Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

	For t	ne Zuus calen	dar year,	or tax year beginning	, 2009, and ending	g	,		
В		it applicable: idress change	Please use IRS label	c UNIVERSITY OF EDINBURGH	IISA DEVELOPMENT	1 '	/er Identifica 180205	tion Number 7	
	₩.	•	or print or type,	TRUST, INC.	OSA DEVELOPMENT		one number	<i>t</i>	
	Na Na	ame change	or type, See	29 EAST 22ND ST APT 12S		.			
	In	itial return	specific Instruc-	NEW YORK, NY 10010		646	-824-6	509	
	Te	rmination	tions,	TIEM TOTAL, NI TOUTO					
	Ar	nended return				G Gross r	eceipts \$	505,6	26.
	Ar	plication pending	F Name a	and address of principal officer: $MR.~KENI$ (CHI SHOJI	H(a) Is this a group retur	n for affiliate	s? Yes	XΝο
	` L	, , ,	SAME A	AS C ABOVE		H(b) Are all affiliates inc		Yes	No
<u> </u>	Tav	-exempt statu	Acceptance of the second	· predicts	47(a)(1) or 527	If 'No,' altach a list.	(see instruct	ions)	
· J		bsite: > N/		(6) (3)) (113611110.)] 143	············	H(c) Group exemption n			
K		of organization:	X Corpora	ation Trust Association Other	L Year of Formati			domicile: VA	
	irt I			ation Trust Association Other	L Year of Pormati	on: LOGO [W.:	state of legal	domicile; VA	
I C	1	Summ:	bo the ore	ganization's mission or most significant	activities THE MICCI	TON OF THE C	י מטממטי	TTON TO	EO.
Ü				VANCE, BOTH IN THE UNITE					"תַעַּ
ם				RPOSES OF THE UNIVERSITY	OL ENTINGUE TO	CATEU LIVED.	MRNKG		
er				ED_KINGDOM					
ő,	2	Check this bo	ох >	if the organization discontinued its oper	rations or disposed of moi	re than 25% of its	1 - 1		,-
જ	3	Number of vo	oting mem	nbers of the governing body (Part VI, lin	e Ia)		3 4		6
es	ı			nt voting members of the governing bod			5		6
š				yees (Part V, line 2a)			6		0
Activities & Governance				ousiness revenue from Part VIII, column			7a	•	0.
•		-		s taxable income from Form 990-T, line			7b		0.
	<u> </u>	inet uniteratet	1 1002111622	taxable income itom i on 1990-1, line	34,,,,,		7 5		
	_				Prior Year	100	Current Yea		
<u>e</u>			_	nts (Part VIII, line 1h)		:08.	488,9	139.	
Revenue				ue (Part VIII, line 2g)					
Zev				art VIII, column (A), lines 3, 4, and 7d).			89.	-3,2	.79.
ъ.				III, column (A), lines 5, 6d, 8c, 9c, 10c,					
				nes 8 through 11 (must equal Part VIII,				485,6	
				ounts paid (Part IX, column (A), lines 1			03.	729,3	60.
	14	Benefits paid	to or for	members (Part IX, column (A), line 4).					
_{ss}	15	Salaries, othe	er comper	nsation, employee benefits (Part IX, col	umn (A), fines 5-10)				
13e	16 a	Professional	fundraisin	ng fees (Part IX, column (A), line 11e)					
Expenses	ь	Total fundrais	sing exper	nses (Part IX, column (D), line 25) ►					
ш				X, column (A), lines 11a-11d, 11f-24f).		24,1	62.	17,0	38.
				nes 13-17 (must equal Part IX, column				746,3	
				s. Subtract line 18 from line 12	* *			-260,7	
ъ <u>ё</u>						Beginning of Y		End of Year	
	20	Total accete i	(Part Y lin	ne 16)		1,197,7		1,574,3	
Ass				line 26)			12.	 	500.
Net Assets Fund Baland			•	•		·		•	
	22 rt		rund bala	ances. Subtract line 21 from line 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,189,5	00.1	1,566,8	<u>UJ.</u>
I a	J L 31						······································		
		Under penaltie true, correct, a	s of perjury, nd complete.	I declare that I have examined this return, including a Declaration of preparer (other than officer) is based	accompanying schedules and state on all information of which prepar	ements, and to the best over the best of the contract of the c	ł my knowlec	fge and belief, it is	
Sig	ın	>							
Hei	re	Signature	of officer			Date			
		▶							
		Type or pr	int name and	l title.	0.0.0.11.01.11.11.11.11.11.11.11.11.11.1	and the same transfer the same transfer to the same			•
	ware		-		Date	Check if	Prepar	er's identifying nun structions)	nber
Pai	d		10	\propto () 1		self- employed	Case III	structions)	
Pre		Preparer's signature	$\blacktriangleright I(A$	attacle_	10/18/10	1	DUU.	396373	
	er's		" IEDI	ERER, LEVINE & ASSOCIATES			14 00.		
Ųs		Firm's name (c			الساد		2-2770	n 4 0	
On	ly	employed), address, and		9 WALL ST WEST SUITE 280			2-3778		
	11. 25	ZIP + 4		DHURST, NJ 07071		Phone no.	(201)	933-3780	
viay	tne II	to discuss th	is return v	with the preparer shown above? (see in	structions)		∤≯	Yes	No

 4d Other program services. (Describe in Schedule O.)

 (Expenses \$ including grants of \$) (Revenue \$)

 4e Total program service expenses ► 729, 360.

UNIVERSITY OF EDINBURGH USA DEVELOPMENT 52-1802057 Page 3 Form 990 (2009) Part IV Checklist of Required Schedules Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A.... Is the organization required to complete Schedule B, Schedule of Contributors?..... 2 Χ 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete 4 X Schedule C, Part II. Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Χ 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' R Χ complete Schedule D, Part III. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV..... 9 Χ Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In Yes, complete Schedule D, Part V..... 10 Χ Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or Х 11 X as applicable...... Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 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. Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... • 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? If 'Yes,' complete Schedule D, Part X........... Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII..... 12 X 12A Was the organization included in consolidated, independent audited financial statement for the tax Yes No 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E............ 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I......... 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II..... 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III...... Χ 16

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Х

Χ

X

Χ

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......

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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.

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.....

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u> X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		Х
	Schedule J	23		
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
1	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		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 1	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27		27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	A The Control of the		, , , , , , , , , , , , , , , , , , ,
;	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	:	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Pa	art V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 0	Approximation of the control of the	The second secon	A Second
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			A Company
	c Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	rs and reportable gaming	Эc	Section 2 Control of C	The second secon
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	2a 0			100 0 000 000 000 000 000 000 000 000 0
2	b If at least one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret	urn. (see instructions)	11 (\$1000 m²) 11 (\$1000 m²)	11/10/11/11	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	ar covered by	3a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fi	or other authority over, a inancial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country: ►				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.	Foreign Bank and	The second secon		7 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5 a		Х
	${f b}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	tity Regarding Prohibited	5с		
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?	nd did the organization	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such condeductible?		6ь		
	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p provided to the payor?	,	7a	20 July 1 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?		7ε		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d ns on a personal			
	benefit contract?		7e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7f		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as i		7g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For	·	7h		
ŏ	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ave excess business	8		A COMMENT OF THE PROPERTY OF T
9	Sponsoring organizations maintaining donor advised funds.			1,11,11,11	.,,
	a Did the organization make any taxable distributions under section 4966?	,	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1	No. 2012		7
	a Initiation fees and capital contributions included on Part VIII, line 12	10a	Pre- In-		A
	, , , , , , , , , , , , , , , , , , , ,	10b	Andrew States		Accessor and a second
	Section 501(c)(12) organizations. Enter:	ı	A shall not be seen to		Parties of the control of the contro
	a Gross income from other members or shareholders	11a	The second secon		Walland Control
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	The second secon		
12	a Section 4947(aV1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 10/12	122		

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12b

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Se</u>	ction A. Governing Body and Management							
			Yes	No				
	a Enter the number of voting members of the governing body	A						
	b Enter the number of voting members that are independent	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	- Comment of many	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х				
	Did the organization make any significant changes to its organizational documents	4		Χ				
	since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	*****	X				
6	Does the organization have members or stockholders?	6		Х				
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	a The governing body?	8a	X					
	b Each committee with authority to act on behalf of the governing body?	86	Х					
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х				
	ction B. Policies (This Section B requests information about policies not required by the Interna	1						
Rev	renue Code.)	—						
10	Describe and in the last of th	10.	Yes	No X				
	a Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>				
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b						
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	20.41571				
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		37					
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X					
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSEESCHEDULE.O	12 c	Х					
	Does the organization have a written whistleblower policy?	13	Х					
	Does the organization have a written document retention and destruction policy?	14	Χ					
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?	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1,				
	a The organization's CEO, Executive Director, or top management official	15a		<u>X</u>				
ı	b Other officers of key employees of the organization	15 b		X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	Access of the control	Add Assets					
16:	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	The second secon	Х				
I	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	76b	The state of the s					
Sec	ction C. Disclosures							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vailabl	e for	public				
	Own website X Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public. SEE SCHEDULE O	icy, ar	nd fina	ncial				
	State the name, physical address, and telephone number of the person who possesses the books and records of the org KENICHI SHOJI 29 EAST 22ND ST APT 12S NEW YORK NY 10010 646-824-6509	anizati	on:					

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c)			,	(D)	(E)	(F)		
Name and Title	Average hours per week		_	check	all t	hat app		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other
	per week	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
		ual to	onal		ρίογε	t com	-			and related organizations
		stee	truste		ä	pensa				
			в			ted				
DR. ARMEANE CHOKSI DIRECTOR	,	х						0.	0.	0.
DR. ROUALEYN FENTON-MAY	1	Λ					 	U.	0.	<u> </u>
PRESIDENT	1	х		х				0.	0.	0.
DR. EDWIN J. FEULNER										· · · · · · · · · · · · · · · · · · ·
VICE PRESIDENT	1	X		Χ				0.	0.	0.
MR. KENICHI SHOJI TREASURER	_	v		Х				0.	0.	0.
MR. SIMON FENNELL	2	Х		Λ				U.	U.	<u> </u>
DIRECTOR	1	х						0.	0.	0.
MR. WILLIAM WEBB										
DIRECTOR	1	X			`			0.	0.	0,
MS. LIESL ELDER SECRETARY	1			Х				0.	o.	0.
SECRETARI				Λ.				V.	0.	<u> </u>
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•									** ***	
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										PACE TANDAL TO SERVICE AND SER

Part VII Section A. Officers, Directors, Trus	tees, r	(ey	En	ıplo	ye	es,	an	d Highest Con	npensated Er	nployees (cont.)
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week			-	т :::		1	compensation from	Reportable compensation fror related organization (W-2/1099-MISC)	Estimated m amount of other ns compensation
	nours per week	dividu	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
		to to	onal t		ploye	com				and related organizations
		stee	ruste		itò	ensa				
			10			ted				
COLOR STATE OF THE										
						_				
	:									
									The state of the s	
		:								
1 b Total.							>	0.		0.
2 Total number of individuals (including but not limited from the organization ► 0	d to thos	se lis	sted	abo	ove)	wh	о ге	ceived more than	\$100,000 in rep	ortable compensation
from the organization										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	ee, k	кеу к	emp	loye	ee, o	or hi	ghest compensate	ed employee	
										3 X
4 For any individual listed on line 1a, is the sum of repetition the organization and related organizations greater the individual.	nan \$15	0,00	0? /	if 'Y	es	com	plet	e Schedule J for s	such	4 X
5 Did any person listed on line 1a receive or accrue co										
rendered to the organization? If 'Yes,' complete Sch	edule J	for	suci	h pe	rso	n			********	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inder	end	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization.										
(A) Name and business address	5							(B) Description o	of Services	(C) Compensation
2 Total number of independent contractors (including	hist not	limit	ed t	o th	iose	list	ed s	bove) who receive	ed more than	
\$100,000 in compensation from the organization			JU I	ا 11 س.		nol	-u 6		aa mara man S	

Page 9

Fra a	art VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 488,939				
S S	g Noncash contribns included in Ins 1a-1f:\$	A 188 830	A TABLE OF THE PARTY OF T	A Control of the Cont	1
	h Total. Add lines 1a-1f	▶ 488,939.	A second		
PROGRAM SERVICE REVENUE	2a	The state of the s	The state of the s		
AM	e				
309	f All other program service revenue				
4	g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest and other similar amounts)	► 301.			301.
	5 Royalties			Commence of the commence of th	
	6a Gross Rents				
	c Rental income or (loss)	1		A STATE OF THE STA	
	d Net rental income or (loss)	>			
	7a Gross amount from sales of (i) Securities (ii) Other	The second secon		1	y made and a second property of the second pr
	assets other than inventory. 16,386. b Less: cost or other basis		A Company of the Comp	The state of the s	
	and sales expenses 19, 966.	1 the second sec	The state of the s		1 (1000) (100 pt 100 pt
	c Gain or (loss)3, 580.	-3,580.	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-3,580.
ш	d Net gain or (loss)	-3,380.		1	-3,300.
OTHER REVENU	(not including. \$				Secretary of the control of the cont
6	b Less: direct expenses	squeenqqq xare, cequipocolones, con		The state of principle of the state of the s	1986
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses	A second			And the state of t
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods soldb	A second	The state of the s		200 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ļ	c Net income or (loss) from sales of inventory	Charles Annual Control Control			IN SOLVE ON THE SOLVE OF THE SO
-	Miscellaneous Revenue Business Code	Company (April 1997) 1 Configuration (April 1997)	A property of the control of the con	Address and describing and single-service of Fallock Windows With the service of	
	11a b				
	d All other revenue				
	e Total. Add lines 11a-11d	>			
	12 Total revenue. See instructions	▶ 485,660.	0.	0.	-3,279.

Form 990 (2009)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	olete column (A) but are			
	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 governments and organizations in the U.S. See Part IV, line 21	e e			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	729,360.	729,360.		
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees)				
	· · · · · · · · · · · · · · · · · · ·				
	a Management				
	Legal				
	Accounting	12,749.		12,749.	
	d Lobbying				
	Prof fundraising svcs. See Part IV, In 17		The state of the s		
	Investment management fees				
	g Other	563.		563.	
	Advertising and promotion	000.			
13	Office expenses.	1,309.		1,309.	***************************************
	F	1,309.		1,303.	
14	Information technology		·		
15	Royalties				
16	Occupancy				
17 18	Travel. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
		1 010		1 010	
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).	1,019.		1,019.	
	MISCELLANEOUS	1,359.		1,359.	
ŀ	POSTAGE AND SHIPPING	39.		39.	
((
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	746,398.	729,360.	17,038.	0.
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	, 1	,	, === -	
DAA					Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year (B) End of year Cash -- non-interest-bearing..... 1 48,355 2 87,580. 2 Savings and temporary cash investments...... Pledges and grants receivable, net..... 943,191. 1,268,919. 3 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L............... 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.. 6 7 Notes and loans receivable, net..... Inventories for sale or use..... 8 1,019. 9 Prepaid expenses and deferred charges..... 9 10a Land, buildings, and equipment: cost or other basis. | 10a Complete Part VI of Schedule D 10 c 206,015. 216,785. 11 Investments — publicly-traded securities..... 11 12 Investments — other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11...... 13 14 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 151 15 Total assets. Add lines 1 through 15 (must equal line 34).... 1,197,712. 1,574,303. 16 8,212. 7,500. Accounts payable and accrued expenses...... 17 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D........... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II LITIES 22 of Schedule L..... 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties..... 24 25 Other liabilities. Complete Part X of Schedule D..... 25 26 Total liabilities. Add lines 17 through 25..... 8,212. 7,500. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. ASSET 5 Unrestricted net assets..... 246,309 27 310,279. 28 Temporarily restricted net assets..... 943,191. 28 1,256,524. Permanently restricted net assets..... 29 e R Organizations that do not follow SFAS 117, check here
and complete FUND lines 30 through 34. 30 Capital stock or trust principal, or current funds...... 30 BALANCES 31 31 32 Retained earnings, endowment, accumulated income, or other funds...... 32 1,189,500. 1,566,803. Total net assets or fund balances..... 33 1,197,712. 34 1,574,303. Total liabilities and net assets/fund balances...... BAA Form 990 (2009)

TEEA0111L 01/30/10

Financial Statements and Reporting Yes No X Accrual Other Cash 1 Accounting method used to prepare the Form 990: 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?..... 2b Х b Were the organization's financial statements audited by an independent accountant?..... c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.... 2 c Х If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Х 3a 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..... 3b

BAA Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

UNIVERSITY OF EDINBURGH USA DEVELOPMENT

Employer identification number 52-1802057

		TRUS	T, INC.						52-1	802057	7	
Par	t I	Reason for Pu	ıblic Charity Statu	ıs (All organizations	must o	comple	ete this	part.)	See i	nstruct	ions	
The o	orga	nization is not a pr	ivate foundation becau	use it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1		A church, convent	ion of churches or ass	ociation of churches desc	cribed in	sectio	n 170(b)	(1)(A)(i)	١.			
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule I	Ξ.)							
3		A hospital or coop	erative hospital servic	e organization described	in secti	on 170(b)(1)(A)((iii).				
4		A medical research	h organization operate	ed in conjunction with a h	ospital (describe	ed in se d	ction 17	0(b)(1)(A	4)(iii) . Er	iter the hos	spital's
		name, city, and sta	ate:									
5		170(b)(1)(A)(iv). (Complete Part II.)	of a college or university					rnmenta	l unit de:	scribed in s	section
6 7	X	An organization th	r local government or at normally receives a I)(A)(vi). (Complete P	governmental unit descri I substantial part of its su art II.)	bed in s ipport fr	om a go	1 70(b)(1) overnme)(A)(v). ntal uni	t or fron	n the ger	neral public	: described
8	Ш	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	II.)						
9	An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organization or	ganized and operated	exclusively to test for pu	ıblic safe	ety. See	section	1 509(a)	(4).			
11		An organization or more publicly supp describes the type	ganized and operated ported organizations of of supporting organia	exclusively for the benet described in section 509(a zation and complete lines	fit of, to a)(1) or s 11e thi	perform section rough 1	i the fur 509(a)(2 1h.	ctions (2). See	of, or ca section	rry out th 509(a)(3	ne purpose:). Check ti	s of one or ne box that
		a Type I	b ∏Type II	c Type III						d	Type III-	
е		By checking this bethan foundation ma 509(a)(2).	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	ed direc upportec	tly or in d organi	directly zations	by one describ	or more ed in se	disqualiction 509	fied perso (a)(1) or s	ns other ection
f		If the organization check this box	received a written det	ermination from the IRS	that is a	а Туре I	, Type I	or Typ	e III sup	porting o	organizatio	n,
g		Since August 17, 2	2006, has the organiza	tion accepted any gift or	r contrib	ution fr	om any	of the f	ollowing	persons	?	
												Yes No
		(i) a person who below, the or	o directly or indirectly overning body of the s	controls, either alone or tupported organization?	together	with pe	rsons d	escribe	d in (ii) i	and (iii)	11 g (i)	
		-		ribed in (i) above?								
				described in (i) or (ii) al								
h				he supported organization							L	
	(i)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(i) listed gove	Is the ion in col. I in your erning ment?	(v) Did y the organ col. your st	ou notify lization in (i) of upport?	(vi) I organizat (i) organi U.:	s the ion in col. zed in the 5.?	(vii) Amoun	of Support
					Yes	No	Yes	No	Yes	No		
												
						·		·				
			J. J									
										A CONTRACTOR OF THE STATE OF TH		

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

Schedule A (Form 990 or 990-EZ) 2009

UNIVERSITY OF EDINBURGH USA DEVELOPMENT 52-1802057 Schedule A (Form 990 or 990-EZ) 2009 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... 1,108,312. 1,185,119. 1,926,638 488,939 5,596,751. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf...... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. 1,108,312. 1,185,119. 1,926,638 488,939 5,596, 751 Total. Add lines 1-through 3... 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)... 2,843,711. Public support. Subtract line 5 2,753,040. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 887,743 108,312 185,119 488,939 596,751. 926,638 7 Amounts from line 4...... Gross income from interest, dividends, payments received on securities loans, rents. royalties and income form 301 14,111 20,805 14,906 16,021 66,144. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on...,... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)..... 0. Total support. Add lines 7 through 10 5,662,895. 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage 48.6% 46.5% 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization......

Sec	(Complete only if you che tion A. Public Support						
	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Totai
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')			1 7			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support (Subtract fine	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		A Company of the Comp		
	7c from line 6.)			A Section of the Control of the Cont	A second control of the second control of th	10 00 10 10 10 10 10 10 10 10 10 10 10 1	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
	Total support. (add Ins 9, 10c, 11, and 12.)		The second secon	A STATE OF THE STA		100 101 100 101 101 101 101 101 101 101	
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, seco	and, third, fourth,	or fifth tax year a	s a section 501(c)(3) ▶ □
Sect	ion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20			ine 13. column (f)	\	15	%
	Public support percentage from						%
	ion D. Computation of Inv		-				,,
					ımn (f))	17	%
Sect	Investment income percentage f			, ,, ,,		· · · · · · · · · · · · · · · · · · ·	/ <u>"</u> .
Sect 17	Investment income percentage f	•	. ,	∍ 17			%
Sect 17 18	Investment income percentage f Investment income percentage f 33-1/3 support tests — 2009. If the more than 33-1/3%, check this b	irom 2008 Schedu organization did not	le A, Part III, line check the box on	line 14, and line 15	is more than 33-1/3	3%, and line 17 is not	% ► □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions....

Schedule /	A (Form	990 or 1	990-EZ	2009	UNIV	ERSIT	Y OF	EDIN	IBURGH	USA	DEVEI	LOPMEN'	T 5	32-180	2057		Page 4
Part IV	Supp	lemen	tal Inf	ormat	ion. Co	omplet	e this	part t	o provi	de the	explai	nations	requi	red by I	Part II,	line 10);
	Part I	I, line	17a o	r 17b;	and P	art III,	line 1	2. Pro	vide a	ny oth	er addi	tional in	ntorm	ation. S	ee ins	truction	ıs.
												·					
												·					
																	
			. — — —														
																_	
												 .					
																	_

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF EDINBURGH USA DEVELOPMENT

Employer Identification number

	IVERSITI OF EDINBURGH USA DEVI	CLOTMENT	52-1802057
		r Advised Funds or Other Similar Fun	<u> </u>
	the organization answered 'Yes'	o Form 990, Part IV, line 6.	
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		**************************************
3	Aggregate grants from (during year)		
_			
4	Aggregate value at end of year		
	funds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	Yes No
	purpose conferring impermissible private ben	ors, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or for efit??.	Yes No
Pai	t II Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	y the organization (check all that apply).	
	Preservation of land for public use (e.g.,	recreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organizat last day of the tax year.	on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Year
ā	Total number of conservation easements		2a
Ŀ	Total acreage restricted by conservation ease	ments	2b
(Number of conservation easements on a cert	fied historic structure included in (a)	2c
		in (c) acquired after 8/17/06	
		transferred, released, extinguished, or termina	
_	vear ►	,	, ,
4	Number of states where property subject to co	onservation easement is located >	
			— ndling of violations
Þ	and enforcement of the conservation easeme	garding the periodic monitoring, inspection, hant it holds?	Yes No
6	Staff and volunteer hours devoted to monitoriduring the year ►	ng, inspecting, and enforcing conservation eas	ements
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation easemer	nts \$
	during the year ►		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No
9	conservation easements.	s conservation easements in its revenue and experto the organization's financial statements that o	
Par	TIII Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statem	r SFAS 116, not to report in its revenue statem lic exhibition, education, or research in furthers ents that describes these items.	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
b	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, to report in its revenue statement lic exhibition, education, or research in furthers	and balance sheet works of art, historical ance of public service, provide the following
		, line 1	⊳ \$
		· 	
2	If the organization received or held works of a amounts required to be reported under SFAS	irt, historical treasures, or other similar assets	for financial gain, provide the following
a	Revenues included in Form 990. Part VIII. line	• 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		.,,,,,,	

Schedule D (Form 990) 2009 UNIVE Part II Organizations Maintai						r Othei	52-1802 r Similar Asse			Page 2 ed)
Using the organization's acquisition items (check all that apply):										
a Public exhibition			d Loan o	or excl	nange programs					
b Scholarly research			e Other							
c Preservation for future genera	ations									
4 Provide a description of the organ		ections a	and explain how	v they	further the organ	nization's	s exempt purpos	e in		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or ather than to	receive of	donations of art	t, histo of the	orical treasures, o organization's co	or other Hection?	similar	Yes		No
Part IV Escrow and Custodial								0, Pa	rt IV,	line
9, or reported an amou	<u>unt on Forr</u>	n 990,	Part X, line	21.						
1a Is the organization an agent, trus included on Form 990, Part X?						ner asse	ts not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV a	ind comp	lete the following	ng tab	le:					
								Amount	t	
c Beginning balance					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	С			
d Additions during the year						1	d			
e Distributions during the year						1	е			
f Ending balance							f			
2a Did the organization include an a							· · · · · · · · · · · · · · · · · · ·	Yes	Ī	No
b If 'Yes,' explain the arrangement		.,, .,, .	2,77,						L.,	
Part V Endowment Funds Cor		rganiza	tion answere	Y' he	es' to Form 99	n Par	t IV line 10			
Training Endownies it I died Col	(a) Current		(b) Prior year		(c) Two years bac) Three years back	(e) [Four year:	s hack
To Designation of ware helease	1		(b) Files year		(c) two years bac	V (7)) Tiffee years back	(0)	our your.	J DUCK
1 a Beginning of year balance				13	A constant of company of the Assembly of the Constant of the C	(A. 2000)	The second secon			/
b Contributions					Charles San		The second secon			
c Net Investment earnings, gains, and losses					Control Cont			**************************************		A STATE OF THE STA
d Grants or scholarships					A Company of the Comp					
e Other expenditures for facilities and programs					A Commission of the Commission				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A SAN TAN TAN TAN TAN TAN TAN TAN TAN TAN T
f Administrative expenses				1000	And the second s		7	The state of the s		1000000 1000 1000 1000 1000 1000 1000
g End of year balance				100	And the second s		The state of the s	20-10-10-10-10-10-10-10-10-10-10-10-10-10	A Company of the second of the	
2 Provide the estimated percentage		end balar	nce held as:							
a Board designated or quasi-endow	-									
b Permanent endowment ►										
c Term endowment										
3a Are there endowment funds not in		sion of th	e organization	that a	re held and admi	inistered	l for the	Г		
organization by:									Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		····
b If 'Yes' to 3a(ii), are the related o	rganizations	listed as	required on Sc	chedule	∍ R?			3ь		
4 Describe in Part XIV the intended	uses of the	organiza	tion's endowme	ent fun	ids.					
Part VI Investments-Land, Bu	uildings, a	nd Equ	i <mark>pment.</mark> See	Forr	n 990, Part X	, line 1	0.			
Description of investment		(a) Cost (inv	or other basis estment)		Cost or other asis (other)	(c) A De	ccumulated preciation	(d) E	Book Va	alue
1a Land	, , , , , , , , , , ,					(The Lagrange	A CONTROL OF THE CONT			
b Buildings	[
c Leasehold improvements	ŀ				-					
d Equipment										
e Other	1									·····
Total. Add lines 1a through 1e (Column		ual Form	1990 Part Y 5	olumn	(B) line 10(c))		.			0.
RAA	i (u) illusi e <u>q</u>	uar villi	י איני, ו מונא, כ	JIUI (III)	(D), mic 10(b).j.			ule D (F	orm 99	0) 2009

TEEA3302L 02/02/10

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

SEE PART XIV

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	. 100200	, age 4
1 Total revenue (Form 990, Part VIII, column (A), line 12)		485,660.
2 Total expenses (Form 990, Part IX, column (A), line 25).		746,398.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		-260,738.
	1	30,471.
		30,471.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV).	ļ	20 471
9 Total adjustments (net). Add lines 4 through 8		30,471.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-230,267.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	.,	516,131.
1 Total revenue, gains, and other support per audited financial statements	1	310,131.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	The state of the s	
a Net unrealized gains on investments	The Control of the Co	
b Donated services and use of facilities	The state of the s	
c Recoveries of prior year grants	To a service of the s	
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	30,471.
3 Subtract line 2e from line 1	3	485,660.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Investments expenses not included on Form 990, Part VIII, tine 7b		
b Other (Describe in Part XIV)	TO THE STATE OF TH	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	485,660.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
1 Total expenses and losses per audited financial statements	1	746,398.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	1.55.55.	
c Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.	3	746,398.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	N	
a Investments expenses not included on Form 990, Part VIII, line 7b	Comment of the commen	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b.	4c	
	5	746,398.
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	1 3 1	740,370.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV ine 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this panformation. PART X - FIN 48 FOOTNOTE	, lines 1b an	id 2b; Part V, e any additional
UEUDT'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN TA	X POSITI	ONS WHEN
A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF AN	Y VIOLAT	ION OF
ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF A	NY EXPOS	URE TO
UNRELATED BUSINESS INCOME TAX.		

Schedule D (Form 990) 2009	UNIVERSITY OF	EDINBURGH USA	DEVELOPMENT	52-1802	.057 Page 5
Part XIV Supplementa	i information (cont	inuea)			
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization				Employer identif	ication number
UNIVERSITY OF EDINBURGH USA DEVELOPMENT 52-1802057 Part General Information on Activities Outside the United States. Complete if the organization answ					
Part I General Informat to Form 990, Par	ion on Activiti t IV, line 14b.	es Outside the	e United States. Complet	e if the organizatio	n answered 'Yes'
 For grantmakers. Does the grantees' eligibility for the 	e organization ma grants or assistar	intain records to s nce, and the selec	substantiate the amount of the ction criteria used to award the	grants or assistance, the grants or assistance?	ne 🔀 Yes 🔲 No
2 For grantmakers. Describe	e in Part IV the or	ganization's proce	edures for monitoring the use o	of grant funds outside th	e United States.
3 Activities per Region. (Use	Schedule F-1 (Fo	orm 990) if additio	onal space is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	0	0	PROGRAM SERVICES	GRANTS TO THE	729,360.
				UNIVERSITY OF	
				EDINBURGH	
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Totals	0	n			729 360

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

Schedule F (Form 990) (2009)

52-1802057

UNIVERSITY OF EDINBURGH USA DEVELOPMENT Schedule F (Form 990) 2009

,	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other
The state of the s			EUROPE	TO FUND	729,360.	CHECK / WIRE			
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Section 1 - Sectio		1							
of Marian Control of C	Activities of the control of the con								
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and the state of t		1	77,7		THE				
2 Ente	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	ons listed above that a tion 501(c)(3) equiva	ire recognized as cha lency letter	rities by the foreig	gn country, recognize	ed as tax-exempt by	the IRS, or for which	ch the)
3 Ent	Enter total number of other organizations or entities	ons or entities			***************************************			A	
BAA								Schedule F	Schedule F (Form 990) 200

52-1802057

Page 3

UNIVERSITY OF EDINBURGH USA DEVELOPMENT

Schedule F (Form 990) 2009

| Partill | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Schedule F (Form 990) 2009	UNIVERSITY	OF EDINBURGH USA	DEVELOPMENT	52-1802057	Page 4
Part IV Supplemental		r : 1: B. ()	Pro Control and a second distance	-1 : f	
Complete this par	t to provide the into	rmation required in Part I	, line 2, and any addition	ai information.	
PART I, LINE 2 - GR	ANTMAKERS E	XPLANATION FOR	GRANTS OUTSIDE L	J <u>S</u>	
THE_ORGANIZATIO	N'S PURPOSE	IS TO SUPPORT THE	E UNIVERSITY OF	EDINBURGH	
				-	
					
					
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

- OMIARVOILL OF EDIMONOU COV DEAFFOLMENT	Employer identification number 52-1802057
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
A DRAFT WAS SUBMITTED TO THE BOARD FOR REVIEW AND COMMENT AND A	PPROVED_FOR
SUBMISSION.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	ENT OF CONFLICTS
POTENTIAL CONFLICTS ARE TO BE DISCLOSED AT MEETING WHEN THE 990	IS TO BE REVIEWED.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
AVAILABLE BY CONTACTING TREASURER.	
<u></u>	
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Schedule O (Form 990) 2009	Page 2
Name of the organization UNIVERSITY OF EDINBURGH USA DEVELOPMENT TRUST, INC.	Employer identification number 52-1802057
	·
	.
	

Form 8868	(Rev 4-2009)		Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	/ Part II and check	this box
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previou	sly filed Form 8868.
	re filing for an Automatic 3-Month Extension, complete only Part I (on page		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies needed).
	Name of Exempt Organization		Employer identification number
Type or print	UNIVERSITY OF EDINBURGH USA DEVELOPMENT TRUST, INC.		52-1802057
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.		For IRS use only
extended due date for filing the return, See	LEDERER, LEVINE & ASSOCIATES LLC 1099 WALL ST WEST SUITE 280		
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	LYNDHURST, NJ 07071		A L'INITETATION DE L'ANDIENT DE
Form 99 Form 99 Form 99 STOP! Do r The boo Telepho If the or If this is whole group members th I requ For ca If this State	Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) Not complete Part II if you were not already granted an automatic 3-month exits are in care of. KENICHI SHOJI The No. G46-824-6509 FAX No. The ganization does not have an office or place of business in the United States, as for a Group Return, enter the organization's four digit Group Exemption Number, check this box In the extension is for. The section 401(a) or 408(a) trust) Form 990-T (section 401(a) or 408(a) trust)	check this box	Form 8870 ously filed Form 8868.
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta fundable credits. See instructions		8a\$
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable c ents made. Include any prior year overpayment allowed as a credit and any a orm 8868.	redits and estimate	ed tax
c Balan	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	r, if required, depos	sit
Under penalties correct, and cor	Signature and Verification of perjury, I declare that I have examined this form, including accompanying schedules and statements in plete, and that I am authorized to prepare this form.		nowledge and belief, it is true,
Signature 🟲	Title 🟲		Date ►