Form **990** 

• (Rev January 2020)

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

2019

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

Open(to(2)/blid

A	For th	ne 2019 calen	dar year, or ta	x year begi	nning 10/0	)1	, 2019	9, and end	ng 9	/30	, 2020	
В	Check if	f applicable	C		-					D Employer	identification num	ıber
	Ad	dress change	THE FOUN	DATION E	FOR THE U	JNIVERSI	TY OF T	'HE		66-04	425865	
	$\vdash$	me change	VIRGIN I							E Telephone		
	<del></del>	tial return	#2 JOHN							340-6	693-1043	
	$\vdash$	al return/terminated	ST. THOM	AS, VI (	00802-999	90				340	093 1045	
	H									ء ما		006 610
	$\vdash$	nended return	F No.		-1 -#				lu(a) is th	G Gross reco		006,612.
	L Ap	plication pending	F Name and ad		al officer DR.	HALDANI	È DAVIE:	S	1	= :	<u> </u>	Yes X No
		<del></del>	SAME AS	7			1,0,7, ,,,,		if "N	all subordinates in lo " attach a list (s	see instructions)	Yes No
<u>!</u>		exempt status	X 501(c)(3)	501(c) (	) <b>~</b> (ir	nsert no )	4947(a)(1) c		4			
<u>J</u> _		osite: <b>&gt;</b> N/		1 1	ĭ T	r	1.		<del></del>	up exemption num	ber ►	
K		of organization	X Corporation	Trust	Association	Other -		Year of forma	ition 19	86 <b>M</b> Stat	te of legal domicile	VI
Pa		Summar					<u> </u>					
	1 1	Briefly descri	be the organiz	ation's miss	sion or most s	significant a	ctivities ED	UCATION	I <u>AL AN</u>	<u>D_CHARITA</u>	ABLE_PURPO	<u>JSES</u>
بو												
ä	}											
e.u	_						,-		:			
Governance	2	Check this bo	ox • [] if the oting members					posed of m	ore than	25% of its ne	- 1	1.0
			dependent vot					e 1h)		<u> </u>	3 4	10
es	5		of individuals							<u></u>	5	8
**	6		of volunteers				ECEIV		1		6	0
Activities &	7a			_		· / /			I		7a	22,543.
4	, b	Net unrelated	ed business re business taxa	able income	from Form 9	90 F line 39	9	SS	l		7b	21,543.
						TSI A	<del>UG 06</del> 2	2 <del>021  </del>	t T	Prior Year		nt Year
	8 (	Contributions	and grants (P	art VIII. line	e 1b)			≅	<b>l</b> ├──	1,389,56		513,704.
<u>n</u>	I .		ice revenue (F			$1 \circ 0$	GDEN,			1,303,30	0. 1,0	113, 104.
Revenue		_	come (Part VI			and 7d).	<del>55</del> 211,	<del></del>		609,39	5 2	299,448.
æ	I		e (Part VIII, co		•		nd lle)		<b></b>	9,92		-78.
	12	Total revenue	e – add lines 8	through 11	(must equal	Part VIII, co	olumn (A) I	line 12)		2,008,89		913,074.
	13 (	Grants and si	milar amounts	paid (Part	IX, column (A	A), lines 1-3	)			1,806,79		119,578
			to or for mem									<del></del>
•	}		er compensation				nn (A), line:	s 5-10)			<del></del>	
ı ş	16a i		fundraising fee				. ,	,				·
Expenses	102									<del></del>		1
, Ϋ́	D D		ing expenses	•	• •	· · · —					1	
_	117	· · ·	es (Part IX, co						<u> </u>	102,20		92,260.
ZZZ			es Add lines l				), line 25)			1,909,00		11,838.
4	19 F	Revenue less	expenses Su	btract line i	8 from line 1	2				99,890		98,764.
										ing of Current Y		of Year
alan	20		Part X, line 16							1,692,128		112,710.
A As	21	Total liabilitie:	s (Part X, line	26)					4	2,522,32	3. 39,9	967,767.
Net Assets of Fund Balancer	22 1	Net assets or	fund balances	Subtract I	ine 21 from li	ne 20			2	9,169,809	5. 29,4	144,943.
Pa	rt II	Signatur	e Block									
Unde	er penaltie	es of perjury 1 de	clare that I nave ex	amined this ret	urn including acc	ompanying sche	edules and state	ements and to	the best of	my knowledge an	d belief it is true o	correct, and
com	olete Dec	claration of prepai	rer (other than offic	er) is based on	all information of	which preparer	has any krowle	edge				
		<b>.</b>	N/V							05/20/2	15'	
Sig	n	Signatur	e of officer						C	Date ' I		
He		DR.	HALDANE I	DAVIES					EXEC	CUTIVE DI	R.	
		Type or	print name and title		7.1	1 ,						
		Print/Type pr	reparer's name		Property Syary	PHOLE	( )	Date /	$\sqrt{}$	Check	PTIN	
Pa	id	JANICE	V. HODGE	, CPA	MANICE	V. HODGE	E, CPA	17/14	1000	self employed	P006326	04
	epare		► BENHA	<del></del>	E, PC					<b>'</b>		
	e Onl			BOX 600						Firm s EIN	66-050009	2
	•				VI 00801				•		340) 776-	
Max	the IR	S discuss the	s return with t			e? (see instr	ructions)			1	X Yes	No

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

TEEA0101L 01/21/20

Form 990 (2019)

	ON FOR THE UNIVERSITY OF THE	66-0425865 Page <b>2</b>
Part III & Statement of Program		
	ns a response or note to any line in this Part III	
1 Briefly describe the organization's		
EDUCATIONAL AND CHARI	TABLE PURPOSES	
	ignificant program services during the year which were not listed on	the prior
Form 990 or 990-EZ?		∐ Yes [X] No
If "Yes," describe these new services		
_	ting, or make significant changes in how it conducts, any progr	ram services? Yes X No
If "Yes," describe these changes on		
4 Describe the organization's progra Section 501(c)(3) and 501(c)(4) or and revenue, if any, for each prog	m service accomplishments for each of its three largest progra ganizations are required to report the amount of grants and allor ram service reported	m services, as measured by expenses ocations to others, the total expenses,
4a (Code ) (Expenses \$	3, 419, 578 including grants of \$ 3, 419, 578	3.)(Revenue \$
	STS AND SUPPORTS THE UNIVERSITY OF THE	
	RITABLE AND EDUCATIONAL MISSION.	
		<del></del>
4b (Code ) (Expenses \$	including grants of \$	) (Revenue \$
4c (Code ) (Expenses \$	including grants of \$	) (Revenue \$
<del></del>		
4 d Other program services (Describe	on Schedule O )	
(Expenses \$	including grants of \$ ) (Revenu	ne \$ )
4e Total program service expenses	3,419,578.	
BAA	TEEA0102L 07/31/19	Form <b>990</b> (2019)

-			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	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 98 197 If 'Yes,' complete Schedule C. Part III	5		X
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		X
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		
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	
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part $V$	10	Х	
1	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			
ā	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	
ŀ	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
(	bid 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_
2 a	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
t	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	12 Ь	х	
3	Is the organization a school described in section $170(b)(1)(A)(ii)^7$ If 'Yes' complete Schedule E	13		X
<b>4</b> a	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	14b		Х
5	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		X
6	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
7	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
8	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		X
9	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
: <b>0</b> a	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?	20ь		
1	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	x	

# Form 990 (2019) THE FOUNDATION FOR THE UNIVERSITY OF THE Partive Checklist of Required Schedules (continued)

			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		x
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
i	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
(	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> 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		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
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		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
•	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		
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		X
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	
Ŗāi	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	···	Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		- 65	110
	Enter the number of Forms W-2G included in line 1a. Enter -0 - if not applicable 1b 0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
3AA	(gambling) winnings to prize winners?  TEEA0104L 07/31/19	1 c	990 (2	20191
			\-	

Form 990 (2019) THE FOUNDATION FOR THE UNIVERSITY OF THE

Part VE

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

				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	1 _ 1	0		
	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employme		2	2	1,1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	nstructions)	120	S Party	M
3	a Did the organization have unrelated business gross income of \$1,000 or more during the ye	ar <sup>7</sup>	3 8	-	
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>		31	X	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other	er authority over, a financial account)?	4 a	3	Х
	b If 'Yes,' enter the name of the foreign country▶		F. 10.	THE STATE	V.V.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)		7	
5	f a Was the organization a party to a prohibited tax shelter transaction at any time during the $f ta$	ax year?	5 a	•	X
	f b Did any taxable party notify the organization that it was or is a party to a prohibited tax shel	ter transaction?	5 t	,	X
1	c If 'Yes,' to line 5a or 5b did the organization file Form 8886-T?		5 0	:	
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a	1	х
ا	b If 'Yes,' did the organization include with every solicitation an express statement that such contribu- not tax deductible?	tions or gifts were	61	,	
7	Organizations that may receive deductible contributions under section 170(c).		S. A.	2.73	Lon
;	a Did the organization receive a payment in excess of \$75 made partly as a contribution and payor?	partly for goods and	第(語 7 a	1	X
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	,	ļ
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is Form 8282?	was required to file	7 0		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	SAR	A	200
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		Х
1	f Did the organization, during the year, pay premiums, directly or indirectly on a personal ber	nefit contract?	7 f		X
•	${\bf g}$ If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
_	h If the organization received a contribution of cars, boats, airplanes or other vehicles, did the Form 1098-C?	_	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	8	Finderse	Erme
9	Sponsoring organizations maintaining donor advised funds.		1997	d.H.	金里
á	a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
1	${f b}$ Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son <sup>2</sup>	9 ь		
10	Section 501(c)(7) organizations. Enter	1		3	1
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a		443	201
i	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter	1			
	a Gross income from members or shareholders	11 a	346	321	
ł	gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11 b	1		
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a	278	予算器
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	13533	d +7.***	Shillow I
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		44	<b>33</b>
	Is the organization licensed to issue qualified health plans in more than one state?		13a	Tr. Will E	P-79-13-4
•	Note: See the instructions for additional information the organization must report on Schedul	e O	TEAC.	स्यक्षम	122-1
	Enter the amount of reserves the organization is required to maintain by the states in		7		
Ī	which the organization is licensed to issue qualified health plans	13b	3.2	18.2	
C	Enter the amount of reserves on hand	13c		200	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
ŧ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on	Schedule O	14b		
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		X
	If 'Yes,' see instructions and file Form 4720, Schedule N		E P	J. 1999	
16	Is the organization an educational institution subject to the section 4968 excise tax on net involved	vestment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O		<b>经</b>		學學
BAA	TEEA0105L 07/31/19		Form	990 (2	2019)

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 on Schedule O See instructions

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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  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 on Schedule O	)		
	<b>b</b> Enter the number of voting members included on line 1a, above, who are independent 1b		. T.	
	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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		X
	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?	7 a		X
1	<b>b</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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			4
	a The governing body?	8 a	Χ	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Co	ide )
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X
١	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 Ь		
11 a	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	Х	
ı	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			1
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
١	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	12 c		
13	Did the organization have a written whistleblower policy?	13	}	X
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	·, c		· ,
ä	a The organization's CEO, Executive Director, or top management official	15 a		X
ı	b Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	, ,	, ~	
16 a	a 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		X
ŀ	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	· \	41,
-	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed VI			
		01/01/2	·	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  X Upon request  Other (explain on Schedule O)	)(c)(3	is oni	y)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available.	ble to		
20	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 •			
-	DR. HALDANE DAVIES #2 JOHN BREWER'S BAY, ST. THOMAS, VI 00802 340-693-1043			

## Rart 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

See instructions for the order in which to list the persons above

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

<del></del>			(C)							
(A) Name and title	(B) Average nours per	thar	one b both a	ox u	inless licer ruste	e)	ın	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	(W 2/1099 MISC)	compensation from the organization and related organizations
(1) DR. ALFRED O. HEATH	1									
VICE CHAIRMAN	0	X	2	X		_		0.	0.	0.
(2) KERRY SAIN DIRECTOR	1	Х						0.	0.	0.
(3) ADRIANE DUDLEY	1				ĺ					
DIRECTOR	0	Х				_	_ _	0.	0.	0.
_(4)_ JAMES_TUNICK	1									
CHAIRMAN	0	Х	1	X	_	_	_	0.	0.	0.
_(5) HENRY SMOCK	1	l [				Ì		_		_
DIRECTOR	0	X	_	+	4			0.	0.	0.
(6) DR. DAVID HALL	1	,	ł	İ	- 1			_ (		
DIRECTOR	0	Х	_	+	+			0.	0.	0.
(7) DR. HALDANE DAVIES	<del>1</del>	$ _{X} $				Ì		0		0
EXECUTIVE DIR.  (8) BRADLEY EBERSOLE	1	^	-+	+	+		+	0.	0.	0.
DIRECTOR	1	х	İ		İ			0.	0.	0.
(9) SHARMANE BROOKES	1					_	+	<u> </u>	0.	<u> </u>
TREASURER		х	>	<i>.</i>				0.	0.	0.
(10) JOHN HARPER	1	l î	+	`	$\dashv$		+		0.	<u>_                               </u>
DIRECTOR	<del>-</del>	x						0.	0.	0.
(11)							Ť			<u> </u>
(12)				+						
(13)	<b>-</b>			1			1			
(14)										
				—						<del></del>

rait vii Section A. Officers, Directors, 11	(B)	<del></del>				<del></del>	4110	I mgnest con	pensateu	Linpi	Oyce	3 (con	mueu)
(A) Name and title	Average hours per week (list any	offic	, unle cer ar	heck ss pe nd a	sition more erson direct	than on the state of the state	an lee)	(D)  Reportable compensation from the organization (W 2/1099-MISC)	(E)  Reportable compensation related organiz (W-2/1099 M)	from	comp	( <b>F</b> ) haled am of other ensation	from
	hours for related organiza tions below dotted line)	individual trustice or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Formor	(W 21035-MISC)	(W-2/1033 NII	30)	ar	organiza nd relate ganizatio	d
(15)									·				
(16)	<del> </del>	+											
(17)									<del></del>				
(18)	<del> </del>												
(19)	<del> </del>						_		<del></del>	-			
(20)							-		<del></del>			·	
(21)							-						
(22)									***************************************			<del></del>	
(23)	<del> </del>		$\dashv$							+			
(24)									<del></del>				
(25)			+				$\dashv$			_			
1 b Subtotal						<u> </u>	-	0.		0.			0.
c Total from continuation sheets to Part VII, Secti	on A					•	• -	0.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited		sted a	abov	 e) w	ho r	eceive	ed r	0.	) of reportable	0.	ensation		0.
from the organization • 0				-,							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3 Did the organization list any former officer, direct	tor, truste	e, ke	v en	olar	vee	. or h	igh	est compensated	emplovee			Yes	No
on line 1a <sup>3</sup> If 'Yes,' compléte Schedule J for suc 4 For any individual listed on line 1a, is the sum of	h individu	al									3		X
the organization and related organizations greate such individual	er than \$1!	50.00	107	f 'Y	es.'	comp	oleti	e Schedule J for			4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes Section B. Independent Contractors	e compen ;,' comple	satior te Sci	n fro hedu	m a ule .	iny i	unrela such	atec pe	d organization or i	ndıvıdual		5		Χ
Complete this table for your five highest compen compensation from the organization. Report compensation from the organization.	sated inde	pend the ca	dent lend	con ar y	trac ear	tors t	hat g wi	received more th	an \$100,000 anization's tax	of year			
(A) Name and business add	ress							(B) Description o	services	C	(C Compe	<b>;)</b> nsatio	n
							7						
2 Total number of independent contractors (including b	out not limit	ted to	thos	e lis	sted	above	e) w	ho received more t	han	I .			
\$100,000 of compensation from the organization							-			· ,		2,	

143.52.7.	1 C. 38		ıle O	contains	a respo	onse or note to a	ny line in this Part V	<b>/</b> III		
			_£				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts Grants and Other Similar Amounts	1 a b c c c c c c c c c c c c c c c c c c	Federated campaigness Membership dues Fundraising events Related organization Government grants (con All other contributions, similar amounts not inc Noncash contributions)	ons ons altributi altri, i luded include	grants, and   above ' ed iii '	1 a 1 b 1 c 1 d 1 e	1,613,704				
6 5	١,	lines la-l[ , , , , ,			_1 g		1 612 704			
<u> </u>	<del>  '</del> '	, , , , , , , , , , , , , , , , , , ,	2-11		-	Business Code	1,613,704.	AND MERCHESONS AND AND AND AND AND AND AND AND AND AND		
Program Service Revenue	2 a b c d		· · · · · · · · · · · · · · · · · · ·				THE THE ALL AND ASS ASS THE PROPERTY OF ALL THE	Windowski in adda 2 1821 and 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 Martin A. La Company (1991) 7 3 4 2 3 (17)	78260 MIT. 186 MASON, 3001
ogr.	f	All other program :		ce revenu	e			to a serious promotes supplied a none of		L Value de la companya de la company
<u>a</u>	<u> </u>	Total. Add lines 2a				•	` <u> </u>			
	3 4 5						45,548. 20,973.	60,010. 20,973.	-14,462.	
				(ı) Re	eal	(II) Personal	<b>会的理論物論</b>			343444
	b	Gross rents Less rental expenses	6a		-78.					
	I .	Rental income or (loss)  Net rental income		) (CE)	-78.	<u> </u>	274777		70 A	
	Į		01 (10	(i) Secu	rities	(ii) Other	-78.	PROPERTY OF THE PROPERTY OF TH	-78.	
		Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses		1,193, 1,093,		133,066.				
	1	Gain or (loss)	7с		861.	133,066.				<b>建建筑设施</b>
	d	Net gain or (loss)				•	232,927.	99,861.	37,083.	95, 983.
Other Revenue	8 a	Gross income from fund (not including \$ of contributions reported See Part IV, line 18		- 	8 a					
her		Less direct expens			8 b					
δ	}	Net income or (loss			sing ev	rents 🟲	THE CONTRACTOR SPECIAL CONTRACTOR OF THE CONTRAC		AND THE PROPERTY OF THE PARTY O	AND THE PROPERTY OF THE PROPER
•		Gross income from game See Part IV, line 19		tivities	9 a	,				
*	ı	Less direct expensions Net income or (loss		m gamino		ies •	WINES THE STREET	action was a state of the state	MAN SHEET ET ET ET ET ET ET ET ET ET	.nemotoretalisti
1	10 a	Gross sales of inventory, returns and allowances	lens.		10a					
'	i	Less cost of goods			10Ь	tony				
	<u>c</u>	Net income or (loss	5) 110	in sales c	Inven	Business Code	AT TO THE TAX SERVE TO THE POPULATION OF THE			MANAGARA TENGTAKAN KAN
Miscellaneous Revenue	11 a						PROTECTION OF THE PROPERTY PARTY PROPERTY R THOUGHT WIND RECORDS AND THE	And Learning Bullery Services	, 一种中心的人不过了。 一种心理的是一种心理的。	
ane Fru	11 a b c d									
	С									
Mist R		d All other revenue e Total. Add lines 11a-11d						L. Toru lador. Larondescom	DESCRIPTION OF PROPERTY.	kungga masi 10 wasi sebah 15
		Total. Add lines 11. Total revenue. See					1 012 074	100 044	22 542	
	٠.	. Juli revenue. Jee	1115(	actions.			1,913,074.	<u> 180,844.</u>	22,543.	<u>95,983.</u>

### Part IX Statement of Functional Expenses

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

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

			<del>,</del>		
	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	3,419,578.	3,419,578.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0,123,0.5.	3,113,070.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			BETTE TOTAL TAKES	E. C. LOS CONTROL OF THE
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)				
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 (nonemployees)				
a	Management				
b	Legal				
c	: Accounting	22,120.		22,120.	
C	Lobbying				
e	Professional fundraising services See Part IV, line 17		多少域解析的概念	天中地, 自己的一种人们	
	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	49,264.		49,264.	
13	Office expenses.	15.		15.	
14	Information technology				
15	Royalties				
16	Occupancy	-			
17	Travel	1,919.		1,919.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions and meetings				<del></del>
20	Interest	9.		9.	
21	Payments to affiliates			<u>.</u>	
	Depreciation, depletion, and amortization				
	Insurance	8,276.		8,276.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ADMINISTRATION	7,926.		7,926.	
	BANK FEES	2,610.		2,610.	
	MEALS	121.		121.	
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	3,511,838.	3,419,578.	92,260.	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)				

		Check if Schedule O contains a response or note to any line in this Part X			
•			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing	1,116.	1	143.
	2	Savings and temporary cash investments	1,683,280.	2	2,651,824.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined undor	<b>网络工物型型型加速</b>	多知他	THE WAY TO THE WAY THE
	l İ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	596,714.	7	366,921.
\$	8	Inventories for sale or use		8	,
Assets	9	Prepaid expenses and deferred charges		9	
Ä	1 <b>0</b> 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.
	11	Investments — publicly traded securities	69,298,018.	11	66,280,822.
	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	
İ	16	Total assets. Add lines 1 through 15 (must equal line 33)	71,692,128.	16	69,412,710.
	17	Accounts payable and accrued expenses		17	8,278.
	18	Grants payable		18	
ł	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	42 522 222	20	30.050.400
Ę.	21	Escrow or custodial account liability Complete Part IV of Schedule D	42,522,323.	21	39,959,489.
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	is of which
_	23	Secured mortgages and notes payable to unrelated third parties		23	
3	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	42,522,323.	26	39,967,767.
es		Organizations that follow FASB ASC 958, check here ► X	DAMES STATES STATES	1	THE STATE OF
2		and complete lines 27, 28, 32, and 33.	PO TO SET OF SET		
a	27	Net assets without donor restrictions	15,284,009.	27	13,913,923.
8	28	Net assets with donor restrictions	13,885,796.	28	15,531,020.
Fund Balance		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
155	31	Retained earnings, endowment, accumulated income, or other funds		31	
≥t ⊅	32	Total net assets or fund balances	29,169,805.	32	29,444,943.
ž	33	Total liabilities and net assets/fund balances	71,692,128.	33	69,412,710.

Form 990 (2019)     THE  FC	DUNDATION FO	OR THE	UNIVERSITY	OF	THE
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n	n -		71	_	_	×	n -	١.

Page **12** 

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)  2 Total expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenses Subtract line 2 from line 1	1			
<ul><li>2 Total expenses (must equal Part IX, column (A) line 25)</li><li>3 Revenue less expenses Subtract line 2 from line 1</li></ul>	<u> </u>			
3 Revenue less expenses Subtract line 2 from line 1		1,9	913,	074.
	2	3,5	511,	838.
	3	-1,5	598,	764.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32 column (A))	4	29,1	L69,	805.
5 Net unrealized gains (losses) on investments	5		374,	
6 Donated services and use of facilities	6	•		
7 Investment expenses	7		_	
8 Prior period adjustments	8		-	713.
9 Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
column (B))	10	29,4	44,	<u>943.</u>
art 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				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		-   ·.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re	eviewed on a	- [ ·	-	
separate basis, consolidated basis or both  X Separate basis Consolidated basis Both consolidated and separate basis		-		<u> </u>
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 Ь	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	onarata	20		
basis, consolidated basis, or both	eparate		١.	١.
Separate basis Consolidated basis X Both consolidated and separate basis		ı i		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audīt,	2 c	х	
If the organization changed either its oversight process or selection process during the tax year explain on 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 Sir Audit Act and OMB Circular A-133?	ngle	3 a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
TEEA0112L 01/21/20	<del></del>	Form	990	(2019)

### 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.

THE FOUNDATION FOR THE UNIVERSITY OF THE

OMB No 1545 0047

2019

Open to Public Inspection

Employer identification number

VIRGIN ISLANDS, INC 66-0425865 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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 (Form 990 or 990-EZ) ) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 5 |X| 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II ) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 it 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) (i) Name of supported organization (III) Type of organization (described on lines 1 10 above (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? 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			·			<u>.</u> .
Cale	endar year (or fiscal year inning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	268,441.	169,820.	794,252.	1,389,569.	1,613,704.	4,235,786.
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	268,441.	169,820.	794,252.	1,389,569.	1,613,704.	4,235,786.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,542,589.
6	Public support. Subtract line 5 from line 4						693,197.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	268,441.	169,820.	794,252.	1,389,569.	1,613,704.	4,235,786.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	494,759.	404,388.	402,889.	467,408.	66,443.	1,835,887.
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						6,071,673.
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, the	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ []
Sec	tion C. Computation of Pul	blic Support P	ercentage			<u> </u>	
	Public support percentage for 20	· ·	•	e 11, column (f))	-	14	11.42%
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14			15	18.19%
1 <b>6</b> a	33-1/3% support test—2019. 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—2018. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3·1/3% or more, ch	neck this box
1 <b>7</b> a	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
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances test. The organiza	s' test, check this ition qualifies as a	box and <b>stop her</b> a publicly supporte	e. Explain in Part ' ed organization	VI how the ►
	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	<del></del>		
RΔΔ					Sah	adula A (Form 99)	0 or 000 E7\ 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and	(e) 2019	(f) Total
and membership fees received (Do not include any 'unusual grants')  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the		
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		
that are not an unrelated trade or business under section 513  4 Tax revenues levied for the		
either paid to or expended on its behalf		
5 The value of services or facilities furnished by a governmental unit to the organization without charge		
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year		
c Add lines 7a and 7b		
8 Public support. (Subtract line 7c from line 6)	STEEL STEEL	
Section B. Total Support		
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )		
13 Total support. (Add lines 9, 10c, 11, and 12)		
14 First five years. If the Form 990 is for the organization's first, second, third, fourth or fifth tax year as organization, check this box and stop here	a section 50% (c) (	▶ []
Section C. Computation of Public Support Percentage  15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	1 15	
16 Public support percentage for 2019 (line 8, column (i), divided by line 13, column (i))  16 Public support percentage from 2018 Schedule A, Part III, line 15	15	8
Section D. Computation of Investment Income Percentage	1 10	1 .
17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	8
19a 33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more		<del></del>
is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly support <b>b 33-1/3% support tests—2018.</b> If the organization did not check a box on line 14 or line 19a, and line 16	orted organization	\ ▶ ∐
line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicl <b>Private foundation</b> . If the organization did not check a box on line 14, 19a, or 19b, check this box and	ly supported organ	nization

### 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

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- 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
- 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
- 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
- **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
- 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
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- 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)
- 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)
- 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
- 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)

		Yes	No
		N.	1
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	3b		120
	3c	Fir	لعظا
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	4b		翌
	4c	5	
	300		
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	6		
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	10a 10b	i i i i i	243
991			2018

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	চি ইক	Yes	No
	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	1,000	
	<b>b</b> A family member of a person described in (a) above?	116	<del> </del>	<del> </del>
	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		
	ction B. Type I Supporting Organizations	1	<u>.</u>	<u> </u>
	with the conference of the con		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 <b>Part VI</b> 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	1		7
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			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, (i) a written notice describing the type and amount of support provided during the prior tax 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?		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3	22.5	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>	I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
	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	instruci	ions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
á	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 <b>Part VI identify those supported organizations and explain</b> 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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ł	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 <b>Part VI</b> 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.	14	1	
	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	±7	
ŧ	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 <b>Part VI</b> the role played by the organization in this regard	3b	ونكرين و	7. 12. 1 2. 12. 1

Pa	rt.V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on	Nov 20, 1970 (explain in ust complete Sections A	Part VI) <b>See</b> 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)	No.		透透透透
a	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)	27		
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	是的思想的思	
2	Enter 85% of line 1	2	医结合 经通过 "我只	
3	Minimum asset amount for prior year (from Section B, line 8 Column A)	3	<b>[13] [13] [13] [13]</b>	
_ 4	Enter greater of line 2 or line 3	4	於國際的語彙的	
5	Income tax imposed in prior year	5	<b>自然,张为数,从次</b>	······
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	TO BETT	
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	egrate	d Type III supporting orga	anization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)						
Section D — Distributions			Current Year					
1 Amounts paid to supported organizations to accomplish exempt p	urposes							
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exempt purposes of s	supported organizations							
4 Amounts paid to acquire exempt-use assets								
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 organiza in Part VI) See instructions	tion is responsive (provide	details						
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019					
1 Distributable amount for 2019 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI) See instructions								
3 Excess distributions carryover, if any, to 2019								
a From 2014	, .		• • • • • • • • • • • • • • • • • • • •					
<b>b</b> From 2015	· .		• ,					
<b>c</b> From 2016			,					
<b>d</b> From 2017	1		·					
e From 2018	,	<b>1</b>						
f Total of lines 3a through e		•	-					
g Applied to underdistributions of prior years								
h Applied to 2019 distributable amount								
Carryover from 2014 not applied (see instructions)		,						
j Remainder Subtract lines 3g 3h, and 3i from 3f								
4 Distributions for 2019 from Section D. line 7 \$	,							
a Applied to underdistributions of prior years	•							
<b>b</b> Applied to 2019 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.								
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7 Excess distributions carryover to 2020. Add lines 3j and 4c		·						
8 Breakdown of line 7	, .							
a Excess from 2015	, , ,							
b Fxcess from 2016		4						
c Excess from 2017	, 0							
d Excess from 2018	1	~						

BAA

e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

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.

OMB No 1545 0047 Open to Public inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	THE FOUNDATION FOR THE UNI	VERSITY OF THE		66 0405065
_ ==	VIRGIN ISLANDS, INC.	A 1 : 15 1 6 1	6: 11 E 1	66-0425865
Ŗāi	Complete if the organization ans	or Advised Funds or Other wered 'Yes' on Form 990,	r <b>Similar Funds oi</b> Part IV, line 6.	r Accounts.
	-	(a) Donor advised fu	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the a organization's exclusive legal co	ssets held in donor ad ontrol?	Ivised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefi impermissible private benefit?			
Păr	rt II 및 Conservation Easements.			
	Complete if the organization ans	wered 'Yes' on Form 990,	Part IV, line 7	
1		,	<u>···</u> *	
	Preservation of land for public use (for exam	ple, recreation or education)	<u> </u>	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contrib	oution in the form of a c	conservation easement on the
	last day of the tax year			Held at the End of the Tax Year
2	a Total number of conservation easements		2	a
ŀ	b Total acreage restricted by conservation ease	ments	<u> </u>	b
	Number of conservation easements on a certi			c
	d Number of conservation easements included i		· · · —	
·	structure listed in the National Register	ii (c) acquired after 1723/00, and		d
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or	terminated by the organ	nization during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemer		inspection, handling o	of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, to	inspecting, handling of violations, a	nd enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring inspe	ecting, handling of violations and e	nforcing conservation ea	asements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requ	irements of section 17	70(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements			
Pár	till: Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical Tr	easures, or Other Part IV. line 8.	r Similar Assets.
٠,			<del></del>	d and belong the first of the
ıa	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education	i, or research in furthe	
b	of the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	r FASB ASC 958, to report in its or public exhibition, education, or re	revenue statement an search in furtherance o	nd balance sheet works of art, f public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		▶\$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, h amounts required to be reported under FASB		assets for financial gair	n, provide the following
а	Revenue included on Form 990, Part VIII, line	1		▶\$
b	Assets included in Form 990, Part X			▶\$

Partill Organizations Mainta	ining Collection	s of Art, Histo	rical Treasures, o	or Other Similar As	sets (contin	iued)
Using the organization's acquisition items (check all that apply)	, accession, and othe	r records, check an	y of the following that	make significant use of its	collection	
a Public exhibition		<b>d</b> Loan o	r exchange program			
<b>b</b> Scholarly research		e Other		<del></del>		
c Preservation for future gener	rations					
4 Provide a description of the organiz Part XIII	ation's collections an	d explain how they	further the organization	n's exempt purpose in		
5 During the year, did the organizato be sold to raise funds rather to	han to be maintaine	d as part of the or	ganızatıon's collectio	n <sup>2</sup>	Yes	No
Rartiva Escrow and Custodia line 9, or reported an	amount on Form	990, Part X, I	ine 21		)rm 990, Pa	art (∨,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or ot	her intermediary f	or contributions or ot	her assets not included	Yes	XNo
${f b}$ If 'Yes,' explain the arrangement	in Part XIII and con	nplete the followin	g table			
					Amount	
<b>c</b> Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		<u>0.</u>
2 a Did the organization include an a				•	X Yes	∐ No
<b>b</b> If 'Yes,' explain the arrangement				ied on Part XIII		X
		EE PART XIII		000 D 10/1		
Part V Endowment Funds. C		Τ -				
1 - Pagungag of year halages	(a) Current year	(b) Prior year	(c) Two years ba		(e) Four yea	
1 a Beginning of year balance	13,885,796.	12,156,19				
<b>b</b> Contributions	1,607,984.	1,387,84	1. 791,94	166,350	. 290	<u>,</u> 896.
<ul> <li>Net investment earnings, gains, and losses</li> </ul>	1,122,242.	566,20	6. 1,125,16	52. 1,242,365	. 980	,040.
d Grants or scholarships	1,035,444.	181,83	519,52	23. 25,619	. 426	,020.
<ul> <li>Other expenditures for facilities and programs</li> </ul>	294.	1,78	6. 108,46	58. 113,369		
f Administrative expenses	49,264.	40,82	8. 33,24	16. 28,895	. 25	,317.
<b>g</b> End of year balance	15,531,020.	13,885,79	6. 12,156,19	98. 10,900,331	. 9,659	,498.
2 Provide the estimated percentage	e of the current year	end balance (line	1g, column (a)) held	d as		
a Board designated or quasi-endowm	ent ►	%				
<b>b</b> Permanent endowment	100.00%					
c Term endowment ►	%					
The percentages on lines 2a 2b ar	nd 2c should equal 10	0%				
3a Are there endowment funds not in t	he possession of the o	organization that are	e held and administere	d for the		_
organization by	р				Yes	No
(i) Unrelated organizations					3a(ı)	X
(ii) Related organizations					3a(II)	Х
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ted organizations lis	ted as required or	Schedule R?		3b	
4 Describe in Part XIII the intended	I uses of the organiz	ation's endowmer	it funds			
Part VII Land, Buildings, and						
Complete if the organi	zation answered	'Yes' on Form	990, Part IV, lin	e 11a See Form 99	0, Part X, I	ıne 10
Description of property		t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land			113,000.		113	,000.
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
e Other		-				
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	rm 990, Part X, co	lumn (B), line 10c)	<b>•</b>	113	,000.
BAA				Sched	ule D (Form 99	

Part VII* Investments - Other Securities. Complete if the organization answered	'Yes' on Form 99	N/A 0. Part IV. line 11b. See Form	n 990. Part X. line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			<del></del>
(A)			<del></del>
(B)			·
(C)			
(D)			
(E)	· · · · · · · · · · · · · · · · · · ·		-
(F)			
(G)			
(H)			
(1)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		, ,	<u> </u>
Part VIII Investments – Program Related. Complete if the organization answered	'Vos' on Form 000	N/A	000 Part V June 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	
	(b) Dook value	(c) Method of Valuation Cost of el	id-or-year market value
(1) (2)			<del></del>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			<u>-</u> -
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			
Part IX Other Assets.	N/A		
Complete if the organization answered  (a) Desi		J, Part IV, line 11d See Form	(b) Book value
(1)	Entrion		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B,	) (no. 15.)		<b>•</b>
Part X Other Liabilities.	, mie 13 )		
Complete if the organization answered 'Yes' on Fo	rm 990, Part IV, line 11	le or 11f See Form 990, Part X, line 2	5
1. (a) Descrip	otion of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)		- <del></del>	
(4)			
(5) (6)			<del></del>
(7)	<del></del>		<del></del>
(8)			-
(9)			
(10)			
(11)			<u> </u>
Total (Column (b) must equal Form 990, Part X, column (B) line 25)			<b>&gt;</b>
2. Liability for uncertain tax positions in Part XIII, provide the text of the foot	note to the organization's fir	nancial statements that reports the organization	's liability for uncertain
tax positions under FASB ASC 740 Check here if the text of the footnote has t	een provided in Part XIII		

Schedule D (	Form 990)	2019	THE	FOUNDATION	FOR	THE	UNIVERSITY	OF	THE
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concess of ( com see) to see and to to the contract	OIII OL IIIL	00 0423003	, age -
PartiXI■ Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return. N/A	
Complete if the organization answered 'Yes' on Form			
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	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d	<del></del>	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	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b	<del></del>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, II	ne 12)	5	
RartiXIII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a	a .	
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		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c	2.5	
d Other (Describe in Part XIII )	2 d		
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		200	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 42 and 4b		Ac	

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 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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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) 2019

# SCHEDULE I (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,

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.

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OMB No 1545 0047

Employer identification number

Employer identification number 66-0425865		X Yes No	answered 'Yes' on ce is needed	(g) Description of (h) Purpose of grant noncesh assistance or assistance	EDUCATIONAL										
		or assistance, and SEE PART TV	Complete if the organization answered 'Yes' on se duplicated if additional space is needed	(f) Method of valuation (fook, FMV, appraisal not other)											_
		the grants or assistance, the grantees' eligibility for the grants or assistance, and se of grant funds in the United States	ernments. Compler	(e) Amount of non cash assistance	0										
THE		assistance, the grantees	izations and Domestic Governments. eceived more than \$5,000 Part II can	(d) Amount of cash grant	3,419,578										
ITY OF	ance	I <u>↓</u> ~	Organizations t that received r	(c) IRC section (if applicable)									į		
N FOR THE UNI S, INC.	rants and Assist	to substantiate the amne grants or assistant occurres for monitorin	nce to Domestic for any recipient	(b) EIN	66-0432514										
Name of the organization THE FOUNDATION FOR THE UNIVERSITY VIRGIN ISLANDS, INC.	Partily General Information on Grants and Assistance	<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul>	140	(a) Name and address of organization or government	(1) UNIVERSITY OF THE V I #2_JOHN BREWER'S BAY ST _ THOMAS, VI 00802		(3)	(4)	(5)	(9)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( <i>i</i> )		(8)	

Schedule I (Form 990) (2019)

TEEA3901L 07/10/19

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

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Schedule I (Form 990) (2019) THE FOUNDATION FOR THE UNIVERSITY OF THE

Parilly 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

(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
2					
8					
4					
r					
9					
7					
Partive 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	er 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

ARE CONSISTENT WITH THEIR INTENDED PURPOSE

Schedule I (Form 990) (2019)

### 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.

2019

OMB No 1545 0047

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 REVIEWED 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.