Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Rublic Inspection

7	1	For the	2018 calen	dar year, or tax year beginning 10/01 , 2018, and ending	9/30)	, 2019
E	3	Check if a	applicable	С		Employer i	dentification number
		Addr	ess change	THE FOUNDATION FOR THE UNIVERSITY OF THE	Į.	66-04	25865
		Nam	e change	VIRGIN ISLANDS, INC.	E	Telephone	
		Initia	il return	#2 JOHN BREWER'S BAY	ļ	340-6	93-1043
		\vdash	return/terminated	ST. THOMAS, VI 00802-9990	<u> </u>	3.00	30 20.0
		H	nded return		1	Gross recei	pts \$ 2,008,891.
		H	cation pending	F Name and address of principal officer DD UNIDANE DAVIES H(a			r subordinates 7 Yes X No
		☐ ^ pp	leation pending	DR. HALDANE DAVIES			☐,'', <u>□</u> _,''
_	_	Tayley	l empt status	X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527)	If "No," at	ttach a list (se	luded? Yes No
-			`) C		🏲
Ä	_			X Corporation Trust Association Other L Year of formation	1986	emption numb	e of legal domicile VI
-			Summar		1900	W State	or legal domicile V I
П	ra T			y pe the organization's mission or most significant activities EDUCATIONAL	AND C	גידוםגטי	DIE DUDDOCEC
		, =		The organization a master of most significant activities EDOCKI TOMAL	VIAD C	~ <u>uvcrrv</u>	PPE LOVEOSES
	Governance	_					
	盲	-			FIVE	75	
	Ve	2 C	heck this bo	x If the organization discontinued its operations or disposed of more		(1 1 − − − 6 of its net	assets
_ '	ဒ္	2 11		tion manhara of the payarana hadi. (Bart VIII line 1a) 1991			3 10
֡֞֞֞֞֞֞֞֞֞֞֓֓֓֓֞֞֜֜֞֓֓֓֓֓֓֓֓֓֡	∞	4 N	umber of inc	dependent voting members of the governing body (Part VI, line) b) AUG	1 3 20	20 4	
, L	<u>i</u>	5 10	otai number	of individuals employed in calendar year 2018 (Part V, line 2a)			
0	Activities &			of volunteers (estimate if necessary) ad business revenue from Part VIII, column (C), line 12	- 1		
٦ .	∀				<u> </u>		7a 23,849.
5 - 5 -	4	<u> </u>	et unrelated	business taxable income from Form 990-T, line 38			7b 22,849.
Ĭ	İ	• •		and example (Plant VIIII, time 11)		or Year	Current Year
<u> </u>	<u>e</u>			and grants (Part VIII, line 1h)		<u>794,252</u>	1,389,568.
II I	E			ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		405 350	600 305
Z,	န္			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		485,759	
3	_			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	- 1	280,011	9,928.
SCANNED				milar amounts paid (Part IX, column (A), lines 1-3)		376,189	
S				to or for members (Part IX, column (A), line 4)		3/0,103	1,000,191.
			•	r compensation, employee benefits (Part IX, column (A), lines 5-10)			
	s			undraising fees (Part IX, column (A), line 11e)	-		
	Expenses			Table			
	Š			ing expenses (Part IX, column (D), line 25)			
•	-			es (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>131,091</u>	
	}			s Add lines 13-17 (must equal Part IX, column (A), line 25)		507,280	
_		19 Re	evenue less	expenses Subtract line 18 from line 12	-1,	<u>227,269</u>	
	8	_				of Current Ye	
6	alance			Part X, line 16)		544,642	
á	9	21 To	otal liabilities	s (Part X, line 26)	37,	305,083	. 42,522,323.
ž	Š	22 Ne	et assets or	fund balances Subtract line 21 from line 20	28,2	239 <u>,5</u> 59	. 29,169,805.
Į.F	2ai	till 📰	Signature	Block			
Ur	nder	penalties	of perjury, I dec	clare that I have examined this return, including accompanying schedules and statements, and to the l exformer than officer) is based on all information of which preparer has any knowledge	best of my l	nowledge and	belief, it is true, correct, and
_	ппр	ele Decia	T. T.	exposite than officer) is based on an information of which preparer has any knowledge	$ \rho$	110	<i>n</i> -vn
_			Signature	e of officer	Date	.4.0	000
S	ig	n	· ·				
Н	er	е		HALDANE DAVIES print name and title	EXECUT	IVE DIF	<u>. </u>
_							DTW
				eparer's name Preparer's sonalur Hell Date Date		eckif	PTIN
	ai			V. HODGE, CPA JAMES V. HODGE, CPA 8 2 200	se	lf employed	P00632604
		parer	Firm's name	BENHAM & HODGE / PC			
U	SE	Only	Firm s addres		Fır		6-0500092
_			1	ST. THOMAS, VI 00801	Ph	one no (3	40) 776-1852
				s return with the preparer shown above? (see instructions)			X Yes No
В	AA	For Pa	aperwork Re	eduction Act Notice, see the separate instructions. TEEA010	OIL 08/20/1	8	Form 990 (2018)

Pai	tilling Statement of Program Service Accomplishments			_	
	Check if Schedule O contains a response or note to any line in this Part III				
1	Briefly describe the organization's mission				
	EDUCATIONAL AND CHARITABLE PURPOSES				
2	Did the organization undertake any significant program services during the year which were not listed on the prior				
_	Form 990 or 990-EZ?	П	Yes	X	No
	If "Yes," describe these new services on Schedule O			Δ	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If "Yes," describe these changes on Schedule O			•••	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others and revenue, if any, for each program service reported	easure , the f	ed by e otal e	expen xpens	ses ses,
4 a	(Code) (Expenses \$1,806,797. including grants of \$1,806,797.) (Revenue \$)
	THE ORGANIZATION ASSISTS AND SUPPORTS THE UNIVERSITY OF THE VIRGIN ISLA	<u>NDS</u>	IN_		. _
	ACCOMPLISHING ITS CHARITABLE AND EDUCATIONAL MISSION.	-			
					. — — –
		. – – .			. -
		· 		-	-
41.	(Ondo) (Funance & including quarte of &) (Danson &				
4 D	(Code) (Expenses \$ including grants of \$) (Revenue \$	·			
			- -	 	
4 c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			. .		
			. .		
				-	
<i>A</i> -1	Other program services (Describe in Schedule O.)				
	Other program services (Describe in Schedule O) (Expenses S			`	
4	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,806,797.			<u>, </u>	
C	1,000,131.				

Form 990 (2018) THE FOUNDATION FOR THE UNIVERSITY OF THE

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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		Х
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, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ļ	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
•	bild 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
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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		Х
	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
ı	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	12Ь	Х	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	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	146		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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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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			Yes	No			
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		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? If 'Yes,' complete Schedule J	23		Х			
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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			
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d					
25	a Section 501(c)(3), 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			
	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			
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			
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			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X			
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		х			
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	1	Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х			
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х			
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
ŧ	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	35Ь					
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		X			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х			
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						
Pai	Statements Regarding Other IRS Filings and Tax Compliance			_			
	Check if Schedule O contains a response or note to any line in this Part V						
1 -	Enter the number reported in Roy 2 of Form 1005 Enter 0 of and analyze the		Yes	No			
	DENter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
	Enter the number of Forms W-2G included in line Ta. Enter -0- if not applicable 1 b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c					
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Form 990 (2018) THE FOUNDATION FOR THE UNIVERSITY OF THE

Part V' Statements Regarding Other IRS Filings and Tax Compliance (continued)

	,		Yes	No
2	a 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	(T	٠.	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	14.		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	<u> </u>	╫─
•	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	X	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country	1 *./	-	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)) 1		, •
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	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 solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	j	4 स	1 74
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		أسا	ļ
	services provided to the payor?	7 a		X
	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 file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	5.	12.3	1 4"
1	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х
1	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 file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			·
•	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	نتت	<u></u>	
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	-	-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		11-
	Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12			
		٠٠,		1001
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter		•	٠.
	a Gross income from members or shareholders 11 a	[a.]		٠,٠
			, g. v.	[· . · . · . ·
	against amounts due or received from them).	'	3	-
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ı	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	F ÷ 14 (
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 	. ' .	
á	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O	· 된		
t	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		,	x
	Enter the amount of reserves on hand	اسند		ليث
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N	<u> </u>	الشد	لتحت
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O			·{
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Form 990 (2018) THE FOUNDATION FOR THE UNIVERSITY OF THE 66-0425865 Page 6 Partivin 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 X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 10 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 8 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a b Each committee with authority to act on behalf of the governing body? Х 8 6 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a Did the organization have local chapters, branches, or affiliates? Х 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 900 to all members of its governing body before filling the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization X 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 taxable entity during the year? 16 a Х 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 organization's exempt status with respect to such arrangements? 16 b 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 (1024 or 1024-A 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 Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

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THOMAS,

VI 00802 340-693-1043

State the name, address, and telephone number of the person who possesses the organization's books and records

HALDANE DAVIES #2 JOHN BREWER'S BAY,

Form 990 (2018) TH	T FOIINDAT	TON FOR	THE	UNIVERSITY	0F	THE
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Part VIII 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 employee
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

 $|{f X}|$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)				1				
(A) Name and Title	(B) Average hours	than	n one both dire	box, an c ector	unle: officer trust/		son	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	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)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) DR. ALFRED O. HEATH	1									
VICE CHAIRMAN	0	Х		Х				0.	0.	0.
_(2)_KERRY_SAIN	1		ı					ļ		
DIRECTOR	00	Χ		_				0.	0.	0.
_(3) ADRIANE_DUDLEY	1					1 1				
DIRECTOR	0	Х						0.	0.	0.
_(4)_JAMES_TUNICK	1							_	_	
CHAIRMAN CHOCK	0	Х		Х				0.	0.	0.
_(5) HENRY SMOCK	1	l						_		_
DIRECTOR	0	Х					\dashv	0.	0.	0.
	1	.,								•
DIRECTOR (7) DR. HALDANE DAVIES	1	Х	-	\dashv				0.	0.	0.
EXECUTIVE DIR.		х		ł			ĺ	0.	.	0
(8) BRADLEY EBERSOLE	1	^	\dashv					U.	0.	0.
DIRECTOR		x		ļ		ĺ	}	0.	0.	0.
(9) SHARMANE BROOKES	1		+				\dashv		0.	<u> </u>
TREASURER		x		$_{\rm X}$			- 1	0.	0.	0.
(10) JOHN HARPER	1			^	\neg		1		0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(11)										
(12)			\dashv							
(13)			+				_			
(14)			\dashv		_		-	-		

BAA

(B)

(C)

(A) Name and title	Average hours per	ours box, unless person is both an officer and a director/trustee)						compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(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)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>									<u> </u>	
(16)										
(17)										
<u>(18)</u>				_						
<u>(19)</u>				_						
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)				·			► ►	0. 0. 0.	0 0 0	. 0. . 0.
2 Total number of individuals (including but not limited from the organization ► 0	to those li	sted a	abov	/e) w	vho r	eceiv	ved	more than \$100,00	0 of reportable com	ipensation
 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual 	reportable	al e cor	npe	nsat	tion	and	oth	er compensation t	, ,,	Yes No
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	compen: ,' complet	satioi e Sc	n fro hed	om a ule .	any <i>J foi</i>	unre ' <i>suc</i>	late h p	d organization or erson	ındıvıdual	5 X
1 Complete this table for your five highest compensation from the organization Report compens	sated inde	pend	lent	cor	itrac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addr		rie Ca	ilenc	Jai y	eai	eriuii	ig w	(B) Description of		(C) Compensation
			-					-		
2. Total number of independent and the state of the latest the state of the state o	٠ ا المحمد الم		11		als d				Alexander	
2 Total number of independent contractors (including bits \$100,000 of compensation from the organization	0	ed to				au0\	/e) V	who received more	uiaii a	Form 990 (2018)

(Check if Schedule O contains a respon	nse or note to an	v line in this Part VI	R		
			(A) Total revenue	(B) Related or exompt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax inider sections 512-514
ıts	1 a Federated campaigns 1 a		-		·	
iran	b Membership dues 1 b					
S, E	c Fundraising events 1 c]		š .	
ar (d Related organizations 1 d		Ì		*	
S, E	e Government grants (contributions) 1 e				, 1	' .
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f	1,389,568.				
	g Noncash contributions included in lines 1a-1f \$	991.			`	t
Son	h Total. Add lines 1a-1f	•	1,389,568.			
_e		Business Code				
Program Service Revenue	2a					
æ	b					
. <u>8</u>	c					
Sen	d					
Ē	е					
g	f All other program service revenue					
č	g Total. Add lines 2a-2f	•				
	3 Investment income (including dividends,					
	other similar amounts)	•	456,402.	474,301.	-17,899.	
	4 Income from investment of tax-exempt be	ond proceeds 🟲	11,639.	11,639.		
	5 Royalties	-				
	(ı) Real	(ii) Personal				
	6a Gross rents632.					
	b Less rental expenses					
	c Rental income or (loss) -632.	<u>. </u>		····		
	d Net rental income or (loss)	•	-632.		-632.	
	7 a Gross amount from sales of (i) Securities	(ii) Other				,
	assets other than inventory	141,354.				
	b Less cost or other basis	•				
	and sales expenses					
	c Gain or (loss)	141,354.				
	d Net gain or (loss)	-	141,354.		42,380.	98,974.
e	8 a Gross income from fundraising events					1
e L	(not including \$					1
ev	of contributions reported on line 1c)					
<u>ب</u>	See Part IV, line 18		ļ			
Other Revenu	b Less direct expenses b].		
0	c Net income or (loss) from fundraising eve	ents				
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	es 🕨				
i	10a Gross sales of inventory, less returns		İ			
	and allowances a		,			
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventor					
	Miscellaneous Revenue	Business Code				
		0099	10,560.	10,560.		
	b					
i	c					
-	d All other revenue				T	
	e Total. Add lines 11a-11d	•	10,560.			
ľ	12 Total revenue. See instructions	▶	2,008,891.	496,500.	23,849.	98,974.

PartilX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a	response or note to ar	ny line in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,806,647.	1,806,647.		1
2	Grants and other assistance to domestic individuals See Part IV, line 22	150.			7
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,			(+ + + + + + + + + + + + + + + + + + +	High trains 18
6	trustees, and key employees 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	0.	0.	0.	0.
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)				
á	Management				
t	Legal				
C	: Accounting	14,679.		14,679.	
•	l Lobbying				
€	Professional fundraising services See Part IV, line 17				
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	40,828.		40,828. 825.	
13	Office expenses	936.		936.	
14	Information technology	730.		750.	<u> </u>
15	Royalties				
16	Occupancy				
17	Travel	15,439.		15,439.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	20/133.		13, 439.	
19	Conferences, conventions, and meetings				
20	Interest	2.		2.	
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance Other expenses Itemize expenses not	16,546.		16,546.	1-7-41
	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				Super Super
	expenses on Schedule O)	4 14	ा पर्वे के किया है। जिस्ती के किया के किया किया किया किया किया किया किया किया		<u>₹5. 67\$\$5</u>
a	ADMINISTRATION	7,278.		7,278.	-
D	BANK FEES	3,648.		3,648.	
ر بہ	EDUCATION	965.		965.	
d	- c.moun _nmoun arabital_vastativat 1	906.		906.	
	All other expenses	152.	1 000 707	152.	
	Total functional expenses Add lines 1 through 24e	1,909,001.	1,806,797.	102,204.	0.
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).				

Part X 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 1 Cash - non-interest-bearing 1,094,825 1 1,116. 2 2 Savings and temporary cash investments 2,735,483 1,683,280. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 , . ¥ Loans and other receivables from current and former officers, directors, 72. trustees, key employees, and highest compensated employees. Complete Part II of Schedule (5 Loans and other receivables from other disqualified persons (as defined under , 1 ٠, 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' 6 beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 851,576 596,714. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D , E. 10 a 113,000 **b** Less accumulated depreciation 10b 10 c 113,000 113,000 11 Investments - publicly traded securities 60,749,758 11 69,298,018. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 65,544,642 16 71,692,128. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 305,083 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 ۸, 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 37,305 26 083 42 522,323 Organizations that follow SFAS 117 (ASC 958), check here > X and complete 1 or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 15,284,009 16,083,361 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 12, 156, 198 13,885,796 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 28,239,559 29,169,805. Total liabilities and net assets/fund balances 34 65,544,642 34 71,692,128. BAA TEEA0111L 08/03/18 Form 990 (2018)

r or	m 990 (2018) THE FOUNDATION FOR THE UNIVERSITY OF THE	6-U4258	365	_ P	age 12	
Pa	rt 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	2,0	08,	891.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,9	09,	001.	
3	Revenue less expenses Subtract line 2 from line 1	3		99,	890.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,2		559.	
5	Net unrealized gains (losses) on investments	5	8	30,	356.	
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.	
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Pa	rt,XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
		_		Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			f		
	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		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	ewed on a	,	t .		
	b Were the organization's financial statements audited by an independent accountant?		2 b	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis	parate	, .		,	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the at review, or compilation of its financial statements and selection of an independent accountant?	ıdıt,	2 c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_ 3 b		L	
3AA	TEEA0112L 08/03/18		Form	990	(2018)	

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545 0047 2018



Name			UNIVERSITY OF	THE		Employer identifi				
Dáta		LANDS, INC.	raanizationa milat		- da +b.	66-04258				
	Reason for Public Corganization is not a private for					• • •	ctions.			
1	A church, convention of chui		•	•	•	•	0/			
2	A school described in section					Λ ⁽)·	E)(1)			
3	A hospital or a cooperative					ΔΥιιί	\mathcal{O}^{ψ}			
4	A medical research organi						Enter the hospital's			
	name, city, and state		,andron man a noopha.	4000	J u 111 Ju		inter the hospital s			
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7										
8	A community trust describe	ed in section 170(b)(1)	(A)(vi). (Complete Part	11)						
9	An agricultural research orga or university or a non-land-g university									
10	An organization that normall from activities related to its investment income and un June 30, 1975 See section	s exempt functions—su related business taxab	bject to certain excepti le income (less section	ons, and	1 (2) no	more than 33-1/3% of	its support from gross			
11	An organization organized	and operated exclusive	ely to test for public sat	ety See	sectio	n 509(a)(4).				
12	An organization organized or more publicly supported lines 12a through 12d that	l organizations describe	ed in section 509(a)(1)	or sectio	on 509(a	a)(2). See section 509(a	out the purposes of one a)(3). Check the box in			
а	Type I. A supporting organization(s) the power to complete Part IV, Sections	regularly appoint or elec	ed, or controlled by its su t a majority of the directo	pported or ors or true	organiza stees of	tion(s), typically by giving the supporting organization	g the supported on You must			
b	Type II. A supporting organ management of the supporting must complete Part IV, Se	ng organization vested in	controlled in connection the same persons that c	with its	suppor manage	ted organization(s), by the supported organizat	having control or tion(s) You			
С	Type III functionally integrate	ed. A supporting organiza	tion operated in connection	n with, a	nd functi	onally integrated with, its	supported			
	organization(s) (see instruc	ctions) You must com	plete Part IV, Sections	A, D, an	d E.					
ď	Type III non-functionally inte functionally integrated The instructions) You must co	e organization generally	z must satisfy a distribi	ition rea	with its uiremer	supported organization(s nt and an attentiveness) that is not requirement (see			
e	Check this box if the organ integrated, or Type III non-	functionally integrated	en determination from supporting organization	the IRS	that it is	s а Туре I, Туре II, Тур	e III functionally			
	Enter the number of supported Provide the following informat	•	d organization(s)							
	i) Name of supported organization	(ii) EIN	(iii) Type of organization	(112)	s the	(v) Amount of monetary	(vi) Amount of other			
,	,	(1)	(described on lines 1 10 above (see instructions))	organiza in your g	tion listed poverning ment?	support (see instructions)	support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)				_						
(E)										
Total					***					

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

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

Sec	tion A. Public Support						
Cale begi	endar year (or fiscal year inning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,262,053.	268,441.	169,820.	794,252.	1,389,569.	3,884,135.
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	1,262,053.	268,441.	169,820.	794,252.	1,389,569.	3,884,135.
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	4					
	shown on line 11, column (f)	1 4		_5, 4, 2	£4 (%-1		2,769,208.
	Public support. Subtract line 5 from line 4			The second of the second	المراجع عديد المراجع	ge i per le segui	1,114,927.
Sec	tion B. Total Support	T				,	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,262,053.	268,441.	169,820.	794,252.	1,389,569.	3,884,135.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	474,628.	494,759.	404,388.	402,889.	467,408.	2,244,072.
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			L. Him			6,128,207.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and		n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ 🗌
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	118 (line 6, column	(f) divided by lin	e 11, column (f))		14	18.19%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14			15	25.40 %
16a	33-1/3% support test—2018. If the and stop here. The organization				d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2017. If th and stop here. The organization	e organization did qualifies as a put	I not check a box olicly supported o	on line 13 or 16a rganization	, and line 15 is 3.	3-1/3% or more, cl	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	test, check this	box and stop her	e. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ind-circumstances	test, check this	box and stop her	e. Explain in Part	5 is 10% VI how the
18_	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions -

	 fails to qualify under the t 	tests listed below,					
Sec	ction A. Public Support						
Caler 1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total ,
. 2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				. /		
.4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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						
8	Public support. (Subtract line 7c from line 6)	当社会				MAN AND AND AND AND AND AND AND AND AND A	
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2014	(ᡌ) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
1 0 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						
	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						
	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		d, third, fourth, c	r fifth tax year as	a section 501 (c)(3	▶ 🗌
	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f))	15	8
	Public support percentage from 2					16	8
_	tion D. Computation of Inv						
17	Investment income percentage for				ımn (f))	17	8
	Investment income percentage fr					18	े %
	33-1/3% support tests—2018. If t is not/more than 33-1/3%, check	this box and stop	here. The organi	ization qualifies a	is a publicly suppo	orted organization	\ >
	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	e organization qu	alifies as a publicl	y supported organ	1/3%, and
20 RAA	Private foundation. If the organiz	zation did not che	ck a box on line 1		heck this box and	see instructions	200 57) 2010

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			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	<u>ነ</u> ል 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		1 -37
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		
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	3º.	13.4
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		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	<u> </u>	-
b	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		3. :
С	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	<u> </u>	*
5a	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		e
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?	<u>, </u>	<u></u>	-
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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		4 - aTs
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	, 1 7	ja. 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 or 990-EZ)	8		
9a	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	., 	<u>-</u>	

- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) 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
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below
 - 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.)

9b

9с

10a

10b

Sch	nedule A (Form 990 or 990-EZ) 2018 THE FOUNDATION FOR THE UNIVERSITY OF THE 66-042586	55		Page
	ort IV: Supporting Organizations (continued)	-		uge
<u> </u>			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		۲ ;	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		
	b A family member of a person described in (a) above?	116		
_	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		<u> </u>
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)	-	1.	1
	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	غورا	
Sec	ction C. Type II Supporting Organizations			
		<u> </u>	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)	1	, ' 	, , , , , , , , , , , , , , , , , , ,
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
		2	1 2	4,
ı	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		چېوند! د د	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 34 7	P . 84	:-
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	الْهُ رُدُ	\
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		3.3
Sec	tion 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				
t	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	nstruc	tions)	
2	Activities Test Answer (a) and (b) below.	[Yes	No
а	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	1	
3	Parent of Supported Organizations Answer (a) and (b) below.		<u>}. {.</u> }]	"
	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? Provide details in Part VI.			<u> </u>

3b

Pa	rt V_{-} Type III Non-Functionally integrated 509(a)(3) Supporting Orga	anıza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	st on f	Nov 20, 1970 (explain in ust complete Sections A	Part VI) See through E
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)	1		1. "
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
- 0	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)	1	The state of the s	1. 新年 1. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1	
4	Enter greater of line 2 or line 3	4	F1 1.	
5	Income tax imposed in prior year	5	L tar file	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	grate	d Type III supporting org	anization

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Schedule A (Form 990 or 990-EZ) 2018

	_	_	_	_	_	
٦.	42	5	R	հ	5	Page

	Type III Non-Functionally Integrated 509(a)(3) St	apporting Organiza	ations (continued)						
Section [D – Ďistributions			Current Year					
1 Amou	ints paid to supported organizations to accomplish exempt pu	rposes							
	nts paid to perform activity that directly furthers exempt purposes does of income from activity	of supported organization	ıs,						
3 Admii	3 Administrative expenses paid to accomplish exempt purposes of supported organizations								
4 Amou	ints paid to acquire exempt-use assets								
5 Quali	fied 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								
	outions to attentive supported organizations to which the organization of the contractions	on is responsive (provide	details						
9 Distrib	outable amount for 2018 from Section C, line 6								
10 Line 8	3 amount divided by line 9 amount								
Section E	E – Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1 Distrit	outable amount for 2018 from Section C, line 6								
	distributions, if any, for years prior to 2018 (reasonable required – explain in Part VI). See instructions			,					
3 Exces	s distributions carryover, if any, to 2018	ſ							
a From	2013								
b From	2014								
¢ From	2015)							
d From	2016								
e From	2017	1							
f Total	of lines 3a through e			-					
g Applie	ed to underdistributions of prior years								
h Applie	ed to 2018 distributable amount								
i Carryo	over from 2013 not applied (see instructions)	-							
j Rema	inder Subtract lines 3g, 3h, and 3i from 3f								
4 Distrib	outions for 2018 from Section D,	3							
a Applie	d to underdistributions of prior years								
	d to 2018 distributable amount		,						
c Rema	inder Subtract lines 4a and 4b from 4								
Subtra	ining underdistributions for years prior to 2018, if any act lines 3g and 4a from line 2. For result greater than explain in Part VI. See instructions								
	ining underdistributions for 2018 Subtract lines 3h and 4b ine 1. For result greater than zero, explain in Part VI. See stions								
7 Exces	s distributions carryover to 2019. Add lines 3j and 4c								
	down of line 7	1							
a Excess	s from 2014		,						
	s from 2015	· · · · · · · · · · · · · · · · · · ·							
c Excess	s from 2016	i		·					
d Excess	s from 2017	•							
e Excess	s from 2018	 							

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Schedule A (Form 990 or 990-EZ) 2018

Page 8

Rart VI: Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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. THE 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 SUBSTANTIABLY THE SAME AS IT DID WHEN THE EXEMPTION WAS GRANTED.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open(to Public Inspection

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

THE FOUNDATION FOR THE UNIVERSITY OF THE

Employer identification number

	VIRGIN ISLANDS, INC.		66-0425865
Pai	付盟 Organizations Maintaining Dono	r Advised Funds or Other Sin	milar Funds or Accounts.
	Complete if the organization ansi		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	- ne-	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	· · · · · · · · · · · · · · · · · · ·	
5	Did the organization inform all donors and dor are the organization's property, subject to the		
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?		
Pai	t 비용 Conservation Easements.		
1 41	Complete if the organization ansi	wered 'Yes' on Form 990, Part	t IV, line 7.
1			
	Preservation of land for public use (e g , r	ecreation or education) Pres	servation of a historically important land area
	Protection of natural habitat	Pres	servation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	eld a qualified conservation contribution	
			Held at the End of the Tax Year
	Total number of conservation easements		2 a
	Total acreage restricted by conservation easer		2 b
•	Number of conservation easements on a certif	ied historic structure included in (a)	2 c
(Number of conservation easements included in structure listed in the National Register		2 d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or termi	inated by the organization during the
4	Number of states where property subject to conse	vation easement is located >	
5	Does the organization have a written policy roand enforcement of the conservation easemen	· ·	ection, handling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, and er	nforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and enforci	ing conservation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirement	ents of section 170(h)(4)(B)(i) Yes No
9	in Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its revenue of the organization's financial statements.	and expense statement, and balance sheet, and ents that describes the organization's accounting for
Par	Complete if the organization answers	ctions of Art, Historical Treas vered 'Yes' on Form 990, Part	ures, or Other Similar Assets. IV, line 8
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	d for public exhibition, education, or res	
t	 If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items 	SFAS 116 (ASC 958), to report in its r public exhibition, education, or research	s revenue statement and balance sheet works of art, ch in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, he amounts required to be reported under SFAS	storical treasures, or other similar asset 16 (ASC 958) relating to these items	ts for financial gain, provide the following
а	Revenue included on Form 990, Part VIII, line	1	▶ \$
b	Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2018 THE	COUNDATION CO	ים ייטר וואדנ	<i>I</i> ED¢T	יייע אר יייטר	66-04	25865 Page 2
Part III Organizations Mainta 3 Using the organization's acquisition items (check all that apply)		····				
a Public exhibition		d 🗆 Loan	or exc	hange programs		
b Scholarly research		e Othe		mango programa		
c Preservation for future gener	rations	• <u> </u>	· —			
Provide a description of the organize Part XIII		id explain how the	ey furthe	er the organization	n's exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather to	han to be maintaine	d as part of the	organiz	zation's collection	1 ⁷	Yes No
line 9, or reported an					nswered 'Yes' on F	orm 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X? b If 'Yes,' explain the arrangement					ner assets not included	Yes X No
5	art art rain and con	riproto trio ronoti	mg tot	,.c		Amount
c Beginning balance					1 c	
d Additions during the year					1 d	
e Distributions during the year					1 e	
f Ending balance					11	0.
2a Did the organization include an a	mount on Form 990). Part X. line 21	. for es	scrow or custodia	il account liability?	X Yes No
b If 'Yes,' explain the arrangement	ın Part XIII Check		anation		•	X
Part V. Endowment Funds. C				ed 'Yes' on F	orm 990 Part IV	ine 10
- dit - Ellaowillont allasi o	(a) Current year	(b) Prior ye		(c) Two years bac		
1 a Beginning of year balance	12,156,198			9,659,49		
b Contributions	1,387,841	791,		166,35		
c Net investment earnings, gains,	566,206			1,242,36		
and losses d Grants or scholarships	181,835	519,				
e Other expenditures for facilities	101,033	, 319,	323.	25,61	.9. 420,020	5,000.
and programs	1,786	108,4	468.	113,36	59. C	263,233.
f Administrative expenses	40,828	33,2	246.	28,89	5. 25,317	20,584.
g End of year balance	13,885,796	12,156,	198.	10,900,33	9,659,498	8,839,898.
2 Provide the estimated percentage	e of the current year	end balance (li	ne 1g,	column (a)) held	as	
a Board designated or quasi-endowm		~~~~ [%]				
b Permanent endowment ▶	100.00%					
c Temporarily restricted endowmen		% %				
The percentages on lines 2a, 2b, ar						
3a Are there endowment funds not in the organization by	ne possession of the	organization that	are held	d and administered	d for the	Yes No
(i) unrelated organizations						3a(ı) X
(ii) related organizations						3a(ii) X
b If 'Yes' on line 3a(ii), are the rela						3b
4 Describe in Part XIII the intended		zation's endowm	ent fun	ids		
Part VI Land, Buildings, and I Complete if the organi		l 'Yes' on For	m 99(D, Part IV, line	e 11a. See Form 9	90, Part X, line 10
Description of property	(a) Cos	st or other basis	(b)	Cost or other	(c) Accumulated depreciation	(d) Book value
1 a Land			<u> </u>	113,000.	200.00.00.	113,000.
b Buildings			<u> </u>	110,000.		113,000.
c Leasehold improvements	-		 			

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.).

d Equipment

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113,000. Schedule D (Form 990) 2018

Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(C) (D) (E)			
(E)			
(F) 			
(G)			
(H)			
(I) ====================================			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			<u>```</u>
Part VIIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 99	N/A 0 Part IV line 11c See Form 9	190 Part Y line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	
(1)	(2) Book value	(c) method of valuation cost of cha	-or-year market value
(2)			·····
(3)			· <u></u> , ·
(4)			
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)	· - · · · ·		
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		The state of the s	194 3 - 193 · · · ·
		33 37 37 37 37 37 37 37 37 37 37 37 37 3	
Part IX Other Assets.	N/A		
PartiX型 Other Assets. Complete if the organization answered	'Yes' on Form 990		90, Part X, line 15
PartiX型 Other Assets. Complete if the organization answered (a) Des	N/A 'Yes' on Form 990 ccription		
Complete if the organization answered (a) Des	'Yes' on Form 990		90, Part X, line 15
Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 990		90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 990		90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 990		90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 990		90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990		90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990		90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990		90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription), Part IV, line 11d. See Form 9	90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	'Yes' on Form 990 scription		90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	'Yes' on Form 990 scription), Part IV, line 11d. See Form 9	90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	'Yes' on Form 990 scription), Part IV, line 11d. See Form 9	90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X. Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (1) Federal income taxes	Yes' on Form 990 Scription 8) line 15) orm 990, Part IV, line 1), Part IV, line 11d. See Form 9	90, Part X, line 15
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Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' on Form 990 Scription 8) line 15) orm 990, Part IV, line 1), Part IV, line 11d. See Form 9	90, Part X, line 15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (C) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	3) line 15) orm 990, Part IV, line 1 (b) Book value	D, Part IV, line 11d. See Form 9 le or 11f. See Form 990, Part X, line 25.	90, Part X, line 15 (b) Book value

Schedule D (Form 990) 2018 THE FOUNDATION FOR THE UNIVERSITY OF THE	66-0425865 Page	. 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Return. N/A	
Complete if the organization answered 'Yes' on 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		_
a Net unrealized gains (losses) on investments	, 4	
b Donated services and use of facilities 2 b	·	
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.		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	_
Part XII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per Return, N/A	_
Complete if the organization answered 'Yes' on Form 990, Part IV, line	•	
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 2 a	1	
b Prior year adjustments		
c Other losses 2c		
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 IX, line 25, but not on line 1		_
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	<u>} </u>	
b Other (Describe in Part XIII) 4b		
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	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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

Part XIII Supplemental Information.

THE FOUNDATION HAS A CUSTODIAL RELATIONSHIP WITH THE UNIVERSITY OF THE VIRGIN ISLANDS 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) 2018

SCHEDULE | (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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Ξ.
2
•

OMB No 1545 0047

Employer identification number

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information THE FOUNDATION FOR THE UNIVERSITY OF THE VIRGIN ISLANDS, INC.

66-0425865		SEE PART IV	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 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.	(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, other)		FORFORES							_
	grants or assistance, the grantees' eligibility for the grants or assistance, and	S	vernments. Complete . Part II can be duplicat	(e) Amount of non-cash assistance	C							•	_
	rants or assistance, the grante	grant funds in the United State	tions and Domestic Go	ection (d) Amount of cash grant	1.806.647								_
, INC.	the	cedures for monitoring the use of	ce to Domestic Organiza for any recipient that rece	(b) EIN (c) IRC section (if applicable)	66-0432514						-		_
Partile General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Partill Grants and Other Assistance to Domestic Organiz	1 (a) Name and address of organization or government	(1) <u>UNIVERSITY OF THE V. I.</u> #2 JOHN BREWER'S BAY ST THOMAS, VI 00802	(2)	(3)	(4)	(5)	(6)			

Schedule I (Form 990) (2018)

TEEA3901L 07/13/18

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

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

THE FOUNDATION FOR THE UNIVERSITY OF THE Schedule I (Form 990) (2018)

|**Pārkili: Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 66-0425865

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
8					
4					
S					
9					
7					
Part IV 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) (2018)

ARE CONSISTENT WITH THEIR INTENDED PURPOSE

BAA

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE FOUNDATION FOR THE UNIVERSITY OF THE VIRGIN ISLANDS, INC.

Employer identification number

66-0425865

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

THE TAX RETURN WAS REVIWED BY THE BOARD OF DIRECTORS BEFORE FILING

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

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