGRAM AIMED AT TRANSFORMING THE LIVES OF ITS PARTICIPANTS BY PROVIDING ACADEMIC SUPPORT, A WIDE RANGE OF EDUCATIONAL ACTIVITIES, COUNSELING AND MENTORING TO TALENTED YET UNDERSERVED PUBLIC SCHOOL STUDENTS IN GRADES 5 THROUGH 12 WHO ARE PERFORMING AT A VERAGE OR ABOVE A VERAGE LEVEL WITH THE POTENTIAL FOR HIGHER ACHIEVEMENT IN SCHOOL AND BEYOND IF PROVIDED WITH ADDITIONAL RESOURCES AND ASSISTANCE FOCUS WILL PROVIDE 30 DAY'S OF QUALITY AND ACADEMICALLY RIGOROUS SUMMER PROGRAMMING THROUGH ITS ACTION-PACKED SUMMER SLAM AND 15 DAY'S OF SLAM SATURDAY'S DURING THE SCHOOL YEAR THAT IS CENTERED ON EXTRA CLASS TIME IN CORE SUBJECTS, ONE-ON-ONE TUTORING, AND OUT-OF-CLASSROOM LEARNING OPPORTUNITIES ADDITIONALLY, FOCUS AIMS TO INSPIRE HIGH ACHIEVING COLLEGE AND HIGH SCHOOL STUDENTS TO ENTER THE PROFESSION OF TEACHING BY PROVIDING UNIQUE STUDENT TEACHER INTERNSHIP OPPORTUNITIES COLLEGE CONNECTION COLLEGE CONNECTION AIMS TO RAISE AWARENESS WITHIN THE PUBLIC AND PRIVATE SCHOOLS AND THE COMMUNITY AT LARGE OF THE STEPS THAT NEED TO BE TAKEN TO PREPARE ALL BAHAMAN STUDENT FOR COLLEGE ENTRY AND SUCCESS IN THE WORKPLACE BY PROVIDING SUPPORT AND TRAINING OPPORTUNITIES TO SCHOOL GUIDANCE COUNSELORS AND ADMINISTRATORS, ENHANCING AND INCREASING ACCESS TO INFORMATION AND RESOURCE MATERIALS ON COLLEGE AND CAREER PREPAREDNESS, AND TO THE LOWERING OF FINANCIAL AID OPPORTUNITIES AVAILABLE FOR BAHAMIAN STUDENTS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BASIL GOULANDRIS - DIRECTOR - SON PETER G GOULANDRIS - DIRECTOR - FATHER SENATOR LYNN HOLOWESKO - DIRECTOR - MOTHER-IN-LAW ALESSANDRA HOLOWESKO - DIRECTOR - DAUGHTER-IN-LAW ALEXANDER NEAVE - SECRETARY - FATHER E PARKER NEAVE - ASSISTANT SECRETARY - SON NORMA DANA - DIRECTOR - STEP GRANDMOTHER ISABELLA RIDALL - DEVELOPMENT ASSISTANT - STEP GRANDDAUGHTER

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WAS REVIEWED IN DETAIL BY THE EXECUTIVE COMMITTEE PRIOR TO ITS FILING THE ENTIRE BOARD RECEIVES A PDF OF THE FINAL FORM 990 PRIOR TO ITS FILING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, ALL MEMBERS, DIRECTORS, OFFICERS, AND EMPLOYEES ARE REQUIRED TO COMPLETE AN ACKNOWLEDGEMENT OF THE STATEMENT OF POLICY ON CONFLICTS OF INTEREST THE MANAGING DIRECTOR IS RESPONSIBLE FOR COMPILING A LIST OF CONFLICTS DECLARED IN ACCORDANCE WITH THE PROCEDURE AND SUBMITS THE LIST TO THE AUDIT COMMITTEE THE AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING SUCH LIST AND MONITORING ITS COMPLIANCE FOUNDATION MEMBERS, DIRECTORS, OFFICERS OR EMPLOYEES ARE ENCOURAGED TO PARTICIPATE IN THE DISCUSSION ON GRANTS TO ORGANIZATIONS TO WHICH THEY HAVE OFFICIAL AND DISCLOSED CONNECTIONS HOWEVER, HE OR SHE MAY NOT VOTE AS A MEMBER OF THE BOARD OF DIRECTORS UPON ANY PROPOSED GRANT TO SUCH APPLICANTS ALL CONFLICTS ARE TO BE NOTED IN THE MINUTES OF THE MEETING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE MEETS AT LEAST ONCE ANUALLY TO DISCUSS EMPLOYEE EVALUTATIONS AND COMPENSATION MINUTES OR A MEMORANDUM OF THE MEETING SUMMARIZING THE DISCUSSIONS AND DECISION TAKEN ARE FILED WITH THE FOUNDATIONS'S PERMANENT RECORDS TO ENSURE THAT THE COMPENSATION OF THE MANAGING DIRECTOR AND OTHER KEY EMPLOYEES IS APPROPRIATE AND CONSISTENT WITH THE MARKETPLACE, THE COMMITTEE WILL REVIEW OTHER RELIABLE BENCHMARK INFORMATION SUCH AS THE COUNCIL ON FOUNDATIONS' ANNUAL GRANTMAKERS SALARY AND BENEFITS REPORT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON BEING REQUESTED FROM THE ORGANIZATION

ldentifier	Return Reference	Explanation			
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,446,843			

Software ID: Software Version:

EIN: 23-7025275

Name: LYFORD CAY FOUNDATION INC

C/O PUTNEY TWOMBLY HALL & HIRSON

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

(A) Name and Title	(B)		(((D) Reportable	(E) Reportable	(F) Estimated
ivame and little	A verage hours	Position (check all that apply)						compensation	compensation	amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MR MANUEL J CUTILLAS CHAIRMAN	7 00	Х		х				0	0	0
MR STUART W RAY PRESIDENT	7 00	Х		х				0	0	0
MR FRANK J CROTHERS VICE PRESIDENT	7 00	Х		х				0	0	0
MRS SARAH FARRINGTON VICE PRESIDENT	7 00	Х		х				0	0	0
MR BASIL P GOULANDRIS VICE PRESIDENT	7 00	Х		х				0	0	0
MR JEFFREY A EVERETT TREASURER	7 00	Х		х				0	0	0
MR ALEXANDER NEAVE SECRETARY	7 00	Х		х				0	0	0
MR E PARKER NEAVE ASSISTANT SECRETARY	7 00	Х		х				0	0	0
MR ANTHONY C ALLEN DIRECTOR	3 00	X						0	0	0
MR PHILIPPE BONNEFOY DIRECTOR	3 00	Х						0	0	0
MRS LARITA BOREN DIRECTOR	3 00	Х						0	0	0
MRS JUDITH LOEB CHIARA DIRECTOR - DECEASED	3 00	Х						0	0	0
MRS NORMA T DANA DIRECTOR	3 00	Х						0	0	0
MRS DIANE DELANO DIRECTOR	3 00	Х						0	0	0
MR PETER G GOULANDRIS DIRECTOR	3 00	Х						0	0	0
MRS ALESSANDRA HOLOWESKO DIRECTOR	4 00	Х						0	0	0
THE HON LYNN HOLOWESKO SENATOR DIRECTOR	3 00	x						0	0	0
MR WILLIAM T HUNTER JR DIRECTOR	3 00	Х						0	0	0
MRS NANCY KELLY DIRECTOR	3 00	Х						0	0	0
MR ARTHUR D LITTLE DIRECTOR	3 00	Х						0	0	0
MR YVES LOURDIN DIRECTOR	3 00	Х						0	0	0
MRS KYLIE A NOTTAGE DIRECTOR	3 00	Х						0	0	0
MRS BETTY ROBERTS DIRECTOR	7 00	Х						0	0	0
MR PAUL R SANDFORD DIRECTOR	3 00	Х						0	0	0
SIR ORVILLE TURNQUEST DIRECTOR	3 00	Х						0	0	0

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

(A) Name and Title	(B) A verage hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MR PETER B VLASOV DIRECTOR	4 00	Х						0	0	0
MR HANS HERMAN HORN DIRECTOR	4 00	Х						0	0	0
MRS SUZANNAH H ROBINSONS DIRECTOR	3 00	Х						0	0	0
CHRISTOPHER BRADY DIRECTOR - RESIGNED JUNE 2010	3 00	Х						0	0	0

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 218,574 including grants of \$) (Revenue \$)

THESE ARE EXPENSES FOR SCHOLARSHIP ADMINISTRATION AND SPECIAL PROJECTS