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Department of the Treasury Internal Revenue Service

## **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)

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

OMB No 1545-0047

2008

Open to Public Inspection

		2008 ca pplicable		C Name of organization	g 07-01-2008 and ending 06-3	30-2009		D Employer ide	entification number	
Address change use IRS DBA THE LOOMIS CHAFFEE SCHOOL								06-0653119		
┌ Nar	ne cha	nge	label or print or	Doing Business As				E Telephone n	umber	
┌ Initi	al retu	rn	type. See Specific	Number and street (or B	O box if mail is not delivered to stree	at addrace)	L Poom/suite	(860) 687-		
Ten	minatio	on	Instruc- tions.	BATCHELDER ROAD	o box ii maii is not delivered to stree	et address)	Room, suite	G Gross receip	<b>ts</b> \$ 73,070,386	
_ Ame	ended i	return		City or town, state or co	untry, and ZIP + 4					
_		n pending		WINDSOR, CT 06095						
			F Nar	ne and address of Prin	cinal Officer	ı	W/=\	<u> </u>		
			CHRIS	TOPHER WEJCHERT	cipai o meei		affiliat (a)	s a group returr :es?	TYes ▼No	
				CHELDER ROAD SOR,CT 06095						
Tax	k-exem	npt status		() (3) <b>◄</b> (insert no )	4947(a)(1) or			affiliates includ	ed? Yes No See instructions)	
	eb sit	e: ► WW	W LOOMI:	 S O R G				o, attach a list o Exemption Nu		
							. ,			
<b>К</b> Туре	e of org	ganızatıon	Corporat	tion trust association	other 🟲		<b>L</b> Year of For	mation 1874 M	State of legal domicile CT	
Pai	11 1		•	. ,						
<b>a</b> 1	1				on or most significant activities DES 9-12) BOYS AND GIRLS I		PDING AN	D D	I FORMAT FOR THE	
≧				LLEGE PREPARATION	•	N A BOA	KDING AN	D DAT SCHOO	LIORMATION THE	
Governance										
9.66			,		continued its operations or disp					
			_	_	ing body (Part VI, line 1a) .			_	23	
Activities &				_	of the governing body (Part VI,	line 1b)		-	23	
Ě				mployees (Part V, line					354 448	
្ន				·	ecessary)	(C)		_	152,123	
•		_			rom Form 990-T, line 34		•	78 <sub>-</sub> 7b	-142,220	
						<u> </u>	Prio	r Year	Current Year	
	8	Contrib	butions an	d grants (Part VIII, lın	e 1h)			8,003,713	5,473,358	
nue	9				e 2g)			25,166,579	26,811,619	
Rayer	10	Invest	ment inco	me (Part VIII, column			11,016,304	-5,981,303		
ď	11	Other	revenue (P	art VIII, column (A), l	ines 5, 6d, 8c, 9c, 10c, and 11	e)		342,824	321,521	
	12	Total r 12)	evenue—a	dd lines 8 through 11 (	(must equal Part VIII, column (	(A), line		44,529,420	26,625,195	
	13		and simila	ar amounts paid (Part I	X, column (A), lines 1-3)			5,398,549	6,010,055	
	14	Benefit	ts paid to d	or for members (Part I)	(, column (A), line 4)				0	
<b>(</b> 6)	15	Salarıe	es, other co	ompensation, employed	e benefits (Part IX, column (A),	lines 5–				
Expenses		10)				16,350,232	17,175,593			
<u>₹</u>	16a			draising fees (Part IX, o			0			
五	17	•	-	penses, Part IX, column (D)	,		16 100 110	17 200 062		
	17 18		•		nes 11a–11d, 11f–24f) t equal Part IX, line 25, columr	n (Δ ))		16,109,110 37,857,891	17,388,063 40,573,711	
	19			penses Subtract line 1		' (~ //		6,671,529	-13,948,516	
<u>አ</u> ያ							Beginni	ng of Year	End of Year	
ත් දිය කිසි	20	Totala	assets (Pa	rt X, line 16)				312,316,708	285,352,985	
Ass Ba	21		•	Part X, line 26)				63,770,158	84,359,497	
Net Assets or Fund Balances	22			nd balances Subtract I	ine 21 from line 20			248,546,550	200,993,488	
	t II		ature Bl					,,		
		Under pe	enalties of pe	erjury, I declare that I have	examined this return, including accom					
Dian		1.		correct, and complete Decl	aration of preparer (other than officer)	ıs based o	1		rer has any knowledge	
Plea Sign		**** Sig na	*** ature of office	er			2010- Date	05-17		
Here		[ ]		EJCHERT CFO						
			or print nam							
		Preparer'	's <b>L</b>		Date		eck ıf	Preparer's PTIN	(See Gen Inst )	
Paid		signature				self em	f- polyed 🕨 🦵			
Prepa	arer's		me (or your	s L BLUM SHAPIRO & COM	IPANY PC CPA'S		•	ETAL &		
Use C	Only		nployed), and ZIP + 4	29 S MAIN STREET PO	BOX 272000			EIN Þ		
		,		WEST HARTFORD, CT				Phone no • (8	360) 561-4000	
Mav t	he IR	S discus	s this retu		own above? (See instructions)			·	✓ Yes  No	

# Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization	's mission						
	EDUCATION OF HIGH SCHOOL ( PLACEMENT	GRADES 9-12) BOYS AND GII	RLS IN A BOARDING AND DAY SCH	HOOL FORMAT FOR THE PURPOSE OF CO	OLLEGE PREPARATION AND			
2			ogram services during the y	year which were not listed on	F., F.,			
	the prior Form 990 or 99				☐ Yes ☑ No			
3	If "Yes," describe these r		ie O ignificant changes in how it	conducts any program				
,	services? If "Yes," describe these of			· · · · · · · ·	┌ Yes ┌ No			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported							
4a	(Code EDUCATION OF HIGH SCHOO PLACEMENT	, , ,	5,816,849 including grants of \$ BOYS IN A BOARDING AND DAY S	6,010,055 ) (Revenue \$ SCHOOL FORMAT FOR THE PURPOSE OF	26,811,619 ) COLLEGE PREPARATION AND			
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)			
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)			
4d	O ther program services (Expenses \$	•	O ) grants of \$	) (Revenue \$	)			
4e	Total program service e	xpenses \$ 35	5,816,849 Must equal Pari	t IX, Line 25, column (B).				

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	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		
6	Did the organization maintain any donor advised funds or any 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, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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	Yes	
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		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 103			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
_				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
D	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country BD , CJ			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
<b>6</b> -	Tax Shelter Transaction?	5c 6a		N.o.
6a 	Did the organization solicit any contributions that were not tax deductible?	оа		No
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			<b>.</b>
_	file Form 8282?	7c		No
u	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?			_ <del></del>
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

Yes

11

Νo

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" respor	nse to lines 2-7 below	. and for a "No" res	sponse to lines 8 or	9b below describe	the circum.

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circui	mstances,			
1a	Enter the number of voting members of the governing body	1a		23			
b	Enter the number of voting members that are independent	1b		23			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•	•	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						No
4	Did the organization make any significant changes to its organizational documents s filed? $$ .	ince 1	the prior Form	1990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?						Νo
6	Does the organization have members or stockholders?				6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				7a		No
b	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .						No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	ndertaken dui	ing the			
а	the governing body?				8a	Yes	
b	each committee with authority to act on behalf of the governing body?				8Ь	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or			. ,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was the organization uses to review the		_		10	Yes	

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 . . . . . .

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
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?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website. I upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CHRISTOPHER WEJCHERT 4 BATCHELDER RD WINDSOR,CT 06095 (860) 687-6226

## 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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

(A) Name and Title  (B) A verage hours per week  (B) A verage hours per week  (B) A verage hours per week  (C) Reportable compensation from the organization (W-2/1099MISC)  (C) Reportable compensation from related organizations (W-2/1099MISC)  (W-2/1099MISC)	am co org	Estima nount o ompens from f ganizat relat organiza	f other sation :he on and ed				
	$\pm$						
1b Total	0		330,264				
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►5							
		Yes	No				
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		v					
4 For any individual listed online 1a, is the sum of reportable compensation and other compensation from the	3	Yes					
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		v					
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services	4	Yes					
rendered to the organization? If "Yes," complete Schedule I for such person	5		No				
Section B. Independent Contractors							
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization							
(A) (B) Name and business address Description of services		(C Compe					
	丰	-					
	$\equiv$						

Page **9** 

Part Stat

					(A)	(B)	(C)	(D)
					Total Revenue	Related or	Unrelated	Revenue
						Exempt	Business	Excluded from Tax under IRC
						Function Revenue	Revenue	512, 513, or 514
	1a	Federated can	npaigns 1a			Revende		312,313,31314
22.22								
Contributions, gifts, grants and other similar amounts	ь	Membership d	ues					
ಕ್ರಿಶ	С	Fundraising ev	vents					
ઝં≣		r unuruising ev	1c					
無無	d	Related organ	ızatıons1d					
<u>∵</u> ≅	e	Government gran	nts (contributions) 1e					
<u>₹</u> .≱		_						
美古	f	All other contribut	tions, gifts, grants, and not included above	5,473,358				
è€			1f					
ŧĕ	g	Noncash cont	rıbutıons ıncluded ın					
ဥမ		lines 1a-1f \$	637,485					
•	h	Total (Add lin	es 1a-1f)		5,473,358			
				Business Code				
gu .	_	T						
2	2a	TUITION AND FEE	ES	900,099	26,689,089	26,689,089		
e e	b	STUDENT ACTIVE	TIES	900,099	122,530	122,530		
Œ	С							
3	d							
2	u							
ဇ	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
Ö								
Δ	g		es 2a-2f					
		<b>&gt;</b> \$ 26,811,61						
	3	Investment ın	come (including divid	dends, interest				
		other sımılar a	amounts)	,	-1,055,389		39,902	-1,095,291
	4 Income from investment of tax-exempt bo							
	4	income from inve	estment of tax-exempt bo	ond proceeds				
	5	Royalties .						
		,	(ı) Real	(II) Personal				
	c-	Curre Deute	(I) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income						
	_	or (loss)						
	d	Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	40,986,851	(,				
		from sales of						
		assets other than inventory						
	ь	Less cost or	45,912,765					
		other basis and sales expenses						
	С	Gain or (loss)	-4,925,914					
	d	Net gaın or (lo	) (S.S.)		-4,925,914	-4,925,914		
	_			. ▶				
	8a		from fundraising					
		events (not ın						
άs		\$						
ž			ns reported on line					
ট		1c) See Part	IV , line 18 <i>le G if total exceeds</i>					
يَقِ			a					
Other Revenue								
Ъе Ре	ь		xpensesb	_				
5	С	Net income or	(loss) from fundraisi	ng events				
_	9a	Gross income	from gaming					
			part IV, line 19					
		Complete Sche						
		exceeds \$15,00						
			а					
	ь	Less directe	xpensesb					
	С	Net income or	· (loss) from gaming a					
				<b>P</b>				
	10a		finventory, less					
		returns and al						
			а	741,726				
	Ь	Less cost of	-	532,426				
	С	Net income or	(loss) from sales of	inventory	209,300			209,300
		Miscellaneou	is Revenue	Business Code				
	11a	SUMMER PRO	) GRAMS	721,210	67,912		67,912	
	ь	ICE RINK		721,210	44,309		44,309	
		ICL KINK		-,	-,		-,	
	С							
	d	All other reve	nue					
	e		es 11a-11d					
			<b> · · ·</b>	\$ 112,221				
	12	Total Revenue	<b>a.</b> Add lines 1h, 2g, 3		26,625,195	21,885,705	152,123	-885,991
		8c,		. , , ,				

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				i.
	not include amounts reported on lines 6b, 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		·		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	6,010,055	6,010,055		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	495,000	310,000	185,000	
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	13,005,176	11,921,515		840,761
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,702,887	2,525,274	59,906	117,707
10	Payroll taxes	972,530	875,478	32,734	64,318
11	Fees for services (non-employees)				
а	Management				
b	Legal	36,267		36,267	
c	Accounting	32,000		32,000	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	214,488	150,142	45,042	19,304
14	Information technology				
15	Royalties				
16	Occupancy	4,089,058	2,862,341	858,702	368,015
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	3,453,798	3,453,798		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,957,470	2,484,275	473,195	
23	Insurance	207,086		207,086	
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)				
а	FOOD SERVICES	1,977,786	1,977,786		
ь	INSTRUCTIONAL	918,956	918,956		
c	GENERAL INSTITUTIONAL	822,379	575,665	172,700	74,014
d	GENERAL ADMINISTRATIVE	770,595	539,415	161,827	69,353
e	DEVELOPMENT	696,031			696,031
f	All other expenses	1,212,149	1,212,149		· ·
25	Total functional expenses. Add lines 1 through 24f	40,573,711	35,816,849	2,507,359	2,249,503
26	Joint Costs. Check 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	, ,	,,- :	, ,,,,,,	, -,

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				2,376,902	1	3,406,319
	2	Savings and temporary cash investments				531,058	2	2,421,482
	3	Pledges and grants receivable, net				12,350,598	3	8,867,502
	4	Accounts receivable, net				971,280	4	969,371
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			loyees or		5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II of	section	1 49!			6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use			•	139,024	8	131,593
22	9	Prepaid expenses and deferred charges				78,065	9	82,174
ssets	10a	Land, buildings, and equipment cost basis	1	ı	400 040 404			
⋖			10a		128,612,404			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		39,365,912	70,852,417	10c	89,246,492
	11	Investments—publicly traded securities		٠.		12,167,676		36,828,461
	12	Investments—other securities See Part IV, line 11 Complete Schedule D	Part VI.	I of		211,731,215		142,169,216
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	Part VI	II			13	
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	•			1,118,473	15	1,230,375
	16	Total assets. Add lines 1 through 15 (must equal line 34)				312,316,708		285.352.985
	17	Accounts payable and accrued expenses .				5,298,176	17	6,312,491
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities				53,589,632	20	73,744,529
eS.	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ę		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	s .				23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				4,882,350	25	4,302,477
	26	Total liabilities. Add lines 17 through 25				63,770,158	26	84,359,497
es –		Organizations that follow SFAS 117, check here ► 🔽 and comthrough 29, and lines 33 and 34.	plete l	ines	27			
3nc	27	Unrestricted net assets				97,522,863	27	94,340,009
Balance	28	Temporarily restricted net assets				88,756,036		42,705,190
Ē.	29	Permanently restricted net assets				62,267,651	29	63,948,289
r Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	nd con	nplet	e			
S Of	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
200	32	Retained earnings, endowment, accumulated income, or other f		-	-		32	
Net /	33	Total net assets or fund balances				248,546,550	33	200,993,488
Ž	34	Total liabilities and net assets/fund balances				312,316,708		285,352,985
	l <sup></sup>					, ,		,
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

OMB No 1545-0047

## SCHEDULE A Pu

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

2008

Open to Public Inspection

		INSTITUTE MIS CHAFFEE !	SCHOOL					0.6	-0653119	9		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please					moduce	.101137		
1	Ī			nurches, or association of ch					(A)(i).			
2	Ţ.	•		tion 170(b)(1)(A)(ii). (Attac				( - ) ( - ) (	,(-,-			
3	,			e hospital service organizati		•	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H )	
4	Ţ.	-	•	zation operated in conjuncti			-				•	
-	•		name, city, and	•					_, _(_,	(,(,-		
5	Г	•		or the benefit of a college or	universit	v owned o	roperated	l by a gove	ernmental	unit desc	ribed in	
-	'			(Complete Part II )		,		,				
6	Г			overnment or governmental	unit descr	ibed in <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	, T	-	-	ally receives a substantial p						n the gene	eral public	
•	'			o)(1)(A)(vi) (Complete Par		- чрроп п	J a go. c			9	p a b s	
8	Г		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Par	tII)					
9	Ē		•			•	-	ontribution	ıs. membe	rship fees	s. and aross	
	•	An organization that normally receives (1) more than 331/3% 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 331/3% of										
				estment income and unrelate	-				•			
			-	on after June 30, 1975 See			,			,		
10	Г	•		and operated exclusively to					•	ee instruc	tions )	
11	Ē	=	=	and operated exclusively fo	-		•				•	
		the box <u>t</u> ha	at describes the	orted organizations describe type of supporting organiza Type II <b>c</b>	tion and c	omplete li		hrough 11		_	<b>09(a)(3).</b> Check	
е	Γ	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	one or moi	re disquali	ified persons	
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (	described	ın sectior	n 509(a)(1) or	
_		section 50		d a western determination fro	+b a TDC	* +6-+ .+	n Tuna I	Tuna II a	. Tuna III			
f		check this		d a written determination fro	om the IRS	S that it is	a Type I,	Type II o	riypeiii	Supportin	ig organization,	
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u> </u>		•	
		following pe					_					
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)	<u> </u>	Yes No	
			· -	ng body of the the supported	_	tion?				11g	<del>``</del>	
		• •		erson described in (i) above						11g(	<del></del>	
				ty of a person described in (						11g(	····)	
h		Provide the	e following infor	mation about the organizatio	ns the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) ī	s the	(A) Did a	ou notify	(vi) I	s the	(vii) A mount of	
	• •	orted	(,	(described on lines 1- 9	l	ation in	`	nızatıon		ation in	support?	
	Organ	nization		above or IRC section		listed in		i) of your		rganızed		
				(See Instructions))	your go	_	supp	oort?	In the	US?		
					Yes	ment? <b>No</b>	Yes	No	Yes	No	1	
					162	140	163	140	162	140	<del> </del>	
								-		<del>                                     </del>		
							-	-	ļ	-		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
2	<u> </u>							
	·							
_						<del> </del>		
3								
1. Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add line 1-3 5. The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column () 6. Public Support 7. Amounts from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources 9. Net income from unrelated business a setuvities, whether or not the business is regularly carried on 10 10. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11. Total Support (Add lines 7 through 10) 12. Gross receipts from related activities, etc. (See instructions) 13. First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.  Computation of Public Support Percentage 4. Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 13. First Five Years. If the form 990 is for the organization of did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization medits the "facts and circumstances" test, check this box and stop here. The organization did not check the box on line 13, 16a, or 16b and line 14 is 10% organization meets the "facts and circumstances" test, check this box and stop here. The organization did not check a box on line 13, 16a, or 16b and line 14 is 10% organization medits the "fa								
5								
Calendar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge  The value of services or facilities furnished by a governmental unit to the organization without charge and the organization of publicly supported organization) included on line 1 that exceed 2% of the amounts shown on line 11, column (not of the organization) included on line 1 that exceed 2% of the amount shown on line 11, column (not organization) included on line 10, and line 10, column (not organization) included on line 10, and line 11, and line 14 is 33 l/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 l/3% or more, check this box and stop here. The organization did not check the box on line 13, 16a, or 16b and line 14 more, and 6the organization organization did not check the box on line 13, 16a, or 16b and line 14 more, and 6the organization organization did not check the box on line 13, 16a, or 16b and line 14 more, and 6the organization media the "facts and circumstances" test, check this box and stop here. Explain in Part								
	•							
6	Public Support subtract line 5 from line							
	•							
			1		T			
		(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8								
	, ,							
_								
9								
10								
10								
11	Total Support (Add lines 7 through 10)							
		(See instructio	ns )		•	12		
13	First Five Years If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
			mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
					,			<b>▶</b> □
b					15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a								
	· · · · · · · · · · · · · · · · · · ·		•					· —
								<b>►</b> □
Ь								
			•					_
4.0								n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

#### SCHEDULE D (Form 990)

,

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

	me of the organization E LOOMIS INSTITUTE		Employer ider	tification number
	A THE LOOMIS CHAFFEE SCHOOL		06-0653119	
Pā	rt I Organizations Maintaining Donor Ad			unts. Complete if the
	organization answered "Yes" to Form 99	T · · · · · · · · · · · · · · · · · · ·	(h) F	
1	Total number at end of year	(a) Donor advised funds	(D) Funas	and other accounts
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be	┌ Yes
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space	on or pleasure) Preservation of an Preservation of cer	rtified historic s	tructure
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ified conservation contribution in the form		
_				eld at the End of the Year
а	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easement	S	2b	
С	Number of conservation easements on a certified hi	istoric structure included in (a)	2c	
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	d by the organız	ation during
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and	┌ Yes ┌ No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)^{7}$	2 (d) above satisfy the requirements of sect	tion	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial	•	•
Pa i	<b>rt III</b> Organizations Maintaining Collectio Complete if the organization answered '		or Other Sim	ilar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtherance	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for j			

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2008

Organizations Maintaining Co	ollections of Art,	піѕт	OFI	cai ireasi	ares, or othe	· Oillina	A33C	ts (cc	ntinued)
Using the organization's accession and othe items (check all that apply)	r records, check any o	of the	foll	owing that a	re a sıgnıfıcant u	se of its co	llection		
Public exhibition		d	Γ	Loan or exc	hange programs				
Scholarly research		e	Г	Other					
Processivation for future generations									
	allostions and avalage	haw	+ h a .	. f					
Part XIV	onections and explain	now	tney	rurtner the	organization's ex	empt purpo	ose in		
, ,		,				ıılar	г,	/ ec	□ No
	<u> </u>					ered "Yes			,
					arnzacion anon	crea res	10 10		50,
Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other intermed	ıary f	or c	ontributions	or other assets I	not	Γ,	es (	Г No
If "Yes," explain why in Part XIV and comple	ete the following table								
							A mou	nt	
Beginning balance					1c				
Additions during the year					1d				
Distributions during the year					1e				
Ending balance					1f				
Did the organization include an amount on F	orm 990, Part X, line 2	21?					Γ,	es (	┌ No
If "Yes," explain the arrangement in Part XIV	/								
t V Endowment Funds. Complete	ıf the organization	ansv	vere	ed "Yes" to	Form 990, Par	t IV, line	10.		
	(a)Current Year	(b)	Prior	Year (c)T	wo Years Back (d)	Three Years E	Back (e)	Four Ye	ears Back
Beginning of year balance									
Contributions									
Investment earnings or losses	-39,519,656								
Grants or scholarships	2,435,575								
Other expenditures for facilities and programs	5,514,259								
Administrative expenses									
End of year balance	162,646,399								
Provide the estimated percentage of the year	r end balance held as								
Board designated or guasi-endowment	41 000 %								
22.222									
remirendowment F	ssion of the organizati	ion th	nat a	re held and	administered for	the			
organization by								Yes	No
(i) unrelated organizations							3a(i)		Νο
. ,							3a(ii)		No
	•						3b		
Describe in Part XIV the intended uses of th	ie organization's endo	wmer	nt fu						
VI Investments—Land, Building	s, and Equipment	<b>t.</b> Se				ı			
Description of investment	s, and Equipment		(a)	orm 990, P Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreci	ation	( <b>d)</b> Boo	ok value
	s, and Equipment		(a)	Cost or other	(b)Cost or other	(c) Depreci	ation	( <b>d)</b> Boo	ok value 437,687
Description of investment	s, and Equipment		(a)	Cost or other	(b)Cost or other basis (other)	1	ation	. ,	
Description of investment	s, and Equipment		(a)	Cost or other	(b)Cost or other basis (other) 437,687	1		. ,	437,687
Description of investment	s, and Equipment		(a)	Cost or other	(b)Cost or other basis (other) 437,687	31,65		6	437,687
Description of investment  and	s, and Equipment		(a)	Cost or other	( <b>b</b> )Cost or other basis (other)  437,687  101,570,676	31,69	52,643	6	437,687 9,918,033
	Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's c Part XIV  During the year, did the organization solicit assets to be sold to raise funds rather than  IV Trust, Escrow and Custodial Part IV, line 9, or reported an ar  Is the organization an agent, trustee, custod included on Form 990, Part X?  If "Yes," explain why in Part XIV and complete  Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on F  If "Yes," explain the arrangement in Part XIV  Endowment Funds. Complete  Beginning of year balance  Contributions  Investment earnings or losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage of the year  Board designated or quasi-endowment  Permanent endowment  Permanent endowment  Permanent endowment and snot in the posse organization by  (i) unrelated organizations  If "Yes" to 3a(II), are the related organization  If "Yes" to 3a(II), are the related organization  If "Yes" to 3a(III), are the related organization  If "Yes" to 3a(III), are the related organization	Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's collections and explain Part XIV  During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as picture. Part IV, line 9, or reported an amount on Form 990. Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?  If "Yes," explain why in Part XIV and complete the following table. Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line: If "Yes," explain the arrangement in Part XIV  If "Yes," explain the arrangement in Part XIV  VENDMENT Funds. Complete if the organization arrangement in Part XIV  Additions of year balance (a)Current Year 209,642,389  Contributions (473,500)  Investment earnings or losses (39,519,656)  Grants or scholarships (2,435,575)  Other expenditures for facilities (5,514,259)  and programs (41,000 %)  Permanent endowment (50,000 %)  Term endowment (50,000 %)  Term endowment (50,000 %)  Term endowment (50,000 %)  Are there endowment funds not in the possession of the organization by (1) unrelated organizations (10) unrelated organizations (11) related organizations (11) related organizations (11) related organizations (11) related organizations (12) is required to the related organizations (13) related organizations (14) unrelated organizations (15) related (1	Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how Part XIV  During the year, did the organization solicit or receive donations of art, assets to be sold to raise funds rather than to be maintained as part of Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part If "Yes," explain why in Part XIV and complete the following table  Beginning balance Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 212  If "Yes," explain the arrangement in Part XIV  Vendowment Funds. Complete if the organization answ (a)Current Year (b)I  Beginning of year balance (a)Current Year (b)I  Contributions (a)Current Year (b)I  Form expenditures for facilities (a)Current Year (b)I  Administrative expenses  End of year balance (b)Chercitics (a)Current Year (b)I  Administrative expenses  End of year balance (c)Chercitics (a)Current Year (b)I  Permanent endowment (c)Chercitics (a)Current Year (b)I  Administrative expenses  End of year balance (c)Chercitics (a)Chercitics (b)Chercitics (b)Che	Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's collections and explain how they Part XIV  During the year, did the organization solicit or receive donations of art, his assets to be sold to raise funds rather than to be maintained as part of the Part IV, line 9, or reported an amount on Form 990, Part X is the organization an agent, trustee, custodian or other intermediary for cincluded on Form 990, Part X?  If "Yes," explain why in Part XIV and complete the following table  Beginning balance  Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV  V Endowment Funds. Complete if the organization answere (a)Current Year (b)Pnor  Beginning of year balance.  Contributions.  473,500  Investment earnings or losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment  39 000 %  Permanent endowment  39 000 %  Term endowment  20 000 %  Are there endowment funds not in the possession of the organization that a organization by (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations listed as required on Sched	Public exhibition  Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's collections and explain how they further the Part XIV  During the year, did the organization solicit or receive donations of art, historical treas assets to be sold to raise funds rather than to be maintained as part of the organization assets to be sold to raise funds rather than to be maintained as part of the organization assets to be sold to raise funds rather than to be maintained as part of the organization assets to be sold to raise funds rather than to be maintained as part of the organization assets to the sold to raise funds rather than to be maintained as part of the organization assets to be sold to raise funds rather than to be maintained as part of the organization or part of the organization or part of the organization or part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions included on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions included on Form 990, Part X, line 21.  If "Yes," explain why in Part XIV and complete the following table  Beginning balance  Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV  The part of the organization answered "Yes" to a surface of the organization answered "Yes" to a surface of the organization answered "Yes" to a surface of the part of the organization answered "Yes" to a surface of the part of the organization answered "Yes" to a surface of the part of the organization answered "Yes" to a surface of the part of the organization that are held and organization by  During the year, did the organization of the organization that are held and organization by	teems (check all that apply)  Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's expart XIV  During the year, did the organization solicit or receive donations of art, historical treasures or other sim assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  In the organization and gent, trustee, custodian or other intermediary for contributions or other assets included on Form 990, Part X, line 21.  Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets included on Form 990, Part X?  If "Yes," explain why in Part XIV and complete the following table  Beginning balance  Additions during the year  In Distributions during the year  In United an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV  V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21?  Beginning of year balance  (a)Current Year  (b)Prior Year  (c)Two Years Back  (d)  Beginning of year balance  200,642,389  Contributions  473,500  Cher expenditures for facilities  300,642,389  Contributions  473,500  Cher expenditures for facilities  300,642,389  Contributions  41000 %  Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment  41000 %  Permanent endowment  39000 %  Term endowment  20000 %  Term en	tems (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purp. Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain why in Part XIV and complete the following table  Beginning balance  Additions during the year  Distributions during the year  Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV  V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line  (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Beginning of year balance  Contributions  (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Beginning of Year balance  Did the organization include an amount on Form 990, Part IV, line  (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Beginning of Year balance  Did (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Beginning of Year balance  Did (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Beginning of Years Back (d) Three Years Beginning of Years Back (d) Three Years Back (d) Three Years Beginning of Years Back (d) Three Years Back (d) Three Years Beginning of Years Back (d) Three Years Back	tems (check all that apply)  Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  IV Trust, Escrow and Custodial Arrangements, Complete if the organization answered "Yes" to Fo Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain why in Part XIV and complete the following table  Beginning balance  Additions during the year  Distributions during the year  Ending balance  12  If "Yes," explain the arrangement in Part XIV  V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance  (a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back (e)  Beginning of year balance  Contributions  473,500  Investment earnings or losses  Grants or scholarships  2,435,575  Other expenditures for facilities and programs  Administrative expenses  End of year balance  162,646,399  Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment  41 000 %  Permanent endowment  39 000 %  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  3a(i)  (iii) related organizations  3a(i)  17  18  Loan or exchange programs  A contribution or the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  3a(i)  3a(ii)  3a(ii)  3a(ii)	Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes sets to be sold to raise funds rather than to be maintained as part of the organization collection?  Yes 17 Trust, Escrow and Custodial Arrangements, Complete if the organization answered "Yes" to Form 91 Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X?  Yes 21 Tryes, "explain why in Part XIV and complete the following table and did in the organization include an amount on Form 990, Part X, line 21?  Yes 21 Tryes, "explain the arrangement in Part XIV and did in the organization include an amount on Form 990, Part X, line 21?  Yes 22 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance (a) (O) Prior Year (c) Prior Years Back (e) Prior Yes 20, 514, 259  Administrative expenses (a) (O) Prior Year (c) Prior Years Back (e) Prior Yes 20, 514, 259  Other expenditures for facilities (a) (Figure Years Back (e) Prior Yes 20, 514, 259  Other expenditures for facilities (a) (Figure Years Back (e) Prior Yes 20, 514, 259  Other expenditures for facilities (a) (Figure Years Back (e) Prior Yes 20, 514, 259  Other expenditures for facilities (a) (Figure Years Back (e) Prior Yes 20, 514, 259  Other expenditures for facilities (e) (Figure Yes 20, 514, 259  Other expenditures for facilities (e) (Figure Yes 20, 514, 259  Other expenditures for facilities (e) (Figure Yes 20, 514, 259  Other expenditures for facilities (e) (Figure Yes 20, 514, 259  Other expenditures for facilities (e) (Figu

Investments—Other Securities. See	FORM 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
inancial derivatives and other financial products		
losely-held equity interests		
Other EQUITY SECURITIES	22,540,526	
ther LIMITED PARTNERSHIP INTERESTS	101,434,735	
ther REAL ESTATE	349,000	
ther DEPOSITS HELD BY TRUSTEES	14,092,876	
ther SPLIT INTEREST A GREEMENTS	921,317	
ther BOND SECURITIES	2,830,762	
	, ,	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12 )	142,169,216	
art VIII Investments—Program Related. Sec	Form 990 Part X line 1	3
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lir		
(a) Descrip	ption	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	( <b>b</b> ) A mount	
	(b) Amount	
ederal Income Taxes		
DEF REVENUE & STUDENT DEPOSITS	2,933,295	
NNUITY PAYABLE	538,508	
GENCY FUNDS	33,209	
SSET RETIREMENT OBLIGATION	797,465	
NOTE THE PLENT OF BEIGHTION	7 3 7 ,4 0 3	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	4,302,477	

Par	<b>TEXIT</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemo	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,625,195
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,573,711
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-13,948,516
4	Net unrealized gains (losses) on investments	4	-33,347,150
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-257,396
9	Total adjustments (net) Add lines 4 - 8	9	-33,604,546
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-47,553,062
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	
1	Total revenue, gains, and other support per audited financial statements	. 1	-12,456,980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -6,267,45		
e	Add lines 2a through 2d	2e	-39,614,601
3	Subtract line <b>2e</b> from line <b>1</b>	3	27,157,621
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	<u> </u>	
c	Add lines 4a and 4b	4c	-532,426
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	26,625,195
	Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	35,096,082
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	-	
с	Losses reported on Form 990, Part IX, line 25	_	
d	Other (Describe in Part XIV)	<b>-</b>	522.424
e	Add lines 2a through 2d	2e	532,426
3	Subtract line 2e from line 1	3	34,563,656
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	<u>-</u>	
b	Other (Describe in Part XIV)	<b>⊣</b>	6 010 055
C E	Add lines <b>4a</b> and <b>4b</b>	4c 5	6,010,055
5	t XIV Supplemental Information	5	40,573,711

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS
Part XII, Line 2d - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 257396 FINANCIAL AID -6010055
Part XII, Line 4b - Other Adjustments		BOOKSTORE COGS -532426
Part XIII, Line 2d - Other Adjustments		BOOKSTORE COGS 532426
Part XIII, Line 4b - Other Adjustments		FINANCIAL AID 6010055

**Employer identification number** 

### OMB No. 1545-004

OMB No 1545-0047

2008

Open to Public Inspection

## SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

THE LOOMIS INSTITUTE

Name of the organization

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

DBA THE LOOMIS CHAFFEE SCHOOL 06-0653119 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes POLICY IS DESCRIBED IN SCHOOL REGISTRATION MATERIALS Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493137020220

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

DBA THE LOOMIS CHAFFEE S						06-0653119	
Part I General Inform	<u>mation on Gra</u>	nts and Assistance	<u> </u>				
<ul><li>Does the organization ma the selection criteria use</li><li>Describe in Part IV the o</li></ul>	d to award the gra	nts or assistance?					▽ Yes □
Form 990, Part I Part IV and Sch	IV, line 21 for a edule I-1 if addi	ny recipient that rece itional space is		00. Check this box	tes. Complete if the oif no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<ul><li>Enter total number of sec organizations</li><li>Enter total number of others</li></ul>							•

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, P	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FINANCIAL AID	82		6,010,055	FMV	REDUCTION IN TUITION

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 FINANCIAL AID IS PROVIDED VIA A REDUCTION IN TUITION

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137020220

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations

ternal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
THE LOOMIS INSTITUTE
DBA THE LOOMIS CHAFFEE SCHOOL

Employer identification number 06-0653119

Pa	irt I Que	stions Regarding Compensation	n				
						Yes	Νo
la				ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First cla	ass or charter travel	굣	Housing allowance or residence for personal use			
	Travel f	or companions	$\vdash$	Payments for business use of personal residence			
	Tax ide	mnıficatıon and gross-up payments	$\Gamma$	Health or social club dues or initiation fees			
	Discret	ionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		checked, did the organization follow a wi all the expenses described above? If "N		olicy regarding payment or reimbursement or nplete Part III to explain	1b	Yes	
2	Did the orga	nization require substantiation prior to r	eımburs	sing or allowing expenses incurred by all			
	officers, dire	ectors, trustees, and the CEO/Executive	Direct	or, regarding the items checked in line 1a?	2	Yes	
3		ich, if any, of the following the organization's CEO/Executive Director Check all th					
	_	nsation committee		Written employment contract			
		ndent compensation consultant	<u> </u>	Compensation survey or study			
	Form 99	90 of other organizations	<u>~</u>	Approval by the board or compensation committee			
1	During the y	ear, did any person listed in Form 990, l	Part VI	I, Section A, line 1a			
а	Receive a se	everance payment or change of control p	ayment	t?	4a		Νo
b	Participate i	ın, or receive payment from, a suppleme	ntal non	nqualified retirement plan?	4b	Yes	
c	Participate i	in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to a	any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) a	nd 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	•	listed in form 990, Part VII, Section A, on contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organiza	ation?			5a		Νo
b	Any related	organization?			5b		Νo
	If "Yes," to	line 5a or 5b, describe in Part III					
5		listed in form 990, Part VII, Section A, on contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organiza	ation?			6a		Νo
b	Any related	organization?			6b		Νo
	If "Yes," to	line 6a or 6b, describe in Part III					
7	•	listed in form 990, Part VII, Section A , ot described in lines 5 and 6? If "Yes," o		, did the organization provide any non-fixed e in Part III	7		Νo
3		nounts reported in Form 990, Part VII, p ne initial contract exception described in		accured pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describe	8	Yes	

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred compensation	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive (m) other		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
SHEILA CULBERT	(1) (11)	170,000				68,900	238,900	
CHRISTOPHER V WEJCHERT	(I)	175,500				46,900	222,400	
AARON HESS	(I) (II)	134,426				20,174	154,600	
RUSSELL WEIGEL	(1) (11)	315,494	820,142			176,090	1,311,726	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	THE HEAD OF SCHOOL IS REQUIRED TO LIVE ON CAMPUS AS A CONDITION OF EMPLOYMENT
		SHEILA CULBERT, HEAD OF SCHOOL, PARTICIPATES IN A 457(F) PLAN NO AMOUNTS WERE AWARDED DURING THE YEAR RUSSELL WEIGEL, FORMER HEAD OF SCHOOL, PARTICPATED IN A 457(F) PLAN HE RECEIVED PAYMENT OF THE DEFERRED COMPENSATION BALANCE OF \$820,142 DURING CALENDAR YEAR 2008
		THE COMPENSATION FOR SHEILA CULBERT, HEAD OF SCHOOL, WAS PAID PURSUANT TO A CONTRACT THAT WAS SUBJECT TO THE INTITIAL CONTRACT EXCEPTION

DLN: 93493137020220

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

## **Supplemental Information on Tax Exempt Bonds**

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

**Inspection** Employer identification number

	LOOMIS INSTITUTE THE LOOMIS CHAFFEE SCHOOL									06-0653	119			
	rt I Bond Issues (Required	f for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Description of Purpose		(g) Defeased		<b>(h)</b> O n Behalf of Issuer		
											Yes	No	Yes	No
A	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	06-0806186	207742GF8	06-28-	1990	7,	000,000	SERIES A - STUDENT C ASBESTOS	ENTERAN	ID		x		x
В	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10-25-	2001	11,	155,000	SERIES E - SERIES B	REFINANC	CING OF		х		х
с	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10-15-	2005	34,	135,000	SERIES F - REFINANCING PART OF SERIES C AND ALL SERIES D				x		х
D	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	06-0806186		07-22-	2008	22,	745,000	SERIES G - REFINANCING SERIES C, NEW ROOFS, IT				×		х
Pa	rt III Proceeds (Optional for	2008)	1	•	'			'			•			
	T. 15				4		В	-	<u> </u>	D			E	
1	Total Proceeds of Issue  Gross Proceeds in Reserve Funds													
2														
3	Proceeds in Refunding or Defeasa  Other Unspent Proceeds	TICE ESCIONS												
4	Issuance Costs from Proceeds													
5 6	Working Capital Expenditures from	n Proceeds												
<del>"</del>	Capital Expenditures from Procee													
8	Year of Substantial Completion													
<u> </u>	·			Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding iss	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of proceeds been made?													
12	Does the organization maintain action final allocation of proceeds?	dequate books and rec	ords to support the											
Par	t III Private Business Use	(Optional for 2008)	)						l				<b>'</b>	
						+	В		<u> </u>	D			E	
_	Was the organization a partner in	a nartnerskin or a mo	mher of an IIC	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	was the organization a partner in which owned property financed by		iniber of all LLC,											
2	Are there any lease arrangements which may result in private busine		nanced property											
For F	Paperwork Reduction Act Notice, see th	e Instructions for Form	n 990.			Cat No 50:	193E			Scl	nedule K	(Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		В		C		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α		В		<u>c</u>	D		ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493137020220

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#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization THE LOOMIS INSTITUTE DBA THE LOOMIS CHAFFEE SCHOOL Employer identification number

06-0653119

Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> ) Method of de reven	etermı	nıng	
1	Art-Works of art	аррпсавіе		19				
	Art—Historical treasures .							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	29	649 301	FAIR VALUE			
	Securities—Closely held stock			313,301	TAIR VALUE			
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received	l by the ora	anization during the tax vea	or for contributions for				
	which the organization complete Acknowledgement	d Form 828			29			
							Yes	No
30a	During the year, did the organization bold for at							
	least three years from the date		contribution, and which is	not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangem					24	\	
31	Does the organization have a gif	tacceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
b	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			
							I	

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Third Party Use Part I, Line 32b THE SCHOOL USES THIRD PARTIES TO PROCESS AND SELL NONCASH STOCK CONTRIBUTIONS

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DLN: 93493137020220

OMB No 1545-0047

2008

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## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

\* Attach to Form 990. To be completed by organizations to provide additional information for

Name of the organization THE LOOMIS INSTITUTE DBA THE LOOMIS CHAFFEE SCHOOL Employer identification number

06-0653119

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ORGANIZED AS NOT FOR PROFIT CORPORATION WITH MEMBERS WHO HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		TRUSTEES AND MANAGEMENT REVIEW THE PREPARED FORM PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ALL SENIOR ADMINISTRATORS AND TRUSTEES ARE REQUIRED TO DISCLOSE AND SIGN CONFLICT OF INTEREST AGREEMENT ANNUALLY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE BOARD OF TRUSTEES AND EXECUTIVE COMMITTEE MEMBERS MEET ANNUALLY TO REVIEW HEAD OF SCHOOL'S SALARY THROUGH THE USE OF COMPARABLE DATA AND OTHER SOURCES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS OF THE ORGANIZATION ARE NOT AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

#### DLN: 93493137020220

2008

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Internal Revenue Service Name of the organization THE LOOMIS INSTITUTE

► See separate instructions.

DBA THE LOOMIS CHAFFEE SCHOOL				06-0653119	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizati	ons				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	( <b>E</b> ) Public charity stat (if section 501(c)(	tus Direct controlling entity
		0 1 11 5010			

Part III Identification of					· 	1	I	1		1		
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary act	tivity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	( <b>G</b> ) Share of end-of- year assets	(H Disproj alloca	ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	parti	ral o agıng ner?
								Yes	No		Yes	No
Part IV Identification of	Related Org	anizations	Taxable	as a Corporation	or Trust			•				
(A)				(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total incom	e	Sha end-c	re of Perc	( <b>H)</b> entage nership	
ADC CORPORATION 4 BATCHELDER ROAD WINDSOR, CT06095 06-0986152		REAL ESTATE RENTAL		СТ		С	29,8	)4		341,858 100	000 %	

(6)

Part V	Transactions w	ith Related	Organizations
	II alibactions ii	itti ittiatta	OI guille a tions

РŒ	Part V Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	/?		
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b		No
c	c Gift, grant, or capital contribution from other organization(s)	1c		No
d	d Loans or loan guarantees to or for other organization(s)	1d		No
e	e Loans or loan guarantees by other organization(s)	1e		No
f	f Sale of assets to other organization(s)	1f		No
g	g Purchase of assets from other organization(s)	19		No
h	h Exchange of assets	1h		No
i	i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k	k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	I Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	m Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n	n Sharing of paid employees	1n		No
0	• Reimbursement paid to other organization for expenses	10		No
р	p Reimbursement paid by other organization for expenses	1p		No
q	q Other transfer of cash or property to other organization(s)	<b>1</b> q		No
r	r Other transfer of cash or property from other organization(s)	1r		No
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship	os and transaction thresholds		
	(A)	(C)		
	Name of other organization(s)  Transaction type(a-r)	Amount Involved		
(1)	(1)			
(2)	(2)			
(3)	(3)			
(4)	(4)			
(5)	(5)			

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization:	s?	<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

Software ID: Software Version:

**EIN:** 06-0653119

Name: THE LOOMIS INSTITUTE

DBA THE LOOMIS CHAFFEE SCHOOL

#### Form 990, Part VII - Section Aaa

Torin 990, Part VII - Section Ada											
		(C) Position (check all that apply)				I				(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
JOEL B ALVORD , TRUSTEE	1 00	X						0	0	0	
JOHN M BUSSEL , TRUSTEE	1 00	X						0	0	0	
ANDREW M CARTER , TRUSTEE	1 00	Х						0	0	0	
PAULINE W CHEN , TRUSTEE	1 00	Х						0	0	0	
NANCY W COLLINS , TRUSTEE	1 00	Х						0	0	0	
DEXTER D EARLE , TRUSTEE	1 00	Х						0	0	0	
RUFUS C CUSHMAN JR , TRUSTEE	1 00	Х						0	0	0	
WILLIAM H FLAMMER JR , TRUSTEE	1 00	Х						0	0	0	
ALBERT F FREIHOFER , TRUSTEE	1 00	Х						0	0	0	
JASON H KARP , TRUSTEE	1 00	Х						0	0	0	
PETER F KERN , TRUSTEE	1 00	Х						0	0	0	
DOUGLAS W LYONS , TRUSTEE	1 00	X						0	0	0	
KIMBERLY R KRAVIS , TRUSTEE	1 00	Х						0	0	0	
SARAH L LUTZ , TRUSTEE	1 00	Х						0	0	0	
WILKES MCCLAVE III , TRUSTEE	1 00	Х						0	0	0	
CHRISTOPHER K NORTON , TRUSTEE	1 00	Х						0	0	0	
STEVEN ROSENTHAL , TRUSTEE	1 00	Х						0	0	0	
STEPHEN E PAUL , TRUSTEE	1 00	Х						0	0	0	
MARY BUCKSBAUM SCANLAN , TRUSTEE	1 00	Х						0	0	0	
DANG T PHAN , TRUSTEE	1 00	Х						0	0	0	
PETER M SEIGLE , TRUSTEE	1 00	Х						0	0	0	
HARVEY J STRUTHERS JR , TRUSTEE	1 00	Х						0	0	0	
JAMES L WIDDOES , TRUSTEE	1 00	Х						0	0	0	
SHEILA CULBERT , HEAD OF SCHOOL	40 00			Х				170,000	0	68,900	
CHRISTOPHER V WEJCHERT , CFO	40 00			Χ				175,500	0	46,900	
AARON HESS , ASST HEAD OF SCHOOL	40 00					х		134,426	0	20,174	
TIMOTHY STRUTHERS , DIRECTOR OF DEVELOPMENT	40 00					х		104,747	0	18,200	
RUSSELL WEIGEL , FORMER HEAD OF SCHOOL	40 00						х	1,135,636	0	176,090	