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Form 990

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 2010

Open to Public

Department of the Treasury

Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning 2010, and ending D Employer Identification Number Check if applicable Virginia International University 54-1954969 Address change 11200 Waples Mill Road #360 Telephone number Name change Fairfax, VA 22030 (703) 591-7042 Initial return Terminated 3,661,459. Amended return G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? X No Application pending Yes H(b) Are all affiliates included? Same As C Above No Yes If 'No,' attach a list, (see instructions) Tax-exempt status X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 Website: ► www.viu.edu H(c) Group exemption number L Year of Formation 1999 X Corporation Trust Other > M State of legal domicile Form of organization Association Summarv Briefly describe the organization's mission or most significant activities Virginia International University's mission is to educate students from all over the world through a highly qualified. equally diverse faculty and staff. As an institution of higher learning, YIU will _ strive to provide academic programs that will engender the intellectual curiosity. 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). 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2010 (Part V. line 2a) 5 113 **6** Total number of volunteers (estimate if necessary) 6 Ō 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7h 0. **Prior Year Current Year** 54,553 31,134.Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 302,027. 458,112. -3,109. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -45. 102,497. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 110,080. 3,459,032. 3,596,217. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,010,522 2,288,795. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 176 b Total fundraising expenses (Part IX, dolumn) Total fundraising expenses 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,438,471. 1,290,559. 18 Total expenses Add lines 13-17 (must equal Rant IX (cofumn (Å), line 25)

19 Revenue less expenses Subtract line 18 from line 12 3,448,993. 3,579,354. 10,039. 16,863. **End of Year Beginning of Current Year** OGDEN, UT 996,095. 1,196,684. 20 Total assets (Part X, line 16) 21 878,775 1,062,501. Total liabilities (Part X, line 26) 35 117,320. Net assets or fund balances. Subtract line 21 from line 20 134,183 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 1200 06/011 Signature of officer Date Sign President Type or print name and title Here Print/Type preparer's name Date X n Check PM. 5-26~1 Paul M. Gurman N/A Paid self-employed Preparer ► Gurman & Company, PLLC Firm's name Use Only ► 3877 Fairfax Ridge Rd. Ste 200N Firm's address Firm's EIN N/A (703)Fairfax, VA 22030-7473 591-7200 Phone no

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes

No

Form 990 (2010)

Form 990 (2010) Virginia Interr	national University	54-1954969	Page 2
	ervice Accomplishments	- 	
<u></u>	a response to any question in this Part III		X
Briefly describe the organization's mis			
See Schedule O			
500 50			
		·	
2 Did the erganization undertake any si	gnificant program services during the year which w	are not listed on the prior	
Form 990 or 990-EZ?	grillicant program services during the year which w		X No
		. [les [X No
If 'Yes,' describe these new services		3	X No
_	g, or make significant changes in how it conducts,	any program services?	X No
If 'Yes,' describe these changes on S			E01(-)(2)
Describe the exempt purpose achieve and 501(c)(4) organizations and secti expenses, and revenue, if any, for ea	ements for each of the organization's three largest on 4947(a)(1) trusts are required to report the amount program service reported.	unt of grants and allocations to others,	the total
4a (Code Expenses \$	3, 042, 453. including grants of \$) (Revenue \$3,458	(,112.)
The University offers i	ts 870 students accredited gradu	ate and undergraduate lev	vel
programs in computer sc	ience , business , and managemen	t, as well as full and	
	in a variety of professional and		ding
English as a second lan	mage (FCI)		
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	·		
			
	·		
Ab (Cada)	including grants of \$) (Pouerus É	
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
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	· • • • • • • • • • • • • • • • • • • •		
	·		
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
-			
	·		
	·	·	
	·		
			- -
	·		
4d Other program services. (Describe in	Schedule ()		
(Expenses \$) (Revenue \$)	1
4e Total program service expenses ►	3, 042, 453.) (Nevertide 4	
BAA	TEEA0102L 10/06/10	Form	990 (2010)
-			

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes.' complete 1 1 X Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х 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? If 'Yes,' complete Schedule C, Part II 4 Х 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 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 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . Х 8 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 Х Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part V 10 Х 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule Х 11a D. Part VI **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 11 b X 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 11 c Х 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 11 d Х Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e 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 Х 11 f 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 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 Х X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 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 Х 20 Х 20 aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990

20 b

filers that operate one or more hospitals must attach audited financial statements (see instructions)

	`		tes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23_		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		х
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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		* *	٧٠.
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	_	X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29_	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30_		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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_		Х
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_		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35_		Х
a	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 Yes X 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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		C	aan i	(0010)

Check if Schedule O contains a response to any question in this Part V			
Check it Schedule O contains a response to any question in this Fait V		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	53	163	110
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	53		
	r/A		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gaming 1c	X	
		- 11	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a	113		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u></u>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	. 3b		
	· -	 	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a		Χ_
b If 'Yes,' enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	5. 5a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		_	<u> </u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	-	<u> </u>
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	zation 6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gif not tax deductible?	ts were 6b		
7 Organizations that may receive deductible contributions under section 170(c).	1	**	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods ar	ıd : •		
services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	ed to file		
Form 82827	<u>7c</u>		X_
d If 'Yes,' indicate the number of Forms 8282 filed during the year .			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a 7h	Х	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the	,	
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busin	ess		
holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	1 -	
b Did the organization make a distribution to a donor, donor advisor, or related person?	96		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. <u>12a</u>	<u> </u>	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
a Is the organization licensed to issue qualified health plans in more than one state?	13a	1	 -
Note. See the instructions for additional information the organization must report on Schedule O.			
b 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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	148		

Part No Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a 1a Enter the number of voting members of the governing body at the end of the tax year 5 1Ы **b** Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? ... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 4 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х 7a governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? 8Ь Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done See Schedule O X 13 13 Does the organization have a written whistleblower policy? 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO. Executive Director, or top management official X 15b **b** Other officers of key employees of the organization. See Schedule O If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► The Organization 11200 Waples Mill Road Fairfax VA 22030 (703) 591-7042

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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. 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.

Check this box if neither the organization	n nor any	relate	d or	gan	ızat	on co	mpe	ensated any current of	fficer, director, or trus	tee
(A)	(B)			•	;)			(D)	(E)	(F)
Name and title	Average hours		_			hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Suzan Mertyurek										
Secretary	1	Х						0.	<u>0.</u>	<u> </u>
(2) Jennifer Watts	_								_	_
Chair	1	X					ļ	0.	0.	0.
(3) Eileen Xu						ŀ				•
Board Member	1	Х					-	0.	0.	0.
(4) Yusuf Cetinkaya	┨ .	v						0.	0.	0.
Board Member	1	X		_			 	<u> </u>	U.	<u> </u>
_(5) Isa Sarac President	40			Х	x			145,500.	0.	0.
		1					t	143/300.		<u></u>
	†						İ			
(9)										
(10)										
(11)										
<u>(12)</u>										
	_									
(14)										
(15)										
(16)										
(17)										

Partsviis Section A. Officers, Directors, Trust	ices, r	ley	<u> </u>		-	c 3,	ant			
· (A)	(B)				c)		ļ	(D)	(E)	(F)
Name and title	Average hours per week (describe hours for			Check	Key en	at Highes	PPIS) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	ns compensation
	per week (describe hours for related organi- zations in Sch O)	ual trustee ctor	ional trustee		nployee	Highest compensated employee	7			and related organizations
		-		-	-					
(19)				:	_					
(20)								, ,		
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total							>	145,500.		0. 0.
c Total from continuation sheets to Part VII, Section	A						>	0.		00.
d Total (add lines 1b and 1c)							>	145,500.		<u>0. </u>
2 Total number of individuals (including but not limite from the organization ► 1	d to the	se l	ste	d ab	ove) wh	o re	ceived more than	1 \$100,000 in rep	ortable compensation
Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it.	or trus	tee, al	key	em	ploy 	ee,	or h	ighest compensat	ted employee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	eportable than \$15	e co 50,00	mpe 30?	ensa If '\	tıon ∕es′	and con	d oth	ner compensation te Schedule J for 	from	. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens complet	satio le So	n fr chec	om <i>lule</i>	any <i>J fo</i>	unr or su	elate ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensa	tod inde	non	don	t co	ntra	ctor	s tha	at received more	than \$100,000 o	<u> </u>
compensation from the organization. (A)	teu mue						3 (116	(B	т	(C)
Name and business addres	SS							Description	of services	Compensation
None ,										
2 Total number of independent contractors (including		lım	ıted	to t	hos	e lıs	ted a	above) who receiv	ved more than	
\$100,000 in compensation from the organization	U		_							35s / 47899

Pai	t VIII Statement of Revenue					,
	•	3	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
HETS, GRANTS AR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f: \$	31,134. 31,134.	21 124			
$\overline{}$	h Total. Add lines 1a-1f	·	31,134.			
PROGRAM SERVICE REVENUE	2a Student Tuition b	Susiness Code	3,458,112.	3,458,112.		
RAM SERVIC	cde					
ROGE	f All other program service revenue	•	3,458,112.			
	g Total. Add lines 2a-2f 3 Investment income (including dividends, into other similar amounts)		748.			748.
	4 Income from investment of tax-exempt bon	nd proceeds				
	5 Royalties .	. •				
	(i) Real	(ii) Personal		4 %	*	
	6a Gross Rents 26,154.					
	b Less: rental expenses 28,800. c Rental income or (loss) -2,646.		*			
	d Net rental income or (loss)	>	-2,646.	***************************************		-2,646.
	(i) Securities	(ii) Other	2,040.		,*	2,040.
	7a Gross amount from sales of assets other than inventory	7,000.				*
	b Less, cost or other basis and sales expenses	10,857.				
	c Gain or (loss)	-3,857. ►	-3,857.	-3,857.		<u> </u>
	d Net gain or (loss)		-3,657.	-3,637.		
OTHER REVENUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c)	1 500				
ER	See Part IV, line 18 a b Less: direct expenses b	1,580.				
Ō	c Net income or (loss) from fundraising even	ts ►	1,580.	1,580.		I
	9a Gross income from gaming activities See Part IV, line 19		1/0001			
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	, >				
	10 a Gross sales of inventory, less returns and allowances a	30,574.				
	b Less cost of goods sold b	25,585.				4 000
	c Net income or (loss) from sales of inventor Miscellaneous Revenue	Susiness Code	4,989.			4,989.
	11a Other Income		106,157.	106,157.		
	b					
	c					
	d All other revenue .					
	e Total. Add lines 11a-11d	•	106,157.			
	12 Total revenue. See instructions	•	3,596,217.	3,561,992.	<u> </u>	3,091.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must compl		(B)	(C)	_ (D)
l f ' duA	f Yés,compl fc' Yi Shinf Shino f',e'mt DuAPuAauAp'or. u fDVpSYXmm	(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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	145,500.	123,675.	21,825.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.,	0.	0.	0.
7	Other salaries and wages.	1,888,749.	1,605,437.	283,312.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.	115,408.	98,097.	17,311.	
10	Payroll taxes	139,138.	118,267.	20,871.	
11	Fees for services (non-employees):				
ā	n Management				
t	Legal	12,674.	10,773.	1,901.	
•	: Accounting	13,200.	11,220.	1,980.	
•	Lobbying				
•	Professional fundraising services. See Part IV, line 17		· · ·	` *	
f	Investment management fees				
	Other	1,073.	912.	161.	
12	Advertising and promotion	9,976.	8,480.	1,496.	
13	Office expenses	12,988.	11,040.	1,948.	
14	Information technology				
15	Royalties		100 011	71 001	
16	Occupancy	475,075.	403,814.	71,261.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings			2 570	
20	Interest	23,862.	20,283.	3,579.	
21	Payments to affiliates	100 001	05 100	15.022	· -
22	Depreciation, depletion, and amortization	100,221.	85,188.	15,033.	
23	Insurance Other expenses. Itemize expenses not	18,449.	15,682.	2,767.	
24	covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)		4 C C C C C C C C C C C C C C C C C C C		
	Consultants/Adjunct Faculty	302,511.	257,134.	45,377.	
	Bank Charges	66,553.	56,570.	9,983.	
	: Agent_Commission	63,725.	54,166.	9,559.	
	Dues and Subscriptions	48,496.	41,222.	7,274.	
(e_eCollege_expense	30,000.	25,500.	4,500.	
1	All other expenses	111,756.	94,993.	16,763.	
	Total functional expenses. Add lines 1 through 24f	3,579,354.	3,042,453.	536,901.	0.
	Joint costs. Check here 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				F 200 (0010
BAA					Form 990 (20

Pa	rt X	Balance Sheet				
		•		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.		48,474.	1	127,885.
	2	Savings and temporary cash investments .		50,000.	2	50,000.
l	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		22,306.	4	16,296.
İ		Receivables from current and former officers, director and highest compensated employees. Complete Part	II of Schedule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contraponsoring organizations of section 501(c)(9) volunta organizations (see instructions)	ributing employers and		6	
Ą	7	Notes and loans receivable, net			7	
S S E T S	8	Inventories for sale or use	•	34,730.	8	44,799.
Ţ	9	Prepaid expenses and deferred charges		25,302.	9	75,630.
3	-	• •	1 1			, ,
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D $$	10a 960,906.			
		Less: accumulated depreciation.	10b 312,140.	199,024.	10c	648,766.
	11	Investments — publicly traded securities.			11	
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11			13	<u></u>
	14	Intangible assets .			14	
	15	Other assets See Part IV, line 11		616,259.	15	233,308.
	16	Total assets. Add lines 1 through 15 (must equal line	. 34)	996,095.	16	1,196,684.
_	17	Accounts payable and accrued expenses		63,411.	17	65,551.
	18	Grants payable			18	
	19	Deferred revenue		223,719.	19	240,106.
Ļ	20	Tax-exempt bond liabilities		20	<u> </u>	
A B	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
LITI	22	Payables to current and former officers, directors, trubighest compensated employees, and disqualified pe	ıstees, key employees,	- , . :	22	
E S		of Schedule L		407,117.	23	480,061.
S	23	Secured mortgages and notes payable to unrelated t		407,117.	24	400,001.
	24	Unsecured notes and loans payable to unrelated third	a parties	184,528.	25	276,783.
	25	Other liabilities Complete Part X of Schedule D	•	878,775.	26	1,062,501.
	26	Total liabilities. Add lines 17 through 25	X and complete lines	670,773.	20	1,002,301.
N E		Organizations that follow SFAS 117, check here	And complete lines	*		
	27	27 through 29 and lines 33 and 34. Unrestricted net assets		107,320.	27	124,183.
S S	27			107/3201	28	
ASSETS	28	Temporarily restricted net assets	•	10,000.	29	10,000.
O R	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check h	ere > and complete	10,000.		
		_	ere and complete			
FUZD	20	lines 30 through 34.			30	
	30	Capital stock or trust principal, or current funds	ment fund		31	-
Ā	31	Paid-in or capital surplus, or land, building, or equip			32	
Ā	32	Retained earnings, endowment, accumulated income	s, or other funds	117,320.	33	134,183.
BALANCES	33	Total net assets or fund balances.	•	996, 095.	_	1,196,684.
_	<u> 34</u> A	Total liabilities and net assets/fund balances.		1 330,033.	<u> </u>	Form 990 (2010)

orm	1990 (2010) Virginia International University	<u> </u>	Pa	age IZ
Par	t*XIm Reconciliation of Net Assets		_	
	Check if Schedule O contains a response to any question in this Part XI			\bot
	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,596,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,579,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>863.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,	
5	Other changes in net assets or fund balances (explain in Schedule O)	. 5		<u>0.</u>
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	134,	183.
Par	t:XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII.			Д,
1	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain		Yes	No
	ın Schedule O			لينا
2 <i>a</i>	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
t	Were the organization's financial statements audited by an independent accountant?		2b X	├
C	old 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			.,
C	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	issued on a		
	Separate basis Consolidated basis Both consolidated and separate basis		2004	لسنا
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	х
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b)	
BAA			Form 990	(2010)

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TEEA0112L 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of	the organization	n							Employe	r identifica	tion number		
Virg			nal Universit							95496 <u>9</u>			
Part	l Reason	n for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See ı	<u>nstruct</u>	ions.		
The or	ganization is	not a priva	te foundation because	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box)					
1		-		ciation of churches desc		section	170(b)	(i)(A)(I)	•				
, t	_			(ii). (Attach Schedule E	•								
3		•	•	e organization describe									
4 [in conjunction with a h	ospital (describe	d in sec	tion 17	0(b)(1)(<i>i</i>	A)(iii) Er	nter the hos	spital's	
- (ty, and state		f a college or unwerest									
5 [<u> —</u> 170(ъ)́(1)	(A)(iv). (Co	mplete Part II)	f a college or university					ппепа	i uniit de	scribed in s	section.	•
6				overnmental unit descri							ماطنية المحمد		, bad
7 [An organ	nzation that n 170(b)(1)(/	normally receives a s A)(vi). (Complete Par	substantial part of its su rt II)	apport ir	om a go	vernme	ntai uni	t or from	n the ge	nerai public	; descr	ibea
8	A commu	unity trust de	escribed in section 17	70(b)(1)(A)(vi). (Comple	te Part I	1.)							
9 [An organ	ization that	normally receives (1) more than 33-1/3% of	f its sup	port fror	n contril	butions,	membe	ership fe	es, and gro	iss rec	eıpts
	ınvestme	nt income a	d to its exempt function in the section 509(a)(2). (Colors	ons – subject to certair s taxable income (less mplete Part III.)	n except section	ions, ar 511 tax)	id (2) no) from b	more t usiness	es acqu	red by t	nts support he organiza	trom g ation a	jross fter
10	_			xclusively to test for pu	ublic safe	ety. See	section	1 509(a)	(4).				
11	An organ	uzation orga	nized and operated e	xclusively for the benef	fit of, to	perform	the fun	ictions o	of, or ca	rry out t	he purpose	s of or	ne or
-	more put	olicly suppor s the type of	ted organizations des Supporting organizat	scribed in section 509(a tion and complete lines	1)(1) or s 11e thr	section 5	509(a)(2 h) See s	section	509(a)(3)	. Check th	e box	that
	а Птур	-	b Type II		I – Fund			ted		d□	Type III -	- Other	r
e [By check	ing this box in foundation	, I certify that the org n managers and other	anization is not controll r than one or more pub	led direc	tly or in	directly	by one	or more escribed	disqual in secti	ified persor on 509(a)(1	ns) or	
f		anization re	ceived a written dete	rmination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organizatio	n,	
g			06, has the organizati	on accepted any gift o	r contrit	oution fr	om any	of the fo	ollowing	persons	5?		
	(i) A =			antrala arthar alama ar	tonotho	رم طاست		laaariba	d ()	and (w)		Yes	<u>No</u>
	(i) A p	ow, the gove	erning body of the su	ontrols, either alone or pported organization?	togethe	with	ersons u	escribe	a III (II)	anu (III)	11 g (i)		
	(ii) A fa	amily memb	er of a person descri	bed in (i) above?							11 g (ii)		
	(iii) A3	5% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h	Provide t	he following	information about th	e supported organization	on(s)								
	(i) Name of organi		(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the zation in in instead in overning ment?	the organ	ou notify nization in n (i) of upport?	organiz colui organiz	Is the zation in mn (i) ed in the S ?	(vii) Amour	it of supp	ort
					Yes	No	Yes	No	Yes	No			
(A)					ļ								
(B)													
(C)_													
<u>(D)</u>													
<u>(E)</u>											!		
Total													

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.)

				•	•		
Sec	tion A. Public Support						
Cale Degi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			177 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 1886 / 188			
6	Public support. Subtract line 5 from line 4					5 9 53 5 9 5	
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4.						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	,					
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and	ıs for the organız I stop here	ation's first, secoi	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage			, ,	
14	Public support percentage for 20	010 (line 6, colum	n (f) divided by lir	ne 11, column (f))	L	14	%_
15	Public support percentage from	2009 Schedule A,	Part II, line 14			15	%
16	a 33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, o	theck this box
ı	33-1/3% support test – 2009. If and stop here. The organization				5a, and line 15 is	33-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-ad-circumstances'	and-circumstance test The organiz	s' test, check this ation qualifies as	box and stop he a publicly suppo	re. Explain in Part rted organization	IV how the ►
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	ns box and see ins	structions -
BAA					Sc	hedule A (Form 9	90 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.)

				<u> </u>			
Sec	tion A. Public Support			<u> </u>			
Calend 1	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
•	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.').	i					
2	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b .						
	Public support (Subtract line 7c from line 6)		20 建等基		,	* * *	
	tion B. Total Support				_		
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secon	id, third, fourth, o	r fifth tax year as	s a section 501(c)(3) ▶□
	tion C. Computation of Pul						
	Public support percentage for 20		_	e 13, column (f))		15	%
	Public support percentage from		-			16	%
	tion D. Computation of Inv			<u> </u>			
_	Investment income percentage f				mn (f))	17	્ર
18	Investment income percentage f	rom 2009 Schedu	ile A, Part III, line	17 .		. 18	_%_
	33-1/3% support tests $-$ 2010. If is not more than 33-1/3%, check	this box and sto	p here. The organ	ızatıon qualıfies a	as a publicly supp	orted organization	. •
b	33-1/3% support tests - 2009. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or l	ine 19a, and line	16 is more than 33	-1/3%, and ► □
20	Private foundation. If the organi						▶

Schedule A	(Form 99	0 or 990	-EZ) 201	O Vi	rginia	Inte	rnation	nal U	<u>Inivers</u>	<u>ity</u>	54-	195496	9	Page 4
	Supple Part II, (See in	mental line 17	I nform 'a or 17	nation. 'b; and	Comple Part III,	te this , line 12	part to p 2. Also	provid compl	ete this p	planations part for a	s required ny addition	by Part nal infori	II, line 1 nation.	10;
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047 2010 inspection Open to Public

Employer identification number

Vir	rginia <u>International</u> Universit	У	54-1954969
	Organizations Maintaining Dono the organization answered 'Yes' to	Advised Funds or Other Similar	Funds or Accounts. Complete if
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year).		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year .		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held to the organization's exclusive legal contro	in donor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beneated.	the benefit of the donor or donor advisor, cefit?	or for any other Yes No
Par	talla Conservation Easements. Compl		Yes' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply).	
	Preservation of land for public use (e.g., r	· —	tion of an historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizati last day of the tax year	on held a qualified conservation contribution	on in the form of a conservation easement on the
			Held at the End of the Tax Year
a	Total number of conservation easements		2 a
Ŀ	Total acreage restricted by conservation ease	ments	2 b
C	Number of conservation easements on a certi	fied historic structure included in (a)	2c
C	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and not on a l	historic 2 d
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to co	onservation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, inspection its it holds?	n, handling of violations, Yes No
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, in \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\blacktriangleright \$\bl	nspecting, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of	of section Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and e to the organization's financial statements t	expense statement, and balance sheet, and hat describes the organization's accounting for
Păr	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures wered 'Yes' to Form 990, Part IV, I	s, or Other Similar Assets. une 8.
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, education, or re	revenue statement and balance sheet works of esearch in furtherance of public service, provide, s.
b	off the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its reve ld for public exhibition, education, or resea	enue statement and balance sheet works of art, arch in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	> \$
	(ii) Assets included in Form 990, Part X		. •\$ 64,300.
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar ass 116 (ASC 958) relating to these items:	sets for financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	:1	> \$
b	Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2010 VII g						34-1954			Page Z
Part III Organizations Mainta	ining Collection	s of Art, Histo	orica	Treasures, or	Other Sir	nilar Ass	ets (cc	ntınu	ed)
3 Using the organization's acquisitiems' (check all that apply):	on, accession, and o	other records, ch	eck a	ny of the following	that are a s	ignificant u	se of its	collec	tion
a X Public exhibition		d Loan	or exc	hange programs					
b Scholarly research		e 🗌 Other							
c Preservation for future gener									
4 Provide a description of the orga Part XIV See Part XIV							e in		
5 During the year, did the organiza assets to be sold to raise funds r	<u>rather than to be ma</u>	intained as part	of the	organization's coll	ection?		Yes		No
Part IV Escrow and Custodia	l Arrangements.	Complete if	orgar	nization answer	ed 'Yes' t	o Form 9	90, Pa	rt IV,	iıne
9, or reported an amo	unt on Form 990	, Part X, line	21.						
1a Is the organization an agent, trus included on Form 990, Part X?					er assets no	ıt [Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and con	nplete the follow	ıng tal	ole:	r				
							Amount		
c Beginning balance					1 c				
d Additions during the year	•	•		•	1 d				
e Distributions during the year .			•		1 e				
f Ending balance					1f				
2a Did the organization include an a		, Part X, line 21?	?				Yes	L	No
b if 'Yes,' explain the arrangement									
Part V Endowment Funds. Co									
	(a) Current year	(b) Prior yea		(c) Two years back		e years back	(e) F	our years	s back
1 a Beginning of year balance.	10,000.	10,0	000.	10,000).				
b Contributions					<i>"</i> '	2	<u> </u>		
c Net investment earnings, gains, and losses	35.	4	13.		* ^.	*	1		,
d Grants or scholarships					3			, \	
 Other expenditures for facilities and programs 	35.	4	13.						
f Administrative expenses								`	
g End of year balance .	10,000.	10,0	00.	10,000).				
2 Provide the estimated percentage	e of the year end ba	lance held as:							
a Board designated or quasi-endov	vment ►	%							
b Permanent endowment ►	<u>100.00</u> %								
c Term endowment ►	%								
3a Are there endowment funds not i	in the nossession of	the organization	that a	are held and admir	nistered for	the	_		
organization by.	(10 p0000001011 01	the organization		are more and admin				Yes	No
(i) unrelated organizations		•		•			3a(i)		X
(ii) related organizations							3a(ii)		X
b If 'Yes' to 3a(II), are the related of	organizations listed a	s required on So	chedu	le R ²	•		_3b		X
4 Describe in Part XIV the intended					XIV				
Part VI Land, Buildings, and	Equipment. See	Form 990, Pa	art X	line 10					
Description of investment		st or other basis nvestment)	(b)	Cost or other pasis (other)	(c) Accun depreci	nulated ation	(d) B	ook va	lue ———
1 a Land			<u> </u>						
b Buildings									
c Leasehold improvements.				76,931.	1	7,161.		<u>59</u> ,	770.
d Equipment .				267,804.	13	8,948.		128	856.
e Other				616,171.	15	6,031.		460	140.
Total. Add lines 1a through 1e (Colum	n (d) must equal For	m 990, Part X, o	columi	n (B), line 10(c)).		<u> </u>		648	766.
BAA						Schedi	ule D (Fo	orm 99	0) 2010

Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 276, 783.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(8) (9) (10) (11)

Schedule D (Form 990) 2010 Virgin.			4-1954969	Page 4
Part XI Reconciliation of Change in	Net Assets from Form 990 to Audited	d Financial Statements		
1 Total revenue (Form 990, Part VIII,	column (A), line 12)		. [;	3,596,217.
2 Total expenses (Form 990, Part IX,	column (A), line 25).	•		3,579,354.
3 Excess or (deficit) for the year. Sub	stract line 2 from line 1			16,863.
4 Net unrealized gains (losses) on inv	restments .	•		
5 Donated services and use of facilities	es .			
6 Investment expenses		•		
7 Prior period adjustments				
8 Other (Describe in Part XIV)				
9 Total adjustments (net) Add lines 4	through 8		1	
10 Excess or (deficit) for the year per				16,863.
Part XII Reconciliation of Reven	nue per Audited Financial Sta	<u>tements With Revenue per R</u>		
 Total revenue, gains, and other sup 		•	1 ;	3,650,608.
2 Amounts included on line 1 but not		1 1	,	
a Net unrealized gains on investment	S		<u> </u>	
b Donated services and use of facilities	es	2 b	-	
c Recoveries of prior year grants	•	2c	- ∤	
d Other (Describe in Part XIV) See	Part XIV	2d 54,391	•	
e Add lines 2a through 2d.		•	2e	<u>54,391.</u>
3 Subtract line 2e from line 1		1 1	3 .	3,596,217.
4 Amounts included on Form 990, Pa	•] .]	
a Investments expenses not included	on Form 990, Part VIII, line 7b		4 1	
b Other (Describe in Part XIV)				
c Add lines 4a and 4b			4c	
5 Total revenue Add lines 3 and 4c.				<u>3,596,217.</u>
Part XIII Reconciliation of Expe		tatements With Expenses pe		2 622 745
1 Total expenses and losses per audi			1]	3,633,745.
2 Amounts included on line 1 but not		ا ما		
a Donated services and use of facilities	3 S	2a	-	
b Prior year adjustments.		26	-{	
c Other losses	Don't VIV	2c 54 301	-	
d Other (Describe in Part XIV) See	Part XIV	2d 54,391	4	E4 201
e Add lines 2a through 2d.			2e	54,391.
3 Subtract line 2e from line 1 .	rt IV lung 25 hout not an lung 1s	1 1	3	3,57 <u>9</u> ,354.
 4 Amounts included on Form 990, Pa a Investments expenses not included 		4a	1 1	
b Other (Describe in Part XIV)	off offit 950, Fait viii, life 7t	4b	-	
c Add lines 4a and 4b	•	40	4c	
5 Total expenses Add lines 3 and 4c	. (This must equal Form 990, Part I,	line 18)		3,579,354.
Part XIV Supplemental Informa	tion			
Complete this part to provide the descrip Part V, line 4, Part X, line 2; Part XI, line any additional information.	tions required for Part II, lines 3, 5, a 8; Part XII, lines 2d and 4b; and Par	nd 9; Part III, lines 1a and 4, Part I' rt XIII, lines 2d and 4b. Also comple	V, lines 1b and te this part to j	2b, provide
Part_III, Line 4 - Description (Of Organization's Collections	And How Furthers Exempt E	urpose	-
Art paintings held for	future use in a Univers	sity Art Gallery, in an	_effort_t	.0
familiarize_the_student	t body with the visual a	arts		-
Part V, Line 4 - Intended Use	s_Of Endowment Fund			
Endowment_investment_i	ncome_to_be_used_exclusi	ively in support of the	<u>Univers</u> i	ty <u>'</u> s
Scholarship Fund			·	
			-	- -

Schedule D (Form 990) 2010 Virginia International University	54-1954969	Page 5
Schedule D (Form 990) 2010 Virginia International University Part XIV Supplemental Information (continued)		
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SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

e Educational policies?

f Use of facilities?

a Athletic programs?

Virginia International University

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

Inspection

Employer identification number

54-1954969

Part 1 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Х 1 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 2 X and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain. If you need more space, use Part II. 3 X The University publicizes its non-discrimination policy in all_its brochures 4 Does the organization maintain the following? 4a Х a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially X **4**b nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? X 4d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to 5a a Students' rights or privileges? 5b Х **b** Admissions policies? c Employment of faculty or administrative staff? 5с Х Х d Scholarships or other financial assistance? 5d

b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either line 6a or line 6b, explain on Part II.

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If

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Schedule	E (Form 990 or 990-EZ	<u>) 2010 virgini</u>	<u>a internatio</u>	nai Universi	<u></u>	54-1954969	Page 2
Part II	Supplemental Info 4d, 5h, 6b, and 7, (see instructions)	ermation. Comp as applicable. <i>I</i>	lete this part to Also complete th	provide the exp nis part to provid	lanations require de any other add	ed by Part I, lines 3	,
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TEEA3402L 12/29/10

Schedule E (Form 990 or 990-EZ) 2010

BAA

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Virginia International University 54-1954969

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

(a) Region	(b) Number of	(c) Number	(d) Activities conducted in	(e) If activity listed in	(f) Total
	offices in the region	of employees, agents, and	region (by type) (e.g., fundraising, program	(d) is a program service, describe	expenditures for and investments
	region	independent	services, investments,	specific type of	in region
		contractors in region	grants to recipients located in the region)	service(s) in region	
			The University		
(1)			pays a commission		
			to overseas agents		
(2)			that recruit		
			students to	Student	
(3) South Asia		2	enroll.	recruiting	12,560.
			The University		
(4)			pays a commission	<u> </u>	
			to overseas agents		
(5)	-		that recruit	a	
Middle East &			students to	Student	0 541
(6) North Africa	ļ	1	enroll.	recruiting	8,541.
•					
(7)					
(8)					
(6)	- 				
(9)					
_(3)					
(10)					
(11)					
(12)					
(13)					
(14)					
	1				
(15)					
ae.					
(16)					
(17)					
3a Sub-total		3			21,101.
b Total from continuation					
sheets to Part I					
c Totals (add lines 3a and 3b)	0				21,101.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

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54-1954969

Virginia International University Schedule F (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities BAA

Schedule F (Form 990) 2010

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Schedule F (Form 990) 2010 Virginia International University

Ranks and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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(2)							
(3)							
(4)							
(5)							
(9)							
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ВАА						Schedule F	Schedule F (Form 990) 2010

TEEA3503L 10/27/10

BAA	TEEA3505L 10/27/10	Schedule F (orm 990) 2010
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)	Yes	X No
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)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualifielecting fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Return by Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see instructions for Form 8621).		X No
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)	n Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Cert Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A)	be aın Yes	X No
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, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926)	<i>e</i> ☐Yes	X No
	dule F (Form 990) 2010 Virginia International University 5 t IV Foreign Forms	4-1954969	Page 4
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Schedule F	(Form 990) 2010	Virginia	International	University	54-1954969	Page 5
Part V	Supplementa	I Information				
	Complete this	part to provi	de the information	n required by Part I, line 2	! (monitoring of funds); Part I ; Part III (accounting method lso complete t his part to pro	, line
·	Part III. colum	(accounting it in (c) (estima	ted number of rec	cipients), as applicable, Al	so complete t his part to pro); and vide
	any additiona	l information	(see instructions).			
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Virginia International University

Employer identification number

54-1954969

Par	t I Types of Property				,				
		(a) Check if applicable	(b) Number of contribution items contribution	s or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d od of d contrib	etermın	ing mounts
1	Art-Works of art								
2	Art-Historical treasures							_	
3	Art-Fractional interests .								
4	Books and publications			right .					
5	Clothing and household goods		3. A.	A					
6	Cars and other vehicles								
7	Boats and planes .								
8	Intellectual property	X		1	28,634.	FV			
9	Securities-Publicly traded			_					
10	Securities-Closely held stock								
11	Securities-Partnership, LLC, or trust interests.								
12	Securities-Miscellaneous .					<u> </u>			
13	Qualified conservation contribution— Historic structures								
14	Qualified conservation contribution—Other .								
15	Real estate—Residential								
16	Real estate-Commercial					<u> </u>			
17	Real estate-Other								
18	Collectibles					<u> </u>			
19	Food inventory					<u> </u>			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens					 			
24	Archeological artifacts	<u> </u>							
25	Other ► (Furniture)	X	1		2,500.	FV			
26	Other ► ().					 -			
27	Other ► ()					 			
<u> 28</u> _	Other ► (
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during the e Acknowled	e tax year for co dgement	ontribut	tions for which the	29			
								Yes	No_
30-	During the year, did the organization receive by o	ontribution a	ny property rep	orted in	n Part I lines 1-28 that	ıt must			
	During the year, did the organization receive by chold for at least three years from the date of the purposes for the entire holding period?	initial contrib	oution, and which	ch is no	t required to be used for	r exempt	30 a		X
b	If 'Yes,' describe the arrangement in Part II						<u> </u>		
31	Does the organization have a gift acceptance poli	cy that requi	res the review	of any i	non-standard contribution	ons?	31		<u>X</u>
32 a	Does the organization hire or use third parties or noncash contributions?	related orga	nizations to soli	ıcıt, pro	cess, or sell	ļ	32 a		Х
b	If 'Yes,' describe in Part II.					ļ			
33	If the organization did not report an amount in co	lumn (c) for	a type of prope	rty for	which column (a) is che	ecked,			
	describe in Part II						<u>l </u>		j

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Name of the organization Virginia International University	Employer identification number 54-1954969
Form 990, Part III, Line 1 - Organization Mission	
	ents from all over the
world through a highly qualified, equally diverse faculty and s	staff. As an
institution_of_higher_learning,_VIU_will_strive_to_provide_acad	demic programs that
will engender the intellectual curiosity, critical thinking, ar	nd_creativity_that_are
urgently needed in the global community. We systematically end	courage the
development_of_a_strong_knowledge_base,_study_skills,_technical	know-how, and the
personal motivation necessary for competent scholarly inquiry a	and the lifelong
pursuit_of_learning.	·
As a community of students, staff, and faculty drawn from diver	rse national,
cultural, and social backgrounds, VIU aims to improve the envir	ronment in which
freedom of thought and diverse interpretations of human experie	ences_are_cherished
It is our hope and expectation that each member of the university	ity_will_develop_a
greater_awareness_of, and responsiveness_to, fellow_members_as_	well_as_to_those
beyond_our_campus_who_are_less_privilegedIn_the_fulfillment_	of this mission, the
university_shall_seek_an_efficient_use_of_all_available_resourg	ces to ensure the
highest quality of service to its students, faculty and staff.	The ultimate goal of
VIU_is_no_less_than_to_graduate_scholars_of_moral,_intellectual	l, and professional
excellence_who_will_not_only_make_a_better_life_for_themselves_	and their families
but_who, more importantly, will lead the way to a better world	for_everyone
Form 990, Part VI, Line 11b - Form 990 Review Process	
The VIU Finance Committee reviews the 990 before submission.	.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Cor	nflicts
The Human Resources Department communicates potential conflicts	s to the parties
involved.	

Schedule D, Part XIV - S	Supplemental In	formation	Page 6
Virginia Interna	ational University		54-195496
Schedule D, Part XII, Line 2d Other Revenue Included In F/S But Not Included On	Form 990		
COGS included in expense on F/S Rental Expenses separate on F/S		\$ Total <u>\$</u>	25,591. 28,800. 54,391.
Schedule D, Part XIII, Line 2d Other Expenses And Losses Per Audited F/S			
COGS included in expense on F/S Rental Expenses separate on F/S	• •	\$ Total <u>\$</u>	25,591. 28,800. 54,391.

Page 2

Schedule O (Form 990 or 990-EZ) 2010