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|   |   |  |
|---|---|--|
| <div>Form 990</div> <div></div> <div>Department of the Treasury<br/>Internal Revenue Service</div> | <div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div>The organization may have to use a copy of this return to satisfy state reporting requirements</div> | <div>OMB No 1545-0047</div> <div>2011</div> <div>Open to Public Inspection</div> |
|---|---|--|

|   |  |   |  |
|---|--|---|--|
| A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011  |  |   |  |
| B Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br>LYFORD CAY FOUNDATION INC<br>C/O PUTNEY TWOMBLY HALL & HIRSON<br>Doing Business As<br><br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br>521 5TH AVE 10TH FL<br><br>City or town, state or country, and ZIP + 4<br>NEW YORK, NY 10175 | D Employer identification number<br>23-7025275  |  |
|   |  | E Telephone number<br>(242) 362-4910  |  |
|   |  | G Gross receipts \$ 6,031,731   |  |
|   |  |   |  |
|   |  |   |  |
| F Name and address of principal officer<br>MANUEL J CUTILLAS<br>PO BOX N 7776<br>LYFORD CAY,NASSAU<br>BF  |  | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |  |
|   |  | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |  |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | H(c) Group exemption number ▶   |  |
| J Website: ▶ WWW.LYFORDCAYFOUNDATION.ORG  |  |   |  |

|   |                          |                              |
|---|--------------------------|------------------------------|
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation 1969 | M State of legal domicile NY |
|---|--------------------------|------------------------------|

|        |         |
|--------|---------|
| Part I | Summary |
|--------|---------|

|  |  |  |             |         |
|--|--|--|-------------|---------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities<br>SEE SCHEDULE O   |  |             |         |
|  |  |  |             |         |
|  |  |  |             |         |
|  |  |  |             |         |
|  |  |  |             |         |
| Revenue  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |  |             |         |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)  | 3  | 27          |         |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | 4  | 27          |         |
|  | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | 5  | 0           |         |
|  | 6 Total number of volunteers (estimate if necessary)   | 6  | 19          |         |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12  | 7a   | 35,329      |         |
|  | 7b Net unrelated business taxable income from Form 990-T, line 34  | 7b   | -6,529      |         |
|  | Expenses   | 8 Contributions and grants (Part VIII, line 1h)                  |             |         |
|  |  | 9 Program service revenue (Part VIII, line 2g)                   | 0           | 0       |
|  |  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,156,980   | 710,109 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          |  | 54,996   | 44,338      |         |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |  | 3,140,999  | 2,909,118   |         |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  |  | 4,163,207  | 1,950,097   |         |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                     |  | 0  | 0           |         |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |  | 282,787  | 372,383     |         |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    |  | 0  | 0           |         |
| 16b Total fundraising expenses (Part IX, column (D), line 25) ▶75,274                |  |  |             |         |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 318,932  | 461,444  |             |         |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)          | 4,764,926  | 2,783,924  |             |         |
| 19 Revenue less expenses Subtract line 18 from line 12                               | -1,623,927   | 125,194  |             |         |
| Net Assets or Fund Balances  | Beginning of Current Year  |  | End of Year |         |
|  | 20 Total assets (Part X, line 16)  | 22,250,874   | 20,284,699  |         |
|  | 21 Total liabilities (Part X, line 26)   | 1,513,364  | 733,717     |         |
|  | 22 Net assets or fund balances Subtract line 21 from line 20   | 20,737,510   | 19,550,982  |         |

|         |                 |
|---------|-----------------|
| Part II | Signature Block |
|---------|-----------------|

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                          |   |  |   |   |
|--------------------------|---|--|---|---|
| Sign Here                | <div>Signature of officer</div>   |  | <div>2012-11-06</div> <div>Date</div>           |   |
|                          | <div>MANUEL J CUTILLAS CHAIRMAN</div> <div>Type or print name and title</div> |  |   |   |
| Paid Preparer's Use Only | Preparer's signature  | Date<br>2012-11-06   | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions)<br>P00743140 |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4                 | DELOITTE TAX LLP<br>TWO JERICHO PLAZA<br>JERICHO, NY 11753 |   | EIN ▶ 86-1065772  |
|                          |   |  |   | Phone no ▶ (516) 918-7000   |

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

☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

checked

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

checked

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ 780,284 including grants of \$ 780,284 ) (Revenue \$ )

THE FOUNDATION PROVIDES GRANTS TO NOT-FOR-PROFIT ORGANIZATIONS THAT IMPROVE THE HEALTH AND WELFARE OF THE COMMUNITY THAT THEY SERVE. GRANTS TO 29 ORGANIZATIONS WERE MADE DURING THE YEAR TOTALING \$780,284

4b

(Code ) (Expenses \$ 879,193 including grants of \$ 879,193 ) (Revenue \$ )

THE FOUNDATION PROVIDES ACADEMIC, TECHNICAL AND VOCATIONAL SCHOLARSHIPS TO COLLEGES, UNIVERSITIES AND OTHER EDUCATIONAL INSTITUTIONS FOR DESERVING BAHAMIAN STUDENTS. 94 SCHOLARSHIPS WERE GRANTED TO 77 INSTITUTIONS DURING THE YEAR TOTALING \$880,093

4c

(Code ) (Expenses \$ 290,620 including grants of \$ 290,620 ) (Revenue \$ )

THE FOUNDATION PROVIDES ACADEMIC SCHOLARSHIPS TO DESERVING STUDENTS ENROLLED AT THE COLLEGE OF THE BAHAMAS. 114 SCHOLARSHIPS WERE GRANTED DURING THE YEAR TOTALING \$290,620

(Code ) (Expenses \$ 430,516 including grants of \$ ) (Revenue \$ )

SCHOLARSHIP ADMINISTRATION, SPECIAL PROJECTS, AND TIMEWORKS VOLUNTEER PROGRAM

4d

Other program services (Describe in Schedule O )

(Expenses \$ 430,516 including grants of \$ ) (Revenue \$ )



















4e

Total program service expenses

\$ 2,380,613

Part IV

Checklist of Required Schedules

|     |   | Yes | No  |    |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?    | 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   | <b>Section 501(c)(3) organizations.</b> 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   |     | 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   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? If "Yes," complete Schedule D, Part II    | 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? 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  |     |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I  | 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, Part 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, Part 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   | 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 |     | No |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements   | 20b |     |    |

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | 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? <i>If "Yes," complete Schedule J</i> . . . . .                | 23  |     | No |
| 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | 25a |     | 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | 25b |     | No |
| 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 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)  |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 29  | Yes |    |
| 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  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .   | 34  |     | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?   | 35a |     | No |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 35b |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 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? <i>If "Yes," complete Schedule R, Part VI</i>   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | 38  | Yes |    |

| Part V   |   | Statements Regarding Other IRS Filings and Tax Compliance |     |                          |    |
|--|---|---|-----|--------------------------|----|
| Check if Schedule O contains a response to any question in this Part V |   |   |     | <input type="checkbox"/> |    |
|  |   |   |     | Yes                      | No |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>.  | 1a  | 5   |                          |    |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  | 1b  | 0   |                          |    |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c  | Yes |                          |    |
| 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.<br>.  | 2a  | 0   |                          |    |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  | 2b  |     |                          |    |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  | Yes |                          |    |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.   | 3b  | Yes |                          |    |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?  | 4a  | Yes |                          |    |
| b  | If "Yes," enter the name of the foreign country: BF, EI<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  |   |     |                          |    |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     |                          | No |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |     |                          | No |
| c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |                          |    |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?   | 6a  |     |                          | No |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b  |     |                          |    |
| 7  | Organizations that may receive deductible contributions under section 170(c).   |   |     |                          |    |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a  |     |                          | No |
| 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 required to file Form 8282?  | 7c  |     |                          | No |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year.  | 7d  |     |                          |    |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e  |     |                          | No |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f  |     |                          | No |
| 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 a Form 1098-C?  | 7h  |     |                          |    |
| 8  | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?   | 8   |     |                          |    |
| 9  | Sponsoring organizations maintaining donor advised funds.   |   |     |                          |    |
| a  | Did the organization make any taxable distributions under section 4966?   | 9a  |     |                          |    |
| b  | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |                          |    |
| 10   | Section 501(c)(7) organizations. Enter  |   |     |                          |    |
| a  | Initiation fees and capital contributions included on Part VIII, line 12.   | 10a   |     |                          |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  | 10b   |     |                          |    |
| 11   | Section 501(c)(12) organizations. Enter   |   |     |                          |    |
| a  | Gross income from members or shareholders.  | 11a   |     |                          |    |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  | 11b   |     |                          |    |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a   |     |                          |    |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  | 12b   |     |                          |    |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |   |     |                          |    |
| a  | Is the organization licensed to issue qualified health plans in more than one state?<br>Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | 13a   |     |                          |    |
| b  | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  | 13b   |     |                          |    |
| c  | Enter the aggregate amount of reserves on hand.   | 13c   |     |                          |    |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a   |     |                          | No |
| b  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  | 14b   |     |                          |    |

Part VI

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

Section A. Governing Body and Management

|    |   |     |    |
|----|---|-----|----|
|    |   | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
| 1b | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | Yes |    |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | No |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| 6  | Did the organization have members or stockholders?  |     | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  |     | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   |     | No |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| 8a | The governing body?   | Yes |    |
| 8b | Each committee with authority to act on behalf of the governing body?   | 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        |     | No |

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

|     |  |     |    |
|-----|--|-----|----|
|     |  | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates?   |     | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| 11b | Describe in Schedule O the process, if any, used by the organization to review the Form 990  |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| 12b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | Yes |    |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| 13  | Did the organization have a written whistleblower policy?  | Yes |    |
| 14  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| 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?   |     |    |
| 15a | The organization's CEO, Executive Director, or top management official   | Yes |    |
| 15b | Other officers or key employees of the organization  |     | No |
|     | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)  |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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  | NY   |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |  |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.   |  |
| 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<br>WEST BAY STREET<br>BF<br>(242) 362-4910 |

Part VII

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, 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, or 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 nor any related organizations compensated any current or former officer, director, or trustee

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MR MANUEL J CUTILLAS<br>CHAIRMAN                        | 7 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) MR STUART W RAY<br>PRESIDENT THROUGH 6/2/11 / DIRECTOR  | 7 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) MRS ALESSANDRA HOLOWESKO<br>PRESIDENT -EFFECTIVE 6/2/11 | 7 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) MR FRANK J CROTHERS<br>VICE PRESIDENT                   | 7 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (5) MRS SARAH FARRINGTON<br>VICE PRESIDENT                  | 7 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (6) MR BASIL P GOULANDRIS<br>VICE PRESIDENT                 | 7 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (7) MR JEFFREY A EVERETT<br>TREASURER                       | 7 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (8) MR ANTHONY ALLEN<br>DIRECTOR                            | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) MR PHILIPPE BONNEFOY<br>DIRECTOR                        | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) MRS LARITA BOREN<br>DIRECTOR                           | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) MRS DEBORAH LOEB BRICE<br>DIRECTOR                     | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) DR RUDOLPH CREW<br>DIRECTOR                            | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) MRS NORMA DANA<br>DIRECTOR                             | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) MRS DIANE DELANO<br>DIRECTOR                           | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (15) MR PETER G GOULANDRIS<br>DIRECTOR                      | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (16) MRS SUZANNAH HOLLAND-ROBINSON<br>DIRECTOR              | 5 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (17) MRS LYNN HOLOWESKO<br>DIRECTOR                         | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |



Part VII

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) HANS HERMAN HORN<br>DIRECTOR                                 | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (19) MR WILLIAM T HUNTER<br>DIRECTOR                              | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (20) MRS NANCY KELLY<br>DIRECTOR                                  | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (21) MR ARTHUR LITTLE<br>DIRECTOR                                 | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (22) MR YVES LOURDIN<br>DIRECTOR                                  | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (23) MRS KYLIE NOTTAGE<br>DIRECTOR                                | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (24) MRS BETTY ROBERTS<br>DIRECTOR                                | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (25) MR PAUL SANDFORD<br>DIRECTOR                                 | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (26) SIR ORVILLE TURNQUEST<br>DIRECTOR                            | 3 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (27) MR PETER VLASOV<br>DIRECTOR                                  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (28) MR ALEXANDER NEAVE<br>SECRETARY                              | 7 00   |   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (29) MR E PARKER NEAVE<br>ASSISTANT SECRETARY                     | 7 00   |   |                       | X       |              |                              |        | 0  | 0   | 0   |
|   |  |   |                       |         |              |                              |        |  |   |   |
| 1b Sub-Total . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| c Total from continuation sheets to Part VII, Section A . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| d Total (add lines 1b and 1c) . . . . .                           |  |   |                       |         |              |                              |        | 0  | 0   | 0   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

|   |   | Yes | No |
|---|---|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | 3   | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4   | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 5   | No |

Section B. Independent Contractors

| 1                                | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year |                                |                     |
|----------------------------------|---|--------------------------------|---------------------|
| (A)<br>Name and business address |   | (B)<br>Description of services | (C)<br>Compensation |
|                                  |   |                                |                     |
|                                  |   |                                |                     |
|                                  |   |                                |                     |
|                                  |   |                                |                     |
|                                  |   |                                |                     |
| 2                                | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0   |                                |                     |

Part VIII

Statement of Revenue

|   |   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |
|---|---|--|--|----------------------|--|---|---|
| Contributions, gifts, grants<br>and other similar amounts | 1a  | Federated campaigns . . .  | 1a   |                      |  |   |   |
|   | b   | Membership dues . . . . .  | 1b   |                      |  |   |   |
|   | c   | Fundraising events . . . . .   | 1c   |                      |  |   |   |
|   | d   | Related organizations . . . .  | 1d   |                      |  |   |   |
|   | e   | Government grants (contributions)  | 1e   | 70,000               |  |   |   |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above  | 1f   | 2,084,671            |  |   |   |
|   | g   | Noncash contributions included in<br>lines 1a-1f \$ 250,211  |  |                      |  |   |   |
|   | h   | Total. Add lines 1a-1f . . . . .   |  |                      | 2,154,671  |   |   |
| Program Service Revenue                                   | 2a  |  | Business Code  |                      |  |   |   |
|   | b   |  |  |                      |  |   |   |
|   | c   |  |  |                      |  |   |   |
|   | d   |  |  |                      |  |   |   |
|   | e   |  |  |                      |  |   |   |
|   | f   | All other program service revenue  |  |                      |  |   |   |
|   | g   | Total. Add lines 2a-2f . . . . .   |  |                      |  |   |   |
|   | Other Revenue                             | 3  | Investment income (including dividends, interest<br>and other similar amounts) . . . . . |                      | 436,281  |   | 2,044   |
| 4   |   | Income from investment of tax-exempt bond proceeds . .   |  |                      |  |   |   |
| 5   |   | Royalties . . . . .  |  |                      |  |   |   |
| 6a  |   | Gross rents  | (i) Real (ii) Personal   |                      |  |   |   |
| b   |   | Less rental<br>expenses  |  |                      |  |   |   |
| c   |   | Rental income<br>or (loss)   |  |                      |  |   |   |
| d   |   | Net rental income or (loss) . . . . .  |  |                      |  |   |   |
| 7a  |   | Gross amount<br>from sales of<br>assets other<br>than inventory  | (i) Securities (ii) Other  |                      |  |   |   |
| b   |   | Less cost or<br>other basis and<br>sales expenses  |  |                      |  |   |   |
| c   |   | Gain or (loss)   |  |                      |  |   |   |
| d   |   | Net gain or (loss) . . . . .   |  | 273,828              |  | 8,830                                   | 264,998   |
| 8a  |   | Gross income from fundraising<br>events (not including<br>\$ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a  |                      |  |   |   |
| b   |   | Less direct expenses . . . .   | b  |                      |  |   |   |
| c   |   | Net income or (loss) from fundraising events . .   |  |                      |  |   |   |
| 9a  |   | Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | a  |                      |  |   |   |
| b   |   | Less direct expenses . . . .   | b  |                      |  |   |   |
| c   |   | Net income or (loss) from gaming activities . .  |  |                      |  |   |   |
| 10a   |   | Gross sales of inventory, less<br>returns and allowances . . . . .   | a  |                      |  |   |   |
| b   |   | Less cost of goods sold . . .  | b  |                      |  |   |   |
| c   |   | Net income or (loss) from sales of inventory . .   |  |                      |  |   |   |
| Miscellaneous Revenue                                     |   | Business Code  |  |                      |  |   |   |
| 11a   | CLCF ADMIN FEES                           | 561000   | 22,500   |                      | 22,500   |   |   |
| b   | MISCELLANEOUS INCOME                      | 900099   | 19,883   |                      |  | 19,883                                  |   |
| c   | LIONHEDGE K-1 UBTI                        | 900099   | 1,955  |                      | 1,955  |   |   |
| d   | All other revenue . . . . .               |  |  |                      |  |   |   |
| e   | Total. Add lines 11a-11d . . . . .        |  |  | 44,338               |  |   |   |
| 12  | Total revenue. See Instructions . . . . . |  |  | 2,909,118            | 0  | 35,329                                  | 719,118   |

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)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21  | 769,512               | 769,512                         |  |                             |
| 2  | Grants and other assistance to individuals in the United States See Part IV, line 22  |                       |                                 |  |                             |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16   | 1,180,585             | 1,180,585                       |  |                             |
| 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  | 317,608               | 230,736                         | 61,193                                 | 25,679                      |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   | 14,544                | 10,055                          | 3,170                                  | 1,319                       |
| 9  | Other employee benefits . . . . .   | 31,073                | 23,939                          | 5,234                                  | 1,900                       |
| 10   | Payroll taxes . . . . .   | 9,158                 | 5,994                           | 2,297                                  | 867                         |
| 11   | Fees for services (non-employees)   |                       |                                 |  |                             |
| a  | Management . . . . .  |                       |                                 |  |                             |
| b  | Legal . . . . .   | 37,731                | 3,000                           | 34,731                                 |                             |
| c  | Accounting . . . . .  | 78,147                |                                 | 78,147                                 |                             |
| d  | Lobbying . . . . .  |                       |                                 |  |                             |
| e  | Professional fundraising See Part IV, line 17 . . . . .   |                       |                                 |  |                             |
| f  | Investment management fees . . . . .  | 41,736                |                                 | 41,736                                 |                             |
| g  | Other . . . . .   | 21,266                | 693                             | 14,679                                 | 5,894                       |
| 12   | Advertising and promotion . . . . .   | 90,755                | 49,605                          | 3,104                                  | 38,046                      |
| 13   | Office expenses . . . . .   | 32,962                | 16,414                          | 15,159                                 | 1,389                       |
| 14   | Information technology . . . . .  | 35,020                |                                 | 35,020                                 |                             |
| 15   | Royalties . . . . .   |                       |                                 |  |                             |
| 16   | Occupancy . . . . .   | 27,100                |                                 | 27,100                                 |                             |
| 17   | Travel . . . . .  | 3,600                 | 3,075                           | 345                                    | 180                         |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings . . . . .  | 47,603                | 45,439                          | 2,164                                  |                             |
| 20   | Interest . . . . .  |                       |                                 |  |                             |
| 21   | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| 23   | Insurance . . . . .   | 5,336                 | 1,378                           | 3,958                                  |                             |
| 24   | Other expenses Itemize expenses not 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 )                                       |                       |                                 |  |                             |
| a  | FOOD  | 12,756                | 12,756                          |  |                             |
| b  | TRANSPORTATION  | 11,460                | 11,460                          |  |                             |
| c  | STUDENT SUPPLIES  | 8,280                 | 8,280                           |  |                             |
| d  | INTERN TEACHER TRAINING   | 5,549                 | 5,549                           |  |                             |
| e  |   |                       |                                 |  |                             |
| f  | All other expenses  | 2,143                 | 2,143                           |  |                             |
| 25   | Total functional expenses. Add lines 1 through 24f  | 2,783,924             | 2,380,613                       | 328,037                                | 75,274                      |
| 26   | Joint costs. Check here <input type="checkbox"/> 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 |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .   |     |  | 45,253            | 1   | 1,245,656   |
|                             | 2   | Savings and temporary cash investments . . . . .  |     |  | 926,051           | 2   | 1,020,361   |
|                             | 3   | Pledges and grants receivable, net . . . . .  |     |  |                   | 3   |             |
|                             | 4   | Accounts receivable, net . . . . .  |     |  |                   | 4   |             |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |     |  |                   | 5   |             |
|                             | 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .      |     |  |                   | 6   |             |
|                             | 7   | Notes and loans receivable, net . . . . .   |     |  |                   | 7   |             |
|                             | 8   | Inventories for sale or use . . . . .   |     |  |                   | 8   |             |
|                             | 9   | Prepaid expenses and deferred charges . . . . .   |     |  | 6,474             | 9   | 6,474       |
|                             | 10a   | Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .   | 10a |  |                   |     |             |
|                             | b   | Less: accumulated depreciation . . . . .  | 10b |  |                   | 10c |             |
|                             | 11  | Investments—publicly traded securities . . . . .  |     |  | 20,173,878        | 11  | 17,007,679  |
|                             | 12  | Investments—other securities. See Part IV, line 11 . . . . .  |     |  | 1,054,622         | 12  | 982,029     |
|                             | 13  | Investments—program-related. See Part IV, line 11 . . . . .   |     |  |                   | 13  |             |
|                             | 14  | Intangible assets . . . . .   |     |  |                   | 14  |             |
|                             | 15  | Other assets. See Part IV, line 11 . . . . .  |     |  | 44,596            | 15  | 22,500      |
|                             | 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  |     |  | 22,250,874        | 16  | 20,284,699  |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .   |     |  | 78,064            | 17  | 68,063      |
|                             | 18  | Grants payable . . . . .  |     |  | 1,435,300         | 18  | 665,654     |
|                             | 19  | Deferred revenue . . . . .  |     |  |                   | 19  |             |
|                             | 20  | Tax-exempt bond liabilities . . . . .   |     |  |                   | 20  |             |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   |     |  |                   | 21  |             |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |     |  |                   | 22  |             |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties . . . . .  |     |  |                   | 23  |             |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties . . . . .  |     |  |                   | 24  |             |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . |     |  |                   | 25  |             |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   |     |  | 1,513,364         | 26  | 733,717     |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |   |     |  |                   |     |             |
|                             | 27  | Unrestricted net assets . . . . .   |     |  | 18,999,600        | 27  | 17,911,250  |
|                             | 28  | Temporarily restricted net assets . . . . .   |     |  | 1,737,910         | 28  | 1,639,732   |
|                             | 29  | Permanently restricted net assets . . . . .   |     |  |                   | 29  |             |
|                             | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |   |     |  |                   |     |             |
|                             | 30  | Capital stock or trust principal, or current funds . . . . .  |     |  |                   | 30  |             |
|                             | 31  | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |     |  |                   | 31  |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds . . . . .  |     |  |                   | 32  |             |
|                             | 33  | <b>Total net assets or fund balances</b> . . . . .  |     |  | 20,737,510        | 33  | 19,550,982  |
|                             | 34  | <b>Total liabilities and net assets/fund balances</b> . . . . .   |     |  | 22,250,874        | 34  | 20,284,699  |

**Part XI Reconciliation of Net Assets**

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

|          |   |          |            |
|----------|---|----------|------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 2,909,118  |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 2,783,924  |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | 125,194    |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 20,737,510 |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> | -1,311,722 |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 19,550,982 |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| <b>c</b>  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

SCHEDULE A

(Form 990 or 990EZ)

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

2011

Open to Public  
Inspection

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

Employer identification number

23-7025275

Part I

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 )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 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  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
|                                       |             |   | Yes   | No | Yes  | No | Yes   | No |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
| Total                                 |             |   |   |    |  |    |   |    |                             |

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)   | (a) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 1,963,297 | 1,876,641 | 2,290,207 | 1,929,023 | 2,154,671 | 10,213,839 |
| 2 Tax revenues levied for the organization's benefit and either paid to 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  | 1,963,297 | 1,876,641 | 2,290,207 | 1,929,023 | 2,154,671 | 10,213,839 |
| 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) |           |           |           |           |           | 1,461,180  |
| 6 Public Support. Subtract line 5 from line 4   |           |           |           |           |           | 8,752,659  |

Section B. Total Support

| Calendar year (or fiscal year beginning in)  | (a) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4  | 1,963,297 | 1,876,641 | 2,290,207 | 1,929,023 | 2,154,671 | 10,213,839 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 770,503   | 512,014   | 523,307   | 531,387   | 434,237   | 2,771,448  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                             |           |           | 6,487     |           |           | 6,487      |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                |           |           | 10,203    | 10,400    | 19,883    | 40,486     |
| 11 Total support (Add lines 7 through 10)  |           |           |           |           |           | 13,032,260 |

12 Gross receipts from related activities, etc (See instructions )

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

|   |    |          |
|---|----|----------|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 67 160 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14                      | 15 | 62 590 % |

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 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 in)  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

| Section B. Total Support  |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                      |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| c Add lines 10a and 10b   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12.)   |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |  |
|---|----|--|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |  |  |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                    | 16 |  |  |

| Section D. Computation of Investment Income Percentage   |    |  |  |
|--|----|--|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))   | 17 |  |  |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17  | 18 |  |  |
| 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         |    |  |  |
| b 33 1/3% support tests—2010. 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 |    |  |  |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions  |    |  |  |



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
|------------------------------|
|                              |

| Explanation  |
|--|
| SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME 2009 2010 2011 MISCELLANEOUS INCOME \$10,203 \$10,400 \$19,883 |
|  |
|  |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
Attach to Form 990. See separate instructions.

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

Employer identification number  
  
23-7025275

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   |  |                              |
|---|--|------------------------------|
|   | (a) Donor advised funds  | (b) Funds and other accounts |
| 1 | Total number at end of year  |                              |
| 2 | Aggregate contributions to (during year)   |                              |
| 3 | Aggregate grants from (during year)  |                              |
| 4 | Aggregate value at end of year   |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?   |                              |
|   | <div>Yes</div> <div>No</div>   |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit |                              |
|   | <div>Yes</div> <div>No</div>   |                              |

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)  

Preservation of land for public use (e g , recreation or pleasure)

Preservation of an historically importantly land area

Protection of natural habitat

Preservation of a certified historic structure

Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   |  |
|---|--|
|   | Held at the End of the Year  |
| a | Total number of conservation easements   |
| b | Total acreage restricted by conservation easements                                 |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06            |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii)

Assets included in Form 990, Part X

▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

**4** Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? ☐ **Yes** ☐ **No**

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|---|-----------------|---------------|-------------------|---------------------|--------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 1,737,910       | 1,582,247     | 1,361,958         |                     |                    |
| <b>b</b> Contributions . . . . .                                  |                 |               |                   |                     |                    |
| <b>c</b> Investment earnings or losses . . . . .                  | -25,678         | 224,413       | 297,789           |                     |                    |
| <b>d</b> Grants or scholarships . . . . .                         | 72,500          | 68,750        | 77,500            |                     |                    |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                 |               |                   |                     |                    |
| <b>f</b> Administrative expenses . . . . .                        |                 |               |                   |                     |                    |
| <b>g</b> End of year balance . . . . .                            | 1,639,732       | 1,737,910     | 1,582,247         |                     |                    |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶

100 000 %
- b** Permanent endowment ▶
- c** Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                |                              |                |
| <b>c</b> Leasehold improvements . . . . .  |                                      |                                |                              |                |
| <b>d</b> Equipment . . . . .   |                                      |                                |                              |                |
| <b>e</b> Other . . . . .   |                                      |                                |                              |                |
| <b>Total.</b> Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> . . . . . ▶ |                                      |                                |                              | 0              |



| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements |   |    |            |
|--|---|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  | 2,909,118  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 2,783,924  |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | 125,194    |
| 4  | Net unrealized gains (losses) on investments                                    | 4  | -1,298,894 |
| 5  | Donated services and use of facilities  | 5  |            |
| 6  | Investment expenses   | 6  |            |
| 7  | Prior period adjustments  | 7  |            |
| 8  | Other (Describe in Part XIV)  | 8  | -12,828    |
| 9  | Total adjustments (net) Add lines 4 - 8   | 9  | -1,311,722 |
| 10   | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -1,186,528 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return |  |    |            |
|---|--|----|------------|
| 1   | Total revenue, gains, and other support per audited financial statements . . . . .         | 1  | 1,597,397  |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |            |
| a   | Net unrealized gains on investments . . . . .  | 2a | -1,298,894 |
| b   | Donated services and use of facilities . . . . .   | 2b |            |
| c   | Recoveries of prior year grants . . . . .  | 2c |            |
| d   | Other (Describe in Part XIV) . . . . .   | 2d | 2          |
| e   | Add lines 2a through 2d . . . . .  | 2e | -1,298,892 |
| 3   | Subtract line 2e from line 1 . . . . .   | 3  | 2,896,289  |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1                        |    |            |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |            |
| b   | Other (Describe in Part XIV) . . . . .   | 4b | 12,829     |
| c   | Add lines 4a and 4b . . . . .  | 4c | 12,829     |
| 5   | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  | 2,909,118  |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return |   |    |           |
|--|---|----|-----------|
| 1  | Total expenses and losses per audited financial statements . . . . .                        | 1  | 2,783,925 |
| 2  | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |    |           |
| a  | Donated services and use of facilities . . . . .  | 2a |           |
| b  | Prior year adjustments . . . . .  | 2b |           |
| c  | Other losses . . . . .  | 2c |           |
| d  | Other (Describe in Part XIV) . . . . .  | 2d | 1         |
| e  | Add lines 2a through 2d . . . . .   | 2e | 1         |
| 3  | Subtract line 2e from line 1 . . . . .  | 3  | 2,783,924 |
| 4  | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |    |           |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                  | 4a |           |
| b  | Other (Describe in Part XIV) . . . . .  | 4b |           |
| c  | Add lines 4a and 4b . . . . .   | 4c | 0         |
| 5  | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  | 2,783,924 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier  | Return Reference | Explanation   |
|---|------------------|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS      | PART V, LINE 4   | THE LYFORD CAY FOUNDATON HAS TWO BOARD DESIGNATED ENDOWMENT FUNDS BOTH ENDOWMENT FUNDS ARE INTENDED TO PROVIDE SCHOLARSHIPS TO BAHAMIAN STUDENTS SEEKING HIGHER EDUCATION (1) EXCELLENCE SCHOLARSHIP FUND - PROVIDES ANNUAL ACADEMIC SCHOLARSHIPS OF UP TO \$10,000, WHICH ARE RESERVED FOR EXCEPTIONAL BAHAMIAN STUDENTS ENROLLED IN COLLEGE AND UNIVERSITIES IN THE USA OR CANADA WHOSE PARTICULAR FIELD OF STUDY IS EXPECTED TO CONTRIBUTE SIGNIFICANTLY TO THE BETTERMENT OF THE BAHAMAS THE SCHOLARSHIP IS BASED ON A SELECTED DISCIPLINE, RECIPIENTS ARE REQUIRED TO CONTINUE IN THEIR APPROVED MAJOR THROUGHOUT THE DURATION OF THE SCHOLARSHIP THE FOLLOWING FIELDS OF STUDY ARE ELIGIBLE FOR AWARDS AGRICULTURE, ENGINEERING, ARCHITECTURE, ECONOMICS, MARINE DESIGN/CONSTRUCTION, MANUFACTURING SYSTEMS, AND EDUCATION RECIPIENTS MUST CONTRIBUTE AT LEAST 12.5% OF THE TOTAL COST OF THEIR EDUCATION AND MAY APPLY A GRANT OR SCHOLARSHIP FROM THE COLLEGE TOWARD THE REMAINING CONTRIBUTORY FUNDS REQUIREMENT DISBURSEMENT FROM THE FUND ARE LIMITED TO \$30,000 PER YEAR PLUS 9% OF THE CONTRIBUTIONS ADDED TO THE CAPITAL OF THE FUND THE FUND MUST BE INVESTED IN NOT LESS THAN 50% EQUITIES AND/OR MUTUAL FUNDS HAVING PUBLIC TRADE IN THE US OR CANADA (2) HAROLD W SIEBENS TECHNICAL SCHOLARSHIP FUND PROVIDES ANNUAL SCHOLARSHIP OF \$7,500 EACH TOWARDS THE TUITION OF BAHAMIAN STUDENTS ENROLLING IN CAREER SCHOOLS AND COLLEGES OF TECHNOLOGY OUTSIDE THE COMMONWEALTH OF THE BAHAMAS ELIGIBLE RECIPIENTS MUST PROVIDE PROOF OF ACADEMIC PROFICIENCY, FINANCIAL NEED, PERSONAL QUALITIES (INTEREST, SERIOUSNESS OF PURPOSE, DETERMINATION, COMMITMENT, LEADERSHIP, COMMUNITY INVOLVEMENT), QUALITY OF THE PROPOSED SCHOOL OR COLLEGE, AND APPROPRIATENESS OF THE PROJECTED FIELD OF STUDY WHICH MUST BE VALUABLE IN SERVING THE NEEDS OF THE BAHAMAS INCLUDING FIELDS OF STUDY SUCH AS AGRICULTURE & FISHERIES, AIR CONDITIONING AND REFRIGERATION, AUTOMOTIVE, MARINE AND AVIATION MECHANICS, CONSTRUCTION AND RELATED TRADES, HEAVY EQUIPMENT OPERATION, MACHINE SHOP, COMPUTER SERVICE TECHNOLOGY, HOSPITALITY AND TOURISM, AND HEALTH CARE TECHNOLOGY DISTRIBUTION FROM THE HAROLD W SIEBENS TECHNICAL SCHOLARSHIP FUND IS UP TO AN AMOUNT EQUAL TO THE LESSER OF (A) 25% OF THE VALUE OF ALL TECHNICAL SCHOLARSHIP AWARDS DURING EACH YEAR FROM SOURCES OTHER THAN THE HAROLD W SIEBENS TECHNICAL SCHOLARSHIP FUND FOR TECHNICAL TRAINING OUTSIDE OF THE BAHAMAS, OR (B) 5% OF THE AVERAGE MARKET VALUE AT DECEMBER 31ST OF OF THE HAROLD W SIEBENS TECHNICAL SCHOLARSHIP FUND OVER THE PREVIOUS THREE YEAR PERIOD |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X           | IN JULY 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FINANCIAL INTERPRETATION (FIN) 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES AS OF JULY 1, 2009, FASB LAUNCHED THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) THUS "FIN 48" IS NOW CLASSIFIED AS "ASC 740." ASC 740 PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. INCOME TAX POSITIONS MUST MEET A MORE LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE TO BE RECOGNIZED UPON THE ADOPTION OF ASC 740 AND IN SUBSEQUENT PERIODS THIS INTERPRETATION ALSO PROVIDES GUIDANCE ON MEASUREMENT, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. FOR NON-PUBLIC ENTITIES, ASC 740 WAS EFFECTIVE FOR YEARS BEGINNING AFTER DECEMBER 15, 2007. FOR ELIGIBLE ENTERPRISES, INCLUDING NON-PROFIT ORGANIZATIONS, FSP FIN 48-3 DEFERRED THE EFFECTIVE DATE TO ANNUAL PERIODS BEGINNING AFTER DECEMBER 15, 2008. ALTHOUGH ASC 740 IS PRIMARILY DIRECTED AT TAXABLE BUSINESS ENTERPRISES, A TAX POSITION MAY INCLUDE THE CHARACTERIZATION OF INCOME AS TAX EXEMPT (RELATED OR EXCLUDED EXEMPT FUNCTION INCOME AS DESCRIBED IN IRC SECTION 512(A)-(B)) AND/OR TAXABLE AS UNRELATED BUSINESS INCOME UNDER IRC SECTION 511(A). FOR PRIVATE FOUNDATIONS, A TAX POSITION MAY ALSO INCLUDE THE CHARACTERIZATION OF INCOME AND EXPENSE AS NET INVESTMENT INCOME SUBJECT TO EXCISE TAX UNDER IRC SECTION 4940(A). LYFORD CAY FOUNDATION, INC. HAS ADOPTED ASC 740 EFFECTIVE THE TAX YEAR BEGINNING JANUARY 1, 2009. LYFORD CAY FOUNDATION, INC. HAS EVALUATED THE EFFECT OF THE STANDARD AND HAS DETERMINED THAT THE ADOPTION OF ASC 740 WILL HAVE NO SIGNIFICANT IMPACT ON ITS FINANCIAL STATEMENTS. IN THE EVENT LYFORD CAY 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.  |
| PART XI, LINE 8 - OTHER ADJUSTMENTS                 |                  | ROUNDING 1 UBT INCOME FROM LION HEDGE PLATFORM FUND, L.P. -12,829 TOTAL TO SCHEDULE D, PART XI, LINE 8 -12,828  |

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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

Employer identification number  
  
23-7025275

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 ☒ No

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

3 Activites per Region (Use Part V if additional space 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 | (f) Total expenditures for region/investments in region |
|--|-------------------------------------|--|---|--|---|
| CENTRAL AMERICA/CARIBBEAN                  | 1                                   | 4  | FUNDRAISING, PROGRAM SERVICES, GRANTS TO RECIPIENTS LOCATED IN THE BAHAMAS  |  | 1,036,404   |
| NORTH AMERICA                              | 0                                   | 0  | EDUCATIONAL SCHOLARSHIPS  |  | 71,681  |
| EUROPE (INCLUDING ICELAND & GREENLAND)     | 0                                   | 0  | EDUCATIONAL SCHOLARSHIPS  |  | 65,000  |
| SUB-SAHARAN AFRICA                         | 0                                   | 0  | EDUCATIONAL SCHOLARSHIPS  |  | 7,500   |
|  |                                     |  |   |  |   |
|  |                                     |  |   |  |   |
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|  |                                     |  |   |  |   |
|  |                                     |  |   |  |   |
| 3a Sub-total                               | 1                                   | 4  |   |  | 1,180,585   |
| b Total from continuation sheets to Part I | 0                                   | 0  |   |  | 0   |
| c Totals (add lines 3a and 3b)             | 1                                   | 4  |   |  | 1,180,585   |

[illegible]**Schedule F (Form 990) 2011**

## Part III

**(h) Method of valuation**  
(book, FMV, appraisal, other)



**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)*

☒ Yes ☐ No
- 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)*

☐ Yes ☒ 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)*

☐ Yes ☒ No
- 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)*

☐ Yes ☒ 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 ☒ No
- 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 ☒ No



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-7025275  
**Name:** LYFORD CAY FOUNDATION INC  
C/O PUTNEY TWOMBLY HALL & HIRSON

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (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) |
|--------------------------|--|---------------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |  | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR HURRICANE IRENE DISASTER RELIEF         | 5,000                    | CHECK                           |                                   |  |   |
|                          |  | CENTRAL AMERICA & THE CARIBBEAN | FUNDING TO DEFRAY THE COST OF PUBLISHING 1000 BOOKS | 10,000                   | CHECK                           |                                   |  |   |
|                          |  | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR MOBILE SPAY/NUETER CLINIC               | 9,212                    | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|---------------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR VIDEO PRODUCTION OF MARINE MAMMAL SPECIES | 10,000                   | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR 2012 WORLD CHOIR GAMES                    | 7,000                    | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR TEACHER TRAINING                          | 5,000                    | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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|--------------------------|---|---------------------------------|---------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR AFTERSCHOOL PROGRAM | 5,000                    | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR SCHOLARSHIPS        | 7,500                    | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR OPERATIONS          | 100,000                  | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|---------------------------------|--------------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR THE COB LIBRARY          | 291,284                  | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR GRANT FOR NEEDY CHILDREN | 7,500                    | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR THE AFTERSCHOOL PROGRAM  | 5,000                    | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|---------------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | SCHOLARSHIPS FOR SPECIAL NEEDS CHILDREN | 57,500                   | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | PARTIAL, NEEDBASED SCHOLARSHIP PROGRAM  | 54,000                   | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | SUMMER CAMP                             | 5,000                    | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|---------------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR HURRICANE IRENE CAT ISLAND RELIEF FOR SCHOOLS | 50,000                   | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR AUTOSKILLS FOR HER MAJESTY'S PRISON           | 16,714                   | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR POLICE SUMMER CAMP                            | 10,000                   | CHECK                           |                                   |  |   |



Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|---------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|--|
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR SEMINARS FOR YOUNG WOMEN             | 7,231                    | CHECK                           |                                   |  |  |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR OFFICE RENOVATION                    | 7,500                    | CHECK                           |                                   |  |  |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN | FUNDING FOR WORLD SUMMER GAMES IN ATHENS, GREECE | 18,000                   | CHECK                           |                                   |  |  |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|-----------------------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | CENTRAL AMERICA & THE CARIBBEAN   | FUNDING FOR OCEAN SWIM SURVIVAL PROGRAM | 10,000                   | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA & THE CARIBBEAN   | FUNDING FOR URBAN RENEWAL               | 20,000                   | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA AND THE CARIBBEAN | SCHOLARSHIPS                            | 290,620                  | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | NORTH AMERICA                          | SCHOLARSHIPS         | 7,598                    | CHECK                           |                                   |  |   |
|                          |   | EUROPE (INCLUDING ICELAND & GREENLAND) | SCHOLARSHIPS         | 20,000                   | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA AND THE CARIBBEAN      | SCHOLARSHIPS         | 5,000                    | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | NORTH AMERICA                          | SCHOLARSHIPS         | 7,751                    | CHECK                           |                                   |  |   |
|                          |   | EUROPE (INCLUDING ICELAND & GREENLAND) | SCHOLARSHIPS         | 20,000                   | CHECK                           |                                   |  |   |
|                          |   | CENTRAL AMERICA AND THE CARIBBEAN      | SCHOLARSHIPS         | 7,500                    | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | SUB-SAHARAN AFRICA                     | SCHOLARSHIPS         | 7,500                    | CHECK                           |                                   |  |   |
|                          |   | NORTH AMERICA                          | SCHOLARSHIPS         | 13,506                   | CHECK                           |                                   |  |   |
|                          |   | EUROPE (INCLUDING ICELAND & GREENLAND) | SCHOLARSHIPS         | 7,500                    | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | NORTH AMERICA                          | SCHOLARSHIPS         | 7,500                    | CHECK                           |                                   |  |   |
|                          |   | NORTH AMERICA                          | SCHOLARSHIPS         | 10,000                   | CHECK                           |                                   |  |   |
|                          |   | EUROPE (INCLUDING ICELAND & GREENLAND) | SCHOLARSHIPS         | 10,000                   | CHECK                           |                                   |  |   |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | EUROPE (INCLUDING ICELAND & GREENLAND) | SCHOLARSHIPS         | 7,500                    | CHECK                           |                                   |  |   |
|                          |   | NORTH AMERICA                          | SCHOLARSHIPS         | 10,000                   | CHECK                           |                                   |  |   |
|                          |   | NORTH AMERICA                          | SCHOLARSHIPS         | 7,598                    | CHECK                           |                                   |  |   |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
23-7025275

Part I

General Information on Grants and Assistance

- 1

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 ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table                          |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

52

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

61



Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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)Amount of cash grant | (d)Amount 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.

| Identifier                                 | Return Reference | Explanation  |
|--|------------------|--|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2   | SCHEDULE I, PART I, LINE 2 THE LYFORD CAY FOUNDATION MONITORS THE GRANTS IT MAKES TO SCHOLARSHIP RECIPIENTS BY REMITTING THE SCHOLARSHIP FUNDS DIRECTLY TO THE INSTITUTION OF HIGHER LEARNING NO FURTHER FOLLOW-UP IS REQUIRED AS THE SCHOLARSHIP GRANT IS AUTOMATICALLY APPLIED AGAINST THE STUDENT TUITION SCHOLARSHIP 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 ONLINE 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 THE SELECTION PROCESS IS AS FOLLOWS 1) OBVIOUSLY WEAK CANDIDATES AND INCOMPLETE APPLICATIONS ARE ELIMINATED 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% CANDIDATE'S 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) 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 TO QUALIFY FOR SCHOLARSHIP RENEWAL, RECIPIENTS ARE 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 & VOCATIONAL 2 75 EFFECTIVE 2008, 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 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HILLSBOROUGH COMMUNITY COLLEGE4001 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)                          | 11,250                   |                                   |   |  | SCHOLARSHIP                        |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LINCOLN COLLEGE OF TECHNOLOGY<br>2410 METROCENTRE BLVD<br>WEST PALM BEACH, FL 33407 | 59-2420433 |                                    | 10,000                   |                                   |   |  | SCHOLARSHIP                        |
| NEW ENGLAND INSTITUTE OF TECHNOLOGY39 NORTH BENNET STREET<br>BOSTON, MA 02113       | 05-0312747 |                                    | 37,500                   |                                   |   |  | SCHOLARSHIP                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| 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                               |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government         | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| GEORGE T BAKER AVIATION SCHOOL3275 NW 42ND AVENUE MIAMI, FL 33142 | 59-6000572     | 501(C)(3)                                 | 7,500                           |  |  |   | SCHOLARSHIP                               |
| MIAMI DADE COLLEGE950 NW 20TH STREET MIAMI, FL 33181              | 59-6169745     | 501(C)(3)                                 | 7,500                           |  |  |   | SCHOLARSHIP                               |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FLORIDA INSTITUTE OF TECHNOLOGY150 W UNIVERSITY BLVD MELBOURNE,FL 32901        | 59-6046500 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIP                        |
| DAYTONA STATE COLLEGE1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH,FL 32114 | 59-1211226 |                                    | 15,000                   |                                   |   |  | 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE<br>9201 UNIVERSITY CITY BLVD<br>CHARLOTTE, NC 282230001 | 56-0791228 | 501(C)(3)                          | 17,500                   |                                   |   |  | SCHOLARSHIP                        |
| STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE6 PENNYFIELD AVENUE THROGS NECK, NY 104654198        | 51-0180576 | 501(C)(3)                          | 5,000                    |                                   |   |  | SCHOLARSHIP                        |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CLARKSON UNIVERSITYPO BOX 5610 POTSDAM, NY 13699         | 15-0543659 | 501(C)(3)                          | 10,000                   |                                   |   |  | SCHOLARSHIP                        |
| CAPE ELEUTHERA FOUNDATIONPO BOX 5910 PRINCETON, NJ 08543 | 31-1591503 | 501(C)(3)                          | 50,000                   |                                   |   |  | SCHOLARSHIP                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government    | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| ALBION COLLEGE<br>611 EAST PETER STREET<br>ALBIO, MI 49224   | 38-1359081     | 501(C)(3)                                 | 7,500                           |  |  |   | SCHOLARSHIP                               |
| BELOIT COLLEGE<br>700 COLLEGE STREET<br>BELOIT, WI 535115595 | 39-0808497     | 501(C)(3)                                 | 7,500                           |  |  |   | 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BEULAH HEIGHTS UNIVERISTY892 BERNE STREET SE PO BOX 18145 ATLANTA,GA 30316 | 58-6055244 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIP                        |
| CALIFORNIA MARITIME ACADEMY200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590    | 68-0316355 | 501(C)(3)                          | 7,500                    |                                   |   |  | 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| DREXEL UNIVERSITY3201 ARCH STREET PHILADELPHIA, PA 19104 | 23-1352630 | 501(C)(3)                          | 41,595                   |                                   |   |  | SCHOLARSHIP                        |
| YALE UNIVERSITY PO BOX 208365 NEW HAVEN,CT 065208365     | 06-0646973 | 501(C)(3)                          | 20,000                   |                                   |   |  | 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ELMIRA COLLEGE<br>ONE PARK PLACE<br>ELMIRA, NY 14901   | 16-0743996 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIP                        |
| EMBRY-RIDDLE AERONAUTICAL UNIVERSITY<br>600 SOUTH CLYDE MORRIS BLVD<br>DAYTONA BEACH, FL 32114 | 59-0936101 | 501(C)(3)                          | 15,000                   |                                   |   |  | 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FLORIDA INTERNATIONAL UNIVERSITY UNIVERSITY PARK CAMPUS MIAMI,FL 33199 | 23-7047106 | 501(C)(3)                          | 22,500                   |                                   |   |  | SCHOLARSHIP                        |
| FLORIDA MEMORIAL UNIVERSITY15800 NW 42ND AVENUE MIAMI GARDENS,FL 33054 | 59-0668483 | 501(C)(3)                          | 7,500                    |                                   |   |  | 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GEORGIA INSTITUTE OF TECHNOLOGY225 NORTH AVENUE ATLANTA,GA 303320255 | 58-6002023 | 501(C)(3)                          | 35,000                   |                                   |   |  | SCHOLARSHIP                        |
| KETTERING UNIVERSITY1700 WEST THIRD AVENUE FLINT,MI 485044898        | 38-2410852 | 501(C)(3)                          | 15,000                   |                                   |   |  | SCHOLARSHIP                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| MONROE COLLEGE<br>434 MAIN STREET<br>NEW ROCHELLE,<br>NY 10801                      | 13-<br>2501225 | 501(C)(3)                                 | 7,500                           |  |  |   | SCHOLARSHIP                               |
| OHIO STATE<br>UNIVERSITY<br>ENARSON HALL<br>154 W 12TH AVE<br>COLUMBUS, OH<br>43210 | 31-<br>1145986 | 501(C)(3)                                 | 7,500                           |  |  |   | 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| TAYLOR UNIVERSITY236 W READE AVENUE UPLAND,IN 469891001      | 35-0868181 | 501(C)(3)                          | 15,000                   |                                   |   |  | SCHOLARSHIP                        |
| TRINITY UNIVERSITYONE TRINITY PLACE SAN ANTONIO,TX 782127200 | 74-1109633 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIP                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| UNIVERSITY OF MIAMI<br>PO BOX 248025<br>CORAL GABLES, FL 33124<br>2230 | 59-0624458     | 501(C)(3)                                 | 7,500                           |  |  |   | SCHOLARSHIP                               |
| UNIVERSITY OF SOUTH FLORIDA<br>4202 EFOWLER AVENUE<br>TAMPA, FL 33620  | 59-3102112     | 501(C)(3)                                 | 7,500                           |  |  |   | 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| VANDERCOOK COLLEGE OF MUSIC<br>3140 SOUTH FEDERAL STREET<br>CHICAGO, IL 606163731 | 36-2539399 | 501(C)(3)                          | 16,667                   |                                   |   |  | SCHOLARSHIP                        |
| VIRGINIA COMMONWEALTH UNIVERSITY<br>900 EAST MAIN STREET<br>RICHMOND, VA 23284    | 54-6001758 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIP                        |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BERKLEE COLLEGE OF MUSIC1140 BOYLSTON STREET BOSTON, MA 02115                              | 04-2300472 | 501(C)(3)                          | 10,000                   |                                   |   |  | SCHOLARSHIP                        |
| BETHUNE COOKMAN UNIVERSITY640 DOCTOR MARY MCLEOD BETHUNE BOULEVARD DAYTONA BEACH, FL 32114 | 59-0704726 | 501(C)(3)                          | 7,500                    |                                   |   |  | 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COLLEGE OF ST BENEDICT37 SOUTH COLLEGE AVENUE ST JOSEPH, MN 56374     | 41-0969244 | 501(C)(3)                          | 35,000                   |                                   |   |  | SCHOLARSHIP                        |
| JOHNS HOPKINS UNIVERSITY3400 NORTH CHARLES STREET BALTIMORE, MD 21218 | 52-2090682 | 501(C)(3)                          | 20,000                   |                                   |   |  | SCHOLARSHIP                        |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LONG ISLAND UNIVERSITY1 UNIVERSITY PLZ BROOKLYN,NY 11201       | 11-1633516 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIP                        |
| MESSIAH COLLEGE 2026 NORTH BROAD STREET PHILADELPHIA, PA 19121 | 23-1352661 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIP                        |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NASHOTAH HOUSE THEOLOGICAL SEMINARY2777 MISSION ROAD NASHOTAH, WI 53058 | 39-0806195 | 501(C)(3)                          | 10,000                   |                                   |   |  | SCHOLARSHIP                        |
| PURDUE UNIVERSITY PURDUE UNIVERSITY WEST LAFAYETTE, IN 47907            | 35-6002041 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |

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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RHODE ISLAND SCHOOL OF DESIGNTWO COLLEGE STREET PROVIDENCE PROVIDENCE,RI 02903 | 05-0258956 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |
| SAMFORD UNIVERSITY800 LAKESHORE DRIVE HOMEWOOD,AL 35229                        | 63-0312914 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |

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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| STATE UNIVERSITY OF NEW YORK6 PENNYFIELD AVENUE THROGS NECK, NY 104654198 | 51-0180576 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |
| THE UNIVERSITY OF ARIZONATHE UNIVERSITY OF ARIZONA TUSKEGEE, AL 36088     | 86-6004791 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |



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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF NORTH FLORIDA1 UNF DRIVE JACKSONVILLE, FL 32224   | 59-2976169 |                                    | 20,000                   |                                   |   |  | SCHOLARSHIPS                       |
| UNIVERSITY OF THE PACIFIC3601 PACIFIC AVENUE STOCKTON, CA 95211 | 94-1156266 | 501(C)(3)                          | 35,000                   |                                   |   |  | SCHOLARSHIPS                       |

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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| VANDERBILT UNIVERSITY2305 WEST END AVENUE NASHVILLE, TN 37240 | 62-0476822 | 501(C)(3)                          | 20,000                   |                                   |   |  | SCHOLARSHIPS                       |
| UNIVERSITY OF GEORGIA UNIVERISTY OF GEORGIA ATHENS, GA 30602  | 58-6001998 | 501(C)(3)                          | 10,000                   |                                   |   |  | SCHOLARSHIPS                       |

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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AIRLINE TRAINING ACADEMY1602 SW 77TH AVENUE PEMBROOKE PINES, FL 33023  | 90-0259497 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |
| CHATTAHOOCHEE TECHNICAL COLLEGE 980 SOUTH COBB DR SE MARIETTA,GA 30060 | 58-1788754 |                                    | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |

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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| DARTON COLLEGE<br>2400<br>GILLIONVILLE<br>ROAD<br>ALBANY,GA 31707                          | 58-<br>0964652 |                                    | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |
| PELICAN FLIGHT<br>TRAINING CENTER<br>1601 SW 75TH<br>AVENUE<br>PEMBROOK PINES,<br>FL 33023 | 01-<br>0778795 |                                    | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |

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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SOUTHERN UNION STATE COMMUNITY COLLEGE OPELIKA CAMPUS 1701 LAFAETTE PARKWAY OPELIKA, AL 36801 | 63-0494681 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |
| THE CULINARY INSTITUTE OF AMERICA 2555 MAIN STREET ST HELENA, CA 94574                        | 06-0653264 | 501(C)(3)                          | 7,500                    |                                   |   |  | SCHOLARSHIPS                       |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government       | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| KEISER UNIVERSITY2101 NORTHWEST 117TH AVENUE MIAMI, FL 33172    | 59-1829662     | 501(C)(3)                                 | 7,500                           |  |  |   | SCHOLARSHIPS                              |
| TEXAS SOUTHERN UNIVERSITY3100 CLEBURNE AVENUE HOUSTON, TX 77004 | 52-2117007     | 501(C)(3)                                 | 15,000                          |  |  |   | SCHOLARSHIPS                              |

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number  
  
23-7025275

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c)<br>Corrected? |    |
|---|---------------------------------|--------------------------------|-------------------|----|
|   |                                 |                                | Yes               | No |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c)Original principal amount | (d)Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|---|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
|   | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
| Total . . . . . ► \$                      |                                       |      |                              |                |                 |    |                                     |    |                       |    |

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|--|--|
|                               |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |

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 organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) ALEXANDER NEAVE           | SECRETARY   | 32,229                    | SEE BELOW                      |   | No |
| (2) E PARKER NEAVE            | ASSISTANT SECRETARY   | 32,229                    | SEE BELOW                      |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

Part V

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

| Identifier   | 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 2011, THE TOTAL FEE PAID BY THE FOUNDATION TO THE LAW FIRM WAS \$32,229 (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 2011, THE TOTAL FEE PAID BY THE FOUNDATION TO THE LAW FIRM WAS \$32,229 |



SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Employer identification number  
23-7025275

Part I

Types of Property

|  | (a)<br>Check<br>if<br>applicable | (b)<br>Number of Contributions<br>or items contributed | (c)<br>Contribution amounts<br>reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art . . . . .   |                                  |  |   |  |
| 2 Art—Historical treasures . . . . .                                       |                                  |  |   |  |
| 3 Art—Fractional interests . . . . .                                       |                                  |  |   |  |
| 4 Books and publications . . . . .   |                                  |  |   |  |
| 5 Clothing and household<br>goods . . . . .                                |                                  |  |   |  |
| 6 Cars and other vehicles . . . . .  |                                  |  |   |  |
| 7 Boats and planes . . . . .   |                                  |  |   |  |
| 8 Intellectual property . . . . .  |                                  |  |   |  |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 1  | 250,211   | MEDIAN SHARE PRICE                                   |
| 10 Securities—Closely held stock . . . . .                                 |                                  |  |   |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |  |   |  |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |  |   |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |  |   |  |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                                  |  |   |  |
| 15 Real estate—Residential . . . . .                                       |                                  |  |   |  |
| 16 Real estate—Commercial . . . . .  |                                  |  |   |  |
| 17 Real estate—Other . . . . .   |                                  |  |   |  |
| 18 Collectibles . . . . .  |                                  |  |   |  |
| 19 Food inventory . . . . .  |                                  |  |   |  |
| 20 Drugs and medical supplies . . . . .                                    |                                  |  |   |  |
| 21 Taxidermy . . . . .   |                                  |  |   |  |
| 22 Historical artifacts . . . . .  |                                  |  |   |  |
| 23 Scientific specimens . . . . .  |                                  |  |   |  |
| 24 Archeological artifacts . . . . .                                       |                                  |  |   |  |
| 25 Other ► ( )   |                                  |  |   |  |
| 26 Other ►( )  |                                  |  |   |  |
| 27 Other ►( )  |                                  |  |   |  |
| 28 Other ► ( )   |                                  |  |   |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

|     |   |     |    |
|-----|---|-----|----|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . | Yes | No |
| b   | If "Yes," describe the arrangement in Part II   |     |    |
| 31  | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?   | Yes |    |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .   |     | No |
| b   | If "Yes," describe in Part II   |     |    |
| 33  | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II   |     |    |

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.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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.

OMB No 1545-0047

2011

Open to Public  
Inspection

|   |  |
|---|--|
| Name of the organization<br>LYFORD CAY FOUNDATION INC<br>C/O PUTNEY TWOMBLY HALL & HIRSON | Employer identification number<br><br>23-7025275 |
|---|--|

| Identifier                     | Return Reference        | Explanation  |
|--------------------------------|-------------------------|--|
| ORGANIZATION MISSION STATEMENT | FORM 990, PART I LINE 1 | 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 ORGANIZATIONS AND THE PREPARATION OF BAHAMIAN STUDENTS FOR POST SECONDARY OPPORTUNITIES |

| Identifier                     | Return Reference          | Explanation   |
|--------------------------------|---------------------------|---|
| ORGANIZATION MISSION STATEMENT | FORM 990, PART III LINE 1 | THE FOUNDATION'S PRIMARY MISSION IS TO SUPPORT THE DEVELOPMENT OF THE BAHAMAS THROUGH THE AWARDING OF SCHOLARSHIPS FOR POST SECONDARY EDUCATION AND TECHNICAL TRAINING, THE SUPPORT OF BAHAMIAN NON-PROFIT CHARITABLE ORGANIZATIONS TARGETING THE EMOTIONAL, EDUCATIONAL AND RECREATIONAL NEEDS OF CHILDREN AND YOUNG ADULTS, THE ENVIRONMENT AND OTHER PRESSING SOCIAL ISSUES, AND TO PROVIDING EFFECTIVE PROGRAMS THAT ENHANCE THE PREPARATION OF A LARGER NUMBER OF BAHAMIAN STUDENTS FOR POST SECONDARY OPPORTUNITIES AND THE CAREERS OF A GLOBALLY COMPETITIVE WORLD |

| Identifier | Return Reference                              | Explanation  |
|------------|---|--|
|            | FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 2 | BASIL GOULANDRIS DIRECTOR SON PETER G GOULANDRIS DIRECTOR FATHER MRS LYNN HOLOWESKO<br>DIRECTOR MOTHER-IN-LAW ALESSANDRA HOLOWESKO PRESIDENT DAUGHTER-IN-LAW ALEXANDER NEAVE<br>SECRETARY FATHER E PARKER NEAVE ASSISTANT SECRETARY SON NORMA DANA DIRECTOR STEP<br>GRANDMOTHER ISABELLA RIDALL DEVELOPMENT ASSISTANT STEP GRAND DAUGHTER ISABELLA RIDALL<br>DEVELOPMENT ASSISTANT DAUGHTER CHARLES A DANA, III EX-OFFICIA DIRECTOR FATHER NORMA DANA<br>DIRECTOR STEP MOTHER CHARLES A DANA, III EX-OFFICIO DIRECTOR STEP SON |

| Identifier | Return Reference                         | Explanation  |
|------------|--|--|
|            | FORM 990, PART VI,<br>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 |

| Identifier | Return Reference                                | Explanation  |
|------------|---|--|
|            | FORM 990,<br>PART VI,<br>SECTION B,<br>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 |

| Identifier | Return Reference                                | Explanation   |
|------------|---|---|
|            | FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15A | EXECUTIVE COMMITTEE IS TO MEET AT LEAST ONCE ANNUALLY TO DISCUSS EMPLOYEE EVALUATIONS AND COMPENSATION MINUTES OR A MEMORANDUM OF THE MEETING SUMMARIZING THE DISCUSSIONS AND DECISIONS TAKEN ARE FILED WITH THE FOUNDATION'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 FOUNDATION'S ANNUAL GRANTMAKERS SALARY AND BENEFITS REPORT |



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

| Identifier                             | Return Reference          | Explanation  |
|--|---------------------------|--|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -1,298,894 ROUNDING 1 UBT INCOME FROM LION HEDGE PLATFORM FUND, L P -12,829 TOTAL TO FORM 990, PART XI, LINE 5 -1,311,722 |

Additional Data

Software ID:  
Software Version:  
EIN: 23-7025275  
Name: LYFORD CAY FOUNDATION INC  
C/O PUTNEY TWOMBLY HALL & HIRSON

Form 990, Special Condition Description:

|                               |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

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

|  |
|--|
| 4d. Other program services   |
| (Code ) (Expenses \$ 430,516 including grants of \$ ) (Revenue \$ )<br>SCHOLARSHIP ADMINISTRATION, SPECIAL PROJECTS, AND TIMEWORKS VOLUNTEER PROGRAM |

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MR MANUEL J CUTILLAS<br>CHAIRMAN                         | 7 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| MR STUART WRAY<br>PRESIDENT THROUGH 6/2/11 /<br>DIRECTOR | 7 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| MRS ALESSANDRA HOLOWESKO<br>PRESIDENT -EFFECTIVE 6/2/11  | 7 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| MR FRANK J CROTHERS<br>VICE PRESIDENT                    | 7 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| MRS SARAH FARRINGTON<br>VICE PRESIDENT                   | 7 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| MR BASIL P GOULANDRIS<br>VICE PRESIDENT                  | 7 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| MR JEFFREY A EVERETT<br>TREASURER                        | 7 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| MR ANTHONY ALLEN<br>DIRECTOR                             | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MR PHILIPPE BONNEFOY<br>DIRECTOR                         | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MRS LARITA BOREN<br>DIRECTOR                             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MRS DEBORAH LOEB BRICE<br>DIRECTOR                       | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DR RUDOLPH CREW<br>DIRECTOR                              | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MRS NORMA DANA<br>DIRECTOR                               | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MRS DIANE DELANO<br>DIRECTOR                             | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MR PETER G GOULANDRIS<br>DIRECTOR                        | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MRS SUZANNAH HOLLAND-<br>ROBINSON<br>DIRECTOR            | 5 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MRS LYNN HOLOWESKO<br>DIRECTOR                           | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HANS HERMAN HORN<br>DIRECTOR                             | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MR WILLIAM T HUNTER<br>DIRECTOR                          | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MRS NANCY KELLY<br>DIRECTOR                              | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MR ARTHUR LITTLE<br>DIRECTOR                             | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MR YVES LOURDIN<br>DIRECTOR                              | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MRS KYLIE NOTTAGE<br>DIRECTOR                            | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MRS BETTY ROBERTS<br>DIRECTOR                            | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MR PAUL SANDFORD<br>DIRECTOR                             | 3 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                    | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--|--|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
|  |  | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |   |  |   |
| SIR ORVILLE TURNQUEST<br>DIRECTOR        | 3 00                                   | X   |                       |         |              |                                 |        | 0   | 0  | 0   |
| MR PETER VLASOV<br>DIRECTOR              | 1 00                                   | X   |                       |         |              |                                 |        | 0   | 0  | 0   |
| MR ALEXANDER NEAVE<br>SECRETARY          | 7 00                                   |   |                       | X       |              |                                 |        | 0   | 0  | 0   |
| MR E PARKER NEAVE<br>ASSISTANT SECRETARY | 7 00                                   |   |                       | X       |              |                                 |        | 0   | 0  | 0   |