

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



Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

| <u>A</u> _ | For the 2 | 014 calen | dar year, or tax | year begir | ning 10/0 |)1 | , 201 | 4, and endir | 1 g 9/ | 30 | , 2 | 015 |
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| | Initial r | = | #2 JOHN B | REWER'S | BAY | | | | | 340- | 693-10 | 1/13 |
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| | \vdash | | | | | | | | | G Gross rec | ¢ | 1 700 716 |
| | - | ed return | F Name and addr | | 1 -# DD | TIAT DAI | יייי דייי | EC | W/a) is this | a group return | | 1,799,716. nates Yes X No |
| | Applica | tion pending | | | n ource. DK | . HALDAI | NE DAVI | .ES | 1 '' | . | | |
| _ | Tau avam | nt status | SAME AS C | | \\ | | 14047(-)(1) | or 527 | If 'No,' | l subordinates ii ' attach a list (s | see instructi | ions) Lites Lite |
| ٺ | Tax-exem | | X 501(c)(3) | 501(c) (|) - (11 | nsert no) | 4947(a)(1) | 01 327 | - | | | |
| <u></u> | Websit | | | т | | | | | | exemption num | | |
| K | | rganization | X Corporation | Trust | Association | Other > | | L Year of forma | tion 198 | 6 M Sta | te of legal | domicile VI |
| Pa | itil se | <u>Summar</u> | у | | | | | | | | | |
| | l 1 Brid | efly descri | be the organiza | tion's miss | ion or most | significant a | ctivities | <u>EDUCATIO</u> | <u>NAL AN</u> | <u>D CHARI</u> | TABLE | <u>PURPOSES</u> |
| ė | | | | | | | | | | . | _ | |
| Activities & Governance | | | | | | | . _ | | | | | |
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| જ | 4 Nui | | dependent votir | | | | | ine 1h) | • | - | 4 | 13 |
| es | 5 Tot | | r of individuals | _ | _ | | - | - | • | - | 5 | |
| Z. | 6 Tot | | r of volunteers (| | _ | ou. 2017 (11 | | | | <u> </u> | 6 | 0 |
| 4ct | 7a Tot | | | | | lumn (C),-lie | 10-2 | | | - | 7a | 465. |
| _ | b Ne | unrelated | ed business rev d business taxal | ole income | from Form | 990-T, line 3 | | ו ט | | . [| 7b | 0. |
| | | | | | | | | | F | Prior Year | | Current Year |
| | 8 Co | ntributions | and grants (Pa | art VIII, line | 1h) | Alie | 1 7 204 | ျေ | | 1,681,36 | 52. | 1,262,053. |
| nue | Frogram service revenue (Fart VIII, line 2g) | | | | | | | | | | | |
| Revenue | To investment meetine (art vin) column (v), meeting () | | | | | | | | | 553,02 | 29. | 534,009. |
| ď | | | | | | | | | | 48 | 33. | 3,654. |
| | | | e – add lines 8 | | | | | , tine 12) | | 2,234,8 | 74. | 1,799,716. |
| | 13 Gra | ants and s | imilar amounts | paid (Part | IX, column (| A), lines 1-3 | 3) | | | 2,227,59 | 95. | 2,530,869. |
| | 14 Be | nefits paid | to or for memb | ers (Part I | X, column (A | A), line 4). | | | | | | |
| ۰, | 15 Sa | aries, oth | er compensatio | n, employe | e benefits (F | Part IX, colu | mn (A), lır | nes 5-10) | | | | |
| Ses | 16a Pro | fessional | fundraising fees | s (Part IX, | column (A), | line 11e) | | | | - | | |
| Expenses | b Tot | al fundrai | sıng expenses (| Part IX. co | lumn (D), lir | ne 25) ► | | | · 197 4 10 | | 2 2 199 | |
| Ä | 17 Oth | | ses (Part IX, co | • | | | | | - 3.736 | 174,2 | | 77,031. |
| | | | es Add lines 13 | , | | • | 4) line 25 | ١ | | 2,401,8 | | 2,607,900. |
| | | | s expenses Sul | • | = | | 1), 11110 20 | , | <u> </u> | -166,93 | - | -808,184. |
| ŏ | | venue les | s expenses our | Juace inte | 10 HOIII IIIIe | 12 | | | Posinni | ing of Current | | End of Year |
| land | 20 Tot | al assets | (Part X, line 16 |) | | | | | | 7,720,10 | | 57,439,719. |
| Ass | 21 Tot | | es (Part X, line | | | | | | | 0,742,90 | | 31,106,848. |
| Net Assets Fund Balanc | 20 No. | | • | • | .no 21 fram | line 20 | • | | | | | |
| | 110 | | r fund balances | Subtract | me Zi irom | lifie 20 | | | 1 4 | 6,977,1 | 15. | 26,332,871. |
| | | | re Block | | | | | | | | | |
| Und | er penalties i iplete Declar | of perjury, I d ation of prep | eclare that I have ex arer (ether that office | amined this re er) is based or | lurn, including ac all information o | ccompanying scl of which prepare | hedules and s er has any kno | tatements, and t owledge | o the best of | my knowledge | and belief, | it is true, correct, and |
| | | <u> </u> | 1 / M | | | | | | | 180 180 | 19 | |
| c: | | Signati | ure of officer | | | | | | I_ | ate Val | , 0 | |
| Sig He | gn | i | + aldune | Dan | . W P. | | 1 Din | ils. | | | | |
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| US | e Only | Firm's addi | | BOX 600 | | | | . | | Firm's EIN | | 500092 |
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| | | | nis return with t | | | | | | | | | X Yes No |
| $\mathbf{D} \Lambda$ | A Ear Da | nanwark [| Reduction Act N | latica caa | the congrete | instruction | ıc | т | E Δ01131 09 | 1/20/1/4 | | Form. 990 (2014) |

| | m 990 (2014) THE FOUNDATION FOR THE UNIVERSITY OF THE | 66-04 | 125865 | Page 2 |
|-----|---|---|-------------------------------|------------------------|
| Par | Statement of Program Service Accomplishments | | | |
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: | | | |
| ' | EDUCATIONAL AND CHARITABLE PURPOSES | | | |
| | | | | |
| | | | | |
| 2 | Did the organization undertake any significant program services during the year which we | re not listed on the prior | | |
| | Form 990 or 990-EZ? | · | Yes | X No |
| | If 'Yes,' describe these new services on Schedule O. | _ | r | |
| 3 | Did the organization cease conducting, or make significant changes in how it condu- if 'Yes,' describe these changes on Schedule O | ucts, any program services? | Yes | X No |
| 4 | Describe the organization's program service accomplishments for each of its three Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of and revenue, if any, for each program service reported | largest program services, as n grants and allocations to other | neasured by s, the total e | expenses. expenses, |
| 4 a | a (Code:) (Expenses \$ 2,535,869. including grants of \$ | 2,530,869.) (Revenue | \$ | |
| | THE ORGANIZATION ASSISTS AND SUPPORTS THE UNIVERSITY ACCOMPLISHING ITS CHARITABLE AND EDUCATIONAL MISSION | | ANDS IN | |
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| 40 | d Other program services (Describe in Schedule O) | | | - |
| | (Expenses \$ including grants of \$ |) (Revenue \$ | |) |
| 4 | le Total program service expenses ► 2,535,869. | | | |
| BAA | | | For | m 990 (2014 |

| | | | 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 | Х | |
| 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 | Х | |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| i | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> . | 11 a | _X | |
| | b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| | c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | X |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | X |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | X |
| | 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 | 11 f | | X |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | _ | X |
| | 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 and XII is optional | 12b | Х | |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | <u> </u> | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| | 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, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). | 17 | | Х |
| 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 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | Х |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 Ь | <u>L</u> | <u></u> |

Yes No

| BAA | | Forn | 1 990 | (2014) |
|-------------|--|-----------|--------------|--------|
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | х |
| t | olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 28c 29 | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| a | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II | 26 | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| d | I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | X |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| | | | | |

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Form 990 (2014) THE FOUNDATION FOR THE UNIVERSITY OF THE

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| The state of the s | | | | |
|--|--------------|-------------|-----------------|------------------|
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | . ا | <u> </u> | Yes | No |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b | | -1. | 10 mg | * *, |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin | | 43 | : ' | 1 |
| (gambling) winnings to prize winners? | | 1 c | ^ - | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a | 0 | 5 , (, | , | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2Ы | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | 1 |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3 a | | X |
| b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i> | | 3 b | | |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account | , a nt)? | 4 a | | Х |
| b If 'Yes,' enter the name of the foreign country ▶ | | | | ا د ُي |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA | (R) | | | 7 |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5 a | | Χ |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | ' | 5 b | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 5 c | | |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that were not tax deductible as charitable contributions? | anızatıon | 6 a | | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts wer not tax deductible? | | 6 b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | ı. | | $\cdot \neg$ | <i>*</i> † -, |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | s and | · 10 % | | |
| services provided to the payor? | <u>_</u> | 7 a | | Χ |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7 b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282? | | 7 c | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | · · | <i>a</i> . | • | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra | ct? | 7 e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7 f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7 g | | |
| h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C? | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsor | - [| | | |
| organization have excess business holdings at any time during the year? | ├ | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | 1 | | نــــــ | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | - | 9 a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | <u> </u> | 9 b | | |
| 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 | | ,] | المثار | |
| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | 1 | 1. E. | , ' |
| 11 Section 501(c)(12) organizations. Enter | | Ĩ, | - - | j. |
| a Gross income from members or shareholders | | . | 1 | |
| b Gross income from other sources (Do not net amounts due or paid to other sources | | | | , 7n |
| against amounts due or received from them). | | · . | · | ć |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | [1 | 12 a | | |
| b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | , | 1 | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | 19- | | · - - |
| a is the organization licensed to issue qualified health plans in more than one state? | <u> </u> - | 13a | , , | |
| Note. See the instructions for additional information the organization must report on Schedule O | 1 | - | . | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | ·. | . , | |
| c Enter the amount of reserves on hand | | _ | | ٠. |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q | | 14b | | |
| BAA TEEA0105L 05/28/14 | F | orm | 990 (| 2014 |

Form 990 (2014) THE FOUNDATION FOR THE UNIVERSITY OF THE Page 6 66-0425865 Part VI. Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 100 the following X 8 a a The governing body? **b** Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10a X 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12h to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c 13 X 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15 a a The organization's CEO, Executive Director, or top management official Х **b** Other officers or key employees of the organization 15_b 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 X taxable entity during the year? 16 a **b** 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 16_b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed VI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records 20

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| | | (C) | | | | | | | | |
|--|--|-----------------------------------|-----------------------|------------------------|---------------------------|--|----------|--|---|--|
| (A) Name and Title | (B) Average hours per | than is | one both dire | box, an o ector/ | unles fficer truste | | ion | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099 MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) DR. DAVID HALL | 1 | Ţ | | | | | | | 0 | 0 |
| DIRECTOR | 0 | X | -+ | _ | | | | 0. | 0. | 0. |
| (2) DR. HALDANE DAVIES EXECUTIVE DIR. | $-\frac{1}{0}$ | Х | | | | | | 0. | 0. | 0. |
| (3) KIRIL SOKOLOFF | 1 | | | | | | | | | |
| DIRECTOR | 0 | _X | | | | | | 0. | 0. | 0. |
| (4) SHARMANE BROOKES | 1 | | | | | | | | | i |
| DIRECTOR | _0 | X | | | | | | 0. | 0. | 0. |
| (5) DALE LAFEBVRE | 1 | | | | | | 1 | } | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (6) FREDERICK A. MORTON JR. | 1 |] | | | | | | j | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (7) HENRY SMOCK | 1 |] | | | |] | | 1 | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (8) JOHN HARPER | 1 |] | | | | ļ | | | | |
| DIRECTOR | 0 | X | | | <u> </u> | | | 0. | 0. | 0. |
| (9) R. OLIVER DAVID | 1 | | | | | | ĺ | | | |
| DIRECTOR | 0 | X | | | ļ | <u> </u> | ļ | 0. | 0. | 0. |
| (10) DR. ALFRED O. HEATH CHAIRMAN | $-\frac{1}{0}$ | | | Х | | | | 0. | 0. | 0. |
| (11) EDWARD THOMAS | 1 | 1 | | | | | | | | |
| TREASURER | 10 | 1 | | Х | | | | 0. | 0. | 0. |
| (12) ADRIANE DUDLEY | 1 | | | | | | | | | |
| SECRETARY | 0 | 1 | | Х | | | <u> </u> | 0. | 0. | 0. |
| (13) JIM TUNICK | 1 | | | | | | | | | |
| VICE CHAIRMAN | 0 | | Ш | Х | | <u></u> | | 0. | 0. | 0. |
| (14) | | - | | | | | | | | |
| | <u> </u> | | لــــل | | <u> </u> | <u>. </u> | Ь. | <u> </u> | <u> </u> | |

| (A) Name and lite Compensation | Part VII Section A. Officers, Directors, Tru | ıstees, l | Key | Em | iplo | ye | es, | and | d Highest Com | pensated Emp | loyees (continued) |
|--|--|--------------------------------|-------------------------------|---------------|------------|----------------|----------------|---------------|------------------------------|---------------------------------------|------------------------------|
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| (23) (24) (25) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of indwduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 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 / If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Ection 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 for the calendar year ending with or within the organizations tax year (A) Name and business address Description of services 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 F 0 | 22) | 1 | 1 | | | | | | | | |
| (23) (24) (25) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual 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? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 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) Name and business address 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 Form the organizatio | (21) | | | | | | | | | | |
| (23) (24) (25) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual 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? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 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) Name and business address 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 Form the organizatio | | | <u> </u> | | | | | | | | |
| 25 1 b Sub-total | (22) | | | | İ | | | | | | |
| 25 1 b Sub-total | (22) | | ļ | | | _ | ⊢ | | | | |
| 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of independent Contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 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? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 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) Name and business address 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 | 23) | | 1 | | | | | | | | |
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| 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes" complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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) Name and business address 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 P 0 | | | <u> </u> | <u> </u> | | | | <u>.</u> | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 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? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X 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) Name and business address Description of services 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 P 0 | (25) | |] | | | | | | | | |
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| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 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? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X 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) Name and business address Description of services 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 to the organization to those listed above) who received more than \$100,000 of compensation from the organization to the organization to those listed above) who received more than \$100,000 of compensation from the organization to the organization to those listed above) who received more than \$100,000 of compensation from the organization to the organization to those listed above) who received more than \$100,000 of compensation from the organization to the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to th | from the organization • 0 | | | | | | | | | | |
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| 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? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 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) (B) (C) 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 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 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 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 3 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the calendary properties of the organization of the or | | | | , ke <u>y</u> | y en | nplo | yee, | or h | nighest compensa | ited employee | |
| the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X 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) Name and business address Compensation 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 P 0 | | | | mne | anes | tion | and | l oth | ner compensation | from | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 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) Name and business address (B) Compensation 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 | the organization and related organizations greate | | | | | | | | | ii oii i | |
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| compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services 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 of the calendar year ending with or within the organization's tax year (C) Compensation | Section B. Independent Contractors | | | | | | | | | | |
| Name and business address Description of services 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 | | | | | | | | | | | r |
| Pescription of services 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 | (A) | | | - | | | | | | | |
| \$100,000 of compensation from the organization 0 | Name and business add | ress | | | | | | | Description | of services | Compensation |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | |
| | | | ited t | o the | ose | liste | d abo | ove) | who received more | e than | |
| | | <u>► 0</u> | | | | | | | | Fr 4 | 的機能說明例以 |

| ļ | | Check if Schedule O | contains a reso | onse or note to an | v line in this Part V | 111 | | |
|--|------|---|------------------------|--------------------|-----------------------|--|------------------------------|--|
| } | - | A STOCK II SCHOOL O | , , , | | (A) Total revenue | (B) Related or exempt | (C) Unrelated business | (D) Revenue excluded from tax |
| ١., | | | , , , | , | | function revenue | revenue | under sections 512-514 |
| 8 8 | 1 a | Federated campaigns | 1 a | ···· | - , , , , | - revenue | - , , , | , , , |
| | | Membership dues | 1 b | | | , ´ | | i j |
| 2 E | С | Fundraising events. | 1 c | , | , * | | 1 | |
| ar fit | | Related organizations | . 1 d | | ,,,,, | | | أد |
| S, E | е | Government grants (contribution | ons) 1 e | | | | * \ _ ' . | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gifts, g similar amounts not included a | rants, and above . 1 f | 1,262,053. | A A STATE | | | |
| 들이 | g | Noncash contributions included | in lines 1a-1f* \$ | | · | | | |
| | h | Total. Add lines 1a-1f | | | 1,262,053. | | , | 1 ³ |
| E E | _ | | , | Business Code | | | | |
| Program Service Revenue | 2 a | | | | | | | |
| ě | b | | | | | | | |
| <u>چ</u> | C C | | | | | | | |
| နှ | a | | | | | ` | | |
| ran | e | All other program service | | | | | <u> </u> | |
| ဦ | , | Total. Add lines 2a-2f | c revenue | | | | 7" | |
| | 3 | Investment income (inc | luding dividend | s interest and | | | | - |
| | 3 | other similar amounts) | idding dividend | s, interest and | 459,720. | 459,510. | 210. | |
| | 4 | Income from investmen | t of tax-exempt | bond proceeds | 14,908. | 14,908. | | |
| | 5 | Royalties | | > | | | | |
| | | | (ı) Real | (II) Personal | ļ ' * , | ,, , | , , | 1 1 1 |
| | | Gross rents | | <u> </u> | ļ. | | | |
| | | Less: rental expenses | | | 植物 1999年1 | 100 | 12.75 | |
| | | Rental income or (loss) . | | | | ــــــــــــــــــــــــــــــــــــــ | <u> </u> | <u></u> |
| | d | Net rental income or (lo | (i) Securities | (ii) Other | 1 | 5 73 5 5 | 1 | 357.55 |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 59,381. | | | | - , |
| | | • | | 39,301. | - | , , | | ' · |
| | þ | Less, cost or other basis and sales expenses | | | , - | | | , , |
| | c | Gain or (loss) | | 59,381. | 1 | · · | ٠, | , |
| | | Net gain or (loss) | L | . • | 59,381. | | 27. | 59,354. |
| a) | 1 | Gross income from fund | draising events | | , | | , | , , , |
| Ž | ັຶ | (not including \$ | | | | | , | |
| š | | of contributions reporte | d on line 1c) | | | 200 | | |
| œ, | 1 | See Part IV, line 18 | | а | 1 2 | | | |
| Other Revenue | | Less direct expenses | | b | | · . | | |
| δ | | : Net income or (loss) fro | _ | events • | : | | | |
| | | Gross income from gan See Part IV, line 19 | ning activities | а | | * | | |
| | | Less direct expenses | | b | | | | |
| | l | : Net income or (loss) fro | | vities . | | - | | |
| | 10 a | Gross sales of inventor and allowances | y, less returns | | 7 | , | , | |
| | 1 | | | <u></u> | | | | |
| | | Less cost of goods sol Net income or (loss) from | | entory ! | | | | |
| | ۳ | Miscellaneous Rever | | Business Code | , | , | - | |
| | 11: | REFUND OF TAX | | 900099 | 3,426 | 3,426 | | |
| | 1 . | K-1 PASSTHROUG | | 900099 | 228 | | 228 | |
| | 7 | | | | | | | |
| | (| All other revenue | | | | | | |
| | | Total. Add lines 11a-11 | ld | | 3,654 | | | |
| | 12 | Total revenue. See ins | tructions | | 1 799 716 | 477.844 | 465 | . 59,354 |

Part IX | Statement of Functional Expenses

| 0001 | Check if Schedule O contains a | response or note to an | rier organizations must c | ompiete column (A) | ··-— |
|----------|---|------------------------|---------------------------|---|---------------------------------------|
| | | (A) Total expenses | (B) | (C) | (D) |
| 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | Total èxpenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments | | | 1.34 | 11. 11. 15 · 15 |
| | See Part IV, line 21 | 2,530,869. | 2,530,869. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | =, 000, 003. | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. | | | 3 (2) | |
| 4 | Benefits paid to or for members | | | , | , , |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| c | : Accounting | 20,550. | | 20,550. | |
| c | I Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | () | ٠, , | |
| | Investment management fees | 22,346. | | 22,346. | |
| | Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 7,611. | | 7,611. | |
| 14 15 | Information technology Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 10 765 | | 10 765 | |
| 18 | Payments of travel or entertainment | 10,765. | | 10,765. | |
| 10 | expenses for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 8,271. | | 8,271. | |
| 24 | Other expenses Itemize expenses not | 1, 2, 5, 14, 1 | | \$ 1, | 2.3 |
| | covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | Language Control | | |
| а | SCHOLARSHIPS | F 000 | F 000 | ' | , |
| | BANK FEES | 5,000. | 5,000. | 2 412 | |
| | MISCELLANEOUS | 2,413. | | 2,413. | |
| | COMPETITION AWARDS | 75. | | 75. | |
| | All other expenses | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 2,607,900. | 2,535,869. | 72,031. | 0. |
| | | £, 001, 300. | 2,333,009. | 12,031. | ļ |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720) | | | | |

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash — non-interest-bearing 1,533,287 450,594 1 Savings and temporary cash investments 2 2 136,054 180,578. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 1,524,620 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 113,000 **b** Less accumulated depreciation 10b 113,000 10 c 113,000 Investments - publicly traded securities. 11 937,759 11 170,927 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 <u>57,4</u>39,719 37,720,100 Accounts payable and accrued expenses 17 785 17 Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D. 742. 21 106.848 10. 200 Loans and other payables to current and former officers, directors, trustees. 22 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 Unsecured notes and loans payable to unrelated third parties 24 24 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 26 Total liabilities. Add lines 17 through 25 10 742. 106, 848 Organizations that follow SFAS 117 (ASC 958), check here > X and complete Fund Balances lines 27 through 29, and lines 33 and 34. 18,107,717 27 Unrestricted net assets 27 17,492,972. 28 28 Temporarily restricted net assets Permanently restricted net assets 8,869,398 29 8,839,899 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds Ret 33 Total net assets or fund balances 26,977,115 33 26,332,871 57,439,719 34 Total liabilities and net assets/fund balances 37,720,100 34 BAA Form 990 (2014)

| | | 6-042586 | 5 Pa | ge 12 |
|-----|---|------------|-----------------|--------------|
| Pai | t XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | . 🔲 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,799,7 | /16. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,607,9 | 900. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -808,1 | .84. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 26,977,1 | 15. |
| 5 | Net unrealized gains (losses) on investments | 5 | 163,9 | 40. |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses . | 7 | | |
| 8 | Prior period adjustments | . 8 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 26,332,8 | 371. |
| Pai | t XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | П |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | , } |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a X | لسمامير |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis | iewed on a | 11 200 | 4.5 |
| ı | Were the organization's financial statements audited by an independent accountant? | | 2b X | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis | parate | | 10 |
| • | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant? | udit, | 2c X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | , , |
| | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133? . | | 3 a | Х |
| ' | o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits | audit | 3 b | |
| BAA | | | Form 990 | (2014) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

2014

Openito Rublic Vinspection

Name of the organization Employer identification number THE FOUNDATION FOR THE UNIVERSITY OF THE VIRGIN ISLANDS, INC 66-0425865 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 described in 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 11 lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (iv) is the organization listed organizatio support (see instructions) support (see instructions) in your governing document? (see instructions)) Yes Nο (A) (B) (C) (D) (E) 化管理管理学 法法律

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|----------------|--|---------------------------------------|---|--|---|--|--------------------------|
| Cale: begi: | ndar year (or fiscal year nnìng in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants') | 3,546. | 1,011,212. | 1,647,618. | 1,681,362. | 1,262,053. | 5,605,791. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 3,546. | 1,011,212. | 1,647,618. | 1,681,362. | 1,262,053. | 5,605,791. |
| 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 | | | | | | |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 | 19.2 4.5 | 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 150, 150 | *** | | 4,074,273. |
| | from line 4 | | | | | 1 | 1,531,518. |
| <u>Sec</u> | tion B. Total Support | r | Γ | | | 1 | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | 3,546. | 1,011,212. | 1,647,618. | 1,681,362. | 1,262,053. | 5,605,791. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 457,778. | 409,783. | 424,675. | 445,513. | 474,628. | 2,212,377. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | 0. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 7,818,168. |
| 12 | Gross receipts from related activ | rities, etc (see ins | tructions) | | | 12 | 0. |
| 13 | First five years. If the Form 990 is organization, check this box and | stop here | · · · · · · · · · · · · · · · · · · · | nird, fourth, or fifth | tax year as a secti | on 501(c)(3) | > |
| | tion C. Computation of Pu | | | | | | 1 |
| | Public support percentage for 20 | • • | • | ne 11, column (t) |). | 14 | 19.59% |
| | Public support percentage from | | | | | 15 | 17.13% |
| | a 33-1/3% support test — 2014. If and stop here. The organization | qualifies as a pu | blicly supported o | organization | | | P |
| t | 33-1/3% support test — 2013. If and stop here. The organization | the organization of qualifies as a pu | did not check a bo oblicly supported o | ox on line 13 or 10 organization | 6a, and line 15 is | 33-1/3% or more | , check this box |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts- | and-circumstance | es' test, check this | s box and stop he | e re . Explain in Pai | t VI how |
| | o 10%-facts-and-circumstances to or more, and if the organization organization meets the facts-an | meets the 'facts- d-circumstances' | and-circumstance test The organiz | es' test, check this ation qualifies as | s box and stop he a publicly suppor | e re. Explain in Pai rted organization | rt VI how the ► |
| 18 | Private foundation. If the organi | zation did not ch | eck a box on line | 13, 16a, 16b, 17a | | | istructions POO E73 2014 |

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II)

| Sec | tion A. Public Support | | | | | | |
|-------|--|---------------------|--------------------------|--|----------------------|-----------------|-----------------|
| | dar year (or fiscal yr beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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. | | | | | | |
| • | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or | | | | | | |
| | facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 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 | | | | | | |
| С | : Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6) | | | The state of the s | | | , (|
| Sec | tion B. Total Support | | | | 1. | | |
| Calen | dar year (or fiscal yr beginning in) 🟲 📄 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| - | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 | : Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| | Total support. (Add lines 9, 10c, 11 and 12) | | | | | | |
| | First five years. If the Form 990 organization, check this box and | stop here | · | nd, third, fourth, | or fifth tax year as | a section 501(| c)(3) ► |
| | tion C. Computation of Pu | | | no 12 notice - 40 | | Г. | E 0. |
| | ,, , | • | | ne 13, column (f) |)) | <u> </u> | 5 % |
| | Public support percentage from | | | | | | 6 % |
| | tion D. Computation of Inv | | | | (0) | -1-3 | - 1 |
| 17 | , , | • | * * | = | umn (t)) | | 7 % |
| 18 | Investment income percentage f | | | | | | 8 % |
| | 33-1/3% support tests — 2014. It is not more than 33-1/3%, check | this box and sto | p here. The orga | nızatıon qualıfıes | as a publicly supp | orted organiza | tion • 📗 |
| | 33-1/3% support tests — 2013. If line 18 is not more than 33-1/3% Private foundation. If the organi | 6, check this box a | and stop here. Th | ne organization q | ualifies as a public | cly supported o | rganization 🕨 📙 |
| 20 | - Envare loungation. It line Offiant | zauon uiu noi che | ck a box on line | 14, 13a, Ut 13D. | CHECK BIIS DOX AND | ce m5mucil0 | 113 - 1 |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Contina | A A II | Cumpa | 4: |) reanizat | ione |
|---------|--------|--------|--------|------------|--------|
| うせいいい | A. All | Suppor | rung v | Organizat | .10115 |

| | | | Yes | No | _ |
|------------|--|------------|---------------------------------------|------|--------------|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | *** | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | * * * * * * * * * * * * * * * * * * * | | |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below | 3a | | 1 | <u> </u> |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination | 3b | | L | 1 |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use | 3c | | | j |
| 4 a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below | رند. 4a | <u>.</u> | 7 | .] [] |
| t | o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | 77, 3 , 6* | | - |
| C | c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | 4c | | |] |
| 5 a | a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | | , , | استستئسا اسا |
| | b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | | . <u>.</u> _ |
| (| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | 1.1. | _ |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI | ,,, 6 | | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990) | 7 | | | _ |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990) | 8 | | | _; |
| 9 8 | a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI | 9a | | | - |
| ı | b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI | 9b | | | _! |
| (| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI | 9c | | | _ |
| | a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below | 10a | | -: | _ |
| ı | b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings) | 10b | , - | | |

| | rt IV', Supporting Organizations (continued) | 13 | <u>_</u> | age 5 |
|-----|--|-------------|-----------|---------|
| | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | 7 / 4 | <i>'-</i> | : |
| ; | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | · | لــــا |
| - 1 | b A family member of a person described in (a) above? | 11b | | |
| | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint | | Yes | No |
| • | or elected, tracted, or file file of f | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | , 23; 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | 1 | |
| | | () () () | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard | 3 | | · ""(e) |
| Sec | ction E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | | |
| | a The organization satisfied the Activities Test Complete line 2 below | | | |
| | b The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction | ons) | | |
| | | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> | 3a | <u> </u> | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard | 3b | | |

| | • | | | |
|-----|--|-----------------|--|--------------------------------|
| | edule A (Form 990 or 990-EZ) 2014 THE FOUNDATION FOR THE UNIVERSI | | | 25865 Page 6 |
| .Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | <u>aniza</u> | tions | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete | ovemb e Sect | er 20, 1970 See instructio Jions A through E | ns. All |
| Sec | tion A — Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| _1 | Net short-term capital gain . | 1 | | |
| 2 | Recoveries of prior-year distributions . | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | · r | | |
| í | Average monthly value of securities . | 1a | | |
| ŀ | Average monthly cash balances | 1b | | |
| (| Fair market value of other non-exempt-use assets | 1c | | |
| (| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| • | Discount claimed for blockage or other factors (explain in detail in Part VI): | 1 | 331 7 | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | 1 1 1 1 1 | |
| 2 | Enter 85% of line 1 | 2 | - 12-13 (2.3) | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) BAA

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Income tax imposed in prior year

temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

| Schedule A (Form 990 or 990 EZ) 2014 THE FOUNDATION FOR T Part: V Type III Non-Functionally Integrated 509(a)(3) Su | | | 25865 Page 7 |
|---|--|--|---|
| Section D - Distributions | pporting organization | ione (commuca) | Current Year |
| 1 Amounts paid to supported organizations to accomplish exempt pur | poses | | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity | of supported organizations | , | |
| 3 Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | |
| 4 Amounts paid to acquire exempt-use assets | <u> </u> | | |
| 5 Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 Other distributions (describe in Part VI) See instructions | | | |
| 7 Total annual distributions. Add lines 1 through 6 . | | | |
| 8 Distributions to attentive supported organizations to which the organization Part VI). See instructions | on is responsive (provide o | details | |
| 9 Distributable amount for 2014 from Section C, line 6 | | | |
| 10 Line 8 amount divided by Line 9 amount . | | | |
| Section E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
| 1 Distributable amount for 2014 from Section C, line 6 | | 17 | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions) | | - | 4 |
| 3 Excess distributions carryover, if any, to 2014 | | ·# ' | , |
| a | , , , , , , , , , , , , , , , , , , , | , | |
| b Street Control of the Control | | · · · · · · · · · · · · · · · · · · · | |
| C 20 20 20 20 20 20 20 20 20 20 20 20 20 | | |) · |
| d | - 4 ' | | e |
| e From 2013 . | 1 1 to 1 | | - 1 |
| f Total of lines 3a through e | | ** | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount . | , | , | |
| i Carryover from 2009 not applied (see instructions) | * | ş*. | * |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | , | | |
| b Applied to 2014 distributable amount | 200 | - | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | . , | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | , , |
| 8 Breakdown of line 7 | | . 1 | |
| a | , | , , , | 1 |
| b | | | |
| c , , , , , , , , , , , , , , , , , , , | | | |
| d Excess from 2013 | 1 | , | |
| e Excess from 2014 | | , | |

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART I ADDITIONAL SUPPLEMENTAL INFORMATION

THE FOUNDATION FOR THE UNIVERSITY OF THE VIRGIN ISLANDS, INC (" THE FOUNDATION") EXISTS TO SUPPORT THE UNIVERSITY OF THE VIRGIN ISLANDS, A PUBLIC UNIVERSITY. FOUNDATION RECEIVED TAX EXEMPT STATUS AS A PUBLIC CHARITY, NOT A FOUNDATION, FROM THE VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE ON JULY 22, 1986. THE PURPOSE OF THE FOUNDATION REMAIN SUBSTAINTIABLY THE SAME AS IT DID WHEN THE EXEMPTION WAS GRANTED.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2014

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number THE FOUNDATION FOR THE UNIVERSITY OF THE VIRGIN ISLANDS, INC. 66-0425865 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year 2 a a Total number of conservation easements b Total acreage restricted by conservation easements 2 c 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

▶\$

| • | | | | | | |
|--|--------------------|---|---------------------|--|------------------------------|---------------------|
| Schedule D (Form 990) 2014 THE F | MOTTACINIO | FOR THE UNIV | ERST | TY OF THE | 66-042 | 5865 Page 2 |
| Part III Organizations Maintai | | | | | | |
| Using the organization's acquisition, items (check all that apply). | | · · · · · · · · · · · · · · · · · · · | | ······································ | | |
| a Public exhibition | | d \bigcap Loan | or exc | hange programs | | |
| b Scholarly research | | e Other | | go programo | | |
| c Preservation for future genera | ations | • 🗀 • • • • • • • • • • • • • • • • • • | | | | |
| 4 Provide a description of the organization | | ne and evalua how that | v furtho | er the organization's | avamet nurnaca in | |
| Part XIII | | | - | | | |
| 5 During the year, did the organizal to be sold to raise funds rather th | nan to be main | tained as part of the d | rt, nist organiz | ation's collection | r other similar assets | Yes No |
| Part IV Escrow and Custodial line 9, or reported an a | | | | | swered 'Yes' to For | m 990, Part IV, |
| 1 a Is the organization an agent, trus on Form 990, Part X? | tee, custodian | , or other intermediar | y for co | ontributions or oth | er assets not included | Yes X No |
| b If 'Yes,' explain the arrangement | ın Part XIII an | d complete the follow | una tah | de: | | |
| bili res, explain the allangement | III I alt Alli ali | a complete the lonow | my tab | ne . | | Amount |
| - Paginging balance | | | | | 1. | Amount |
| c Beginning balance . | | | | | 1 c | |
| d Additions during the year | | | | | 1 d | |
| e Distributions during the year | | | | | 1 e | |
| f Ending balance. | | - 000 Dark V Last 01 | . | | 1f | 0. |
| 2 a Did the organization include an a | | | • | | - | X Yes No |
| b If 'Yes,' explain the arrangement | in Part XIII Ci | • | | nas been provide | d in Part XIII | X |
| D. IV. IT. I. O. | 1 1 16 11 | SEE PART XI | | 1107 -11- 5- | 000 D + 1 N / 1 | - 10 |
| Part V Endowment Funds. Co | | | | | | |
| 4 Demonsor of war belowed | (a) Current y | | | (c) Two years back | | (e) Four years back |
| 1 a Beginning of year balance | 8,869, | | | 4,803,62 | . | |
| b Contributions | 331, | 512. 1,674,6 | 636. | 1,644,14 | 2. 1,009,429 | . 2,000,000. |
| c Net investment earnings, gains, and losses | -72, | 195. 915,9 | 978. | 581,71 | 9. 483,761 | |
| d Grants or scholarships | 5, | 000. 112, | 158. | 48,75 | 0. 35,000 | |
| e Other expenditures for facilities and programs | 263, | 233. 522, | 101. | 17,37 | 1. 180,000 | |
| f Administrative expenses | 20, | 584. 34,6 | 659. | 15,66 | 4. 13,255 | |
| g End of year balance | 8,839, | | | 6,947,70 | | |
| 2 Provide the estimated percentage | | | | | | <u> </u> |
| a Board designated or quasi-endowni | | 8 | | | | |
| b Permanent endowment ► | 100.00% | | | | | |
| c Temporarily restricted endowmen | | % | | | | |
| The percentages in lines 2a, 2b, | | equal 100% | | | | |
| 3 a Are there endowment funds not in the organization by | he possession o | of the organization that | are hel | d and administered | I for the | Yes No |
| (i) unrelated organizations | | | | | | 3a(i) X |
| (ii) related organizations | | | | | | 3a(ii) X |
| b If 'Yes' to 3a(ii), are the related of | rnanizatione li | sted as required on S | chedul | le R? | | 3b A |
| 4 Describe in Part XIII the intended | - | | | | | <u> </u> |
| Part VI Land, Buildings, and | | | ionic rui | | ···· | |
| Complete if the organi | | | m 990 |), Part IV, line | 11a. See Form 99 | 0, Part X, line 10. |
| Description of property | (| a) Cost or other basis (investment) | | Cost or other casis (other) | (c) Accumulated depreciation | (d) Book value |
| 1 a Land | | | | 113,000. | | 113,000. |
| h Duildings | Γ- | | T | * | | |

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land . | | 113,000. | | 113,000. |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) | must equal Form 990, Part X, o | column (B), line 10c). | > | 113,000. |

BAA

Schedule **D** (Form 990) 2014

| Schedule D (Form 990) 2014 THE FOUNDATION FOR | R THE UNIVERSIT | Y OF THE | 66-0425865 | Page 3 |
|---|---------------------------------------|---------------------------------|----------------------------------|----------------|
| Part VII Investments - Other Securities. | | N/A | | |
| Complete if the organization answered | 1 | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuat | tion: Cost or end-of-year marke | et value |
| (1) Financial derivatives(2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | - |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (I) | | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12) | | | | |
| Part VIII Investments - Program Related. | LIVLI- F 000 | N/A | | V 10 |
| Complete if the organization answered (a) Description of investment type | (b) Book value | , Part IV, line IIC. | n Cost or end-of-year m | X, line 13. |
| | (b) Book value | (c) wellion of valuation | Toost or end-or-year m | iarket value |
| (1) | | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | - |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) | <u> </u> | · | , r | , |
| Part:IX. Other Assets. Complete if the organization answered | N/A 'Yes' to Form 990 | Part IV line 11d 9 | See Form 990 Part | X line 15 |
| | escription | , raitiv, into rrait | | ook value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | - , |
| (4) | | | | |
| <u>(5)</u> (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (| (B), line 15) | | <u> </u> | |
| Part X Other Liabilities. | 000 D+ IV I 11 | 116 O | Dt V . I 05 | |
| Complete if the organization answered 'Yes' to F (a) Description of liability | (b) Book value | le or 11t. See Form 990, i | Part X, line 25 | |
| (1) Federal income taxes | (b) Dook value | | | • |
| (2) | | " | , | • |
| (3) | | | • | |
| (4) | | | | , |
| (5) | | | '- ' | |
| (6) | | | • • | , |
| <u>(7)</u> | | | | . / |
| (8) | | , | | |
| (10) | | - | • | • |
| (11) | - | | | i |
| Total (Column (b) must equal Form 990, Part X, column (B) line 25.) | • | <u> </u> | | , |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the form | ootnote to the organization's fi | nancial statements that reports | the organization's liability for | uncertain |
| tax positions under FIN 48 (ASC 740) Check here if the text of the footnote | | | • | |
| BAA | TEEA3303L 08/25/14 | · | Schedule D (Fo | rm 990) 2014 |

| Schedule D (Form 990) 2014 THE FOUNDATION FOR THE UNIVERSITY OF THE | 66-0425865 Page 4 |
|--|---------------------------------------|
| Reconciliation of Revenue per Audited Financial Statements With Rev | enue per Return. N/A |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line | 12a. |
| 1 Total revenue, gains, and other support per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | *(3) |
| a Net unrealized gains (losses) on investments | |
| b Donated services and use of facilities 2b | |
| c Recoveries of prior year grants | |
| d Other (Describe in Part XIII.) | |
| e Add lines 2a through 2d | 2 e |
| 3 Subtract line 2e from line 1 | 3 |
| 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 XIII) | |
| c Add lines 4a and 4b | 4c |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 |
| PartXII Reconciliation of Expenses per Audited Financial Statements With Ex | penses per Return. N/A |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line | 12a. |
| 1 Total expenses and losses per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a Donated services and use of facilities 2a | |
| b Prior year adjustments 2b | |
| c Other losses . | |
| d Other (Describe in Part XIII) . 2d | |
| e Add lines 2a through 2d | 2 e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | NEXT . |
| a Investment expenses not included on Form 990, Part VIII, line 7b. | |
| b Other (Describe in Part XIII) | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| c Add lines 4a and 4b | 4 c |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 |
| Part XIII Supplemental Information. | |

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 XI, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

THE FOUNDATION HAS A CUSTODIAL RELATIONSHIP WITH THE UNIVERSITY OF THE VIRGIN ISALNDS FOR VARIOUS ENDOWMENTS WHICH ARE GIVEN TO THE UNIVERSITY. THE FOUNDATION INVESTS THE ENDOWMENTS IN ACCORDANCE WITH ITS INVESTING POLICIES AND MANAGES THE ENDOWMENTS ON BEHALF OF THE UNIVERSITY.

BAA

Schedule **D** (Form 990) 2014

ջ □ (h) Purpose of grant or assistance Open to Public Inspection OMB No 1545-0047 2014 EDUCATIONAL PURPOSES Employer identification number X ¥es Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to 66-0425865 Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance SEE PART IV (f) Method of valuation (book, FMV, appraisal, other) 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? ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 2,530,869 (c) IRC section if applicable Part I General Information on Grants and Assistance THE FOUNDATION FOR THE UNIVERSITY OF THE 66-0432514 (p) EIN #2_JOHN_BREWER'S BAY_____ (a) Name and address of organization or government (1) UNIVERSITY OF THE V. I. ST. THOMAS, VI 00802 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Part II 11111 1 ε¦ ଊ¦ ତ୍ୟ **£** ତ୍ର ၜႄ¦

Schedule I (Form 990) (2014)

TEEA3901L 06/19/14

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

3 Enter total number of other organizations listed in the line 1 table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

THE THE FOUNDATION FOR THE UNIVERSITY OF Schedule I (Form 990) (2014)

Parill Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated 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 |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| - | | | | | |
| 2 | | | | | |
| ю | | | | | |
| 4 | | | | | |
| ស | | | | | |
| 9 | | | | | |
| 7 | | | | | |
| Raft 👀 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | de the information | required in Part I, | line 2, Part III, col | umn (b), and any othe | r additional information. |

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

PURPOSES. FUNDS ARE APPROVED AND RELEASED ONLY AFTER INTERNAL DUE DILIGENCE PROCESSES UNIVERSITY TO ENSURE THAT SCHOLARSHIPS ARE DISTRIBUTED ACCORDING TO GIFT AGREEMENTS. SCHOLARSHIP COMMITTEE'S GUIDELINES, SPECIFICATIONS OF GIFT AND OTHER AGREEMENTS, AS STATEMENTS OF THE FOUNDATION ANNUALLY TO ENSURE THAT ALL RECEIPTS AND DISBURSEMENTS ARE FOLLOWED. IN ADDITION, THE FOUNDATION'S EXTERNAL AUDITORS REVIEW THE FINANCIAL INDICATED BY RESPECTIVE DONORS. OTHER REQUEST FOR FUNDS FROM THE FOUNDATION ALSO THE FOUNDATION FOR THE UNIVERSITY OF THE VIRGIN ISLANDS WORKS CLOSELY WITH THE FOLLOW A VETTING PROCESS TO ENSURE THAT FUNDS ARE ALIGNED WITH THEIR INTENDED DISBURSEMENTS TO SCHOLARSHIP RECIPIENTS ARE DONE IN COLLABORATION WITH THE

Schedule I (Form 990) (2014)

ARE CONSISTENT WITH THEIR INTENDED PURPOSE

BAA

TEEA3902L 10/28/14

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990. Name of the organization THE FOUNDATION FOR THE UNIVERSITY OF THE

Employer identification number

66-0425865

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

VIRGIN ISLANDS, INC.

THE TAX RETURN WAS REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING VIA AN ELECTRONIC DELIVERY PROCESS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

POSTED ELECTRONICALLY AS PART OF THE ANNUAL AUDIT AND ALSO AVAILABLE UPON REQUEST.