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Form **990**

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

A Fo	rthe 2	2008 cale	endar yea	r, or tax year beginning 08-01-	-2008 and ending 07-31-20	09				
3 Ch	eck ıf ap	pplicable	Please	C Name of organization THE CHANCELLOR MASTERS AND	SCHOLARS OF		D Employer ide	entification number		
Add	dress cha		use IRS label or	THE UNIVERSITY OF CAMBRIDGE Doing Business As			13-159910 E Telephone nu			
- Nai	me char		print or type. See	Doing Business As						
Inıt	tial retur	rn :	Specific Instruc-		f mail is not delivered to street add	ress) Room/suite	(845) 353-3	/500 ts \$ 1,663,030,406		
Ter	mınatıoı		tions.	THE OLD SCHOOLS TRINITY LANE			d divisi recapi	Ψ 1,003,030,400		
✓ Am	ended r	return		City or town, state or country, an CAMBRIDGE, CAMBRIDGESHIRE		•				
App	olication	pending		United Kingdom (England, Northe						
			F Nam	ne and address of Principal Of	ficer	H(a) Is thu	s a group return			
						affilia	tes?	ΓYes Γ Nο		
						H(b) Are all	affiliates include	ed?		
Та	x-exem	pt status	✓ 501(c)	(3) ◀ (insert no)	1) or 527		•	See instructions)		
W	eb site	e: 🕨 WWV	V C A M A C	UK		H(c) Grou	p Exemption Nu	mber 🗠		
(Тур	e of org	janization	Corporati	on trust association other	>	L Year of Fo	mation 1208 M	State of legal domicile		
Da	rt I	Summ	narv							
Гα			•	e organization's mission or mo	ost significant activities					
υ				ARCH, EXAMINATION AND	_	своокѕ				
sovemance										
Ě										
, 2			•	of the organization discontinue						
			_	nembers of the governing body			_	2 <u>5</u> 4		
ACUMUES &				dent voting members of the gonployees (Part V , line 2a)			_	11,223		
Ĕ				lunteers (estimate if necessar				11/220		
₹				ed business revenue from Pa			_	0		
				ness taxable income from For			7b			
						Prio	r Year	Current Year		
_	8	Contrib	utions and	grants (Part VIII, line 1h)				592,256,320		
anue	9	Program	n service i	revenue (Part VIII, line 2g)				930,215,092		
Reven	10			ne (Part VIII, column (A), line				21,295,309		
_	11		•	art VIII, column (A), lines 5,	n.		106,119,098			
	12	12)	venue—ac	ld lines 8 through 11 (must e	quai Pait VIII, Column (A), n	TIE		1,649,885,819		
	13	Grants	and sımıla	r amounts paıd (Part IX, coluı	mn (A), lines 1–3)			11,333,293		
	14		•	r for members (Part IX, colum				0		
82	15	Salaries 10)	s, other co	mpensation, employee benefit	5 –		724,396,212			
Expenses	16a	,	ıonal fund	raising fees (Part IX, column (0			
₹	ь			penses, Part IX, column (D), line 25						
ш	17	,		Part IX, column (A), lines 11a	<u> </u>			857,579,030		
	18	Totalex	kpenses—	add lines 13–17 (must equal	Part IX, line 25, column (A))			1,593,308,535		
	19	Revenu	e less exp	enses Subtract line 18 from	line 12			56,577,284		
8 08 \$C68						Beginni	ng of Year	End of Year		
net Assets ta Fund Balances	20	Totalas	ssets (Par	t X, line 16)			3,941,911	3,970,256		
2 B	21	Total lia	abilities (P	art X, line 26)			1,456,154	1,570,658		
žŽ	22	Net ass	ets or fun	d balances Subtract line 21 f	rom line 20		2,485,757	2,399,598		
Pai	rt II		ture Blo							
				rjury, I declare that I have examined correct, and complete Declaration of						
Plea	se	****		, , , , , , , , , , , , , , , , , , , ,		1	03-15	,		
Sign		Signat	ure of office	r		Date				
ler	е			PUTY DIR - FINANCE						
	-	Type o	or print nam	e and title						
		Preparer's signature		an Francis CPA	Date	Check If self-	Preparer's PTIN ((See Gen Inst)		
Paid	.	signature	T Jonath			empolyed •				
	arer's	Firm's nan	ne (or yours ployed),	Cirillo Francis & Cirillo			EIN Þ			
se (Only		and ZIP + 4	127 Woodside Avenue Ste 203						
				Briarcliff Manor, NY 10510			Phone no 🕨 (9	14) 488-5727		
1ay t	the IRS	S discuss	this retui	n with the preparer shown abo	ove? (See instructions) .			┌ Yes ┌ No		

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization TO PROVIDE WORLD CLASS TO PUBLICATION OF ACADEMIC N	EACHING AND RESEARC	H AND TO PROMO	TE STANDARDS THROUGH E	EXAMINATION AND DISSEMINATE	KNOWLEDGE THROUGH THE
2	Did the organization un the prior Form 990 or 9		ant program se	rvices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these	new services on S	chedule O			
3	Did the organization ce services?			changes in how it con	ducts any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Sched	ule O			
4		(4) organızatıons aı	nd 4947(a)(1) t	rusts are required to r	largest program services b eport the amount of grants ed	
4a	(Code RESEARCH) (Expenses \$	501,390,942	including grants of \$) (Revenue \$	226,486,952)
4b	(Code PUBLISHING & PRINTING) (Expenses \$	298,931,548	including grants of \$) (Revenue \$	322,002,329)
4c	(Code EXAMINATIONS AND ASSES) (Expenses \$ SMENTS	204,711,226	including grants of \$) (Revenue \$	215,821,605)
4d	Other program service	as (Dascriha in Sch	nedula O)			
TU			ledule O) :luding grants o	f\$) (Revenue \$.65,904,206)
4e	Total program service	· · ·		0 Must equal Part IX,		· · · · ·

Part IV	Checklist of	Required	Schedules
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			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		Νο
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
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	Yes	
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	Yes	
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? If "Yes," complete Schedule F, Part II	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		Νo
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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 IV Checklist of Required Schedules (Continued)

			Yes	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			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	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? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
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		No
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 organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt 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			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
3 -	gaming (gambling) winnings to prize winners?	1c		N o
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			
h	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		Νo
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
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 UK			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , 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?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			N o
	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο
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		Νo
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		No
d	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		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		N o
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Νο
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		Νο
	year?			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
Ь	, , , , , , , , , , , , , , , , , , , ,	9b		No
10	Section 501(c)(7) organizations. Enter			
	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			
а	Gross income from members or shareholders			
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		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

			res	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 25			
b	Enter the number of voting members that are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	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 activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νo
11	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	11		Νo

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	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	Yes	
	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		No
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?			
	organization's exempt status with respect to such arrangements.	16b		Νo

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 ┌─another's website ┌─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 ANDREW REID

THE OLD SCHOOLS TRINITY LANE
CAMBRIDGE, CAMBRIDGESHIRE CB2 1TS

IIV

(845) 353-7500

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
							-			

Software ID: Software Version:

EIN: 13-1599108

Name: THE CHANCELLOR MASTERS AND SCHOLARS OF

THE UNIVERSITY OF CAMBRIDGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C lon (d hat a	chec		l				(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	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	
STEVEN MILLER , CFO	40 00					Х		319,357	0	0	
STEVE YOUNG , PRO-VICE CHANCELLOR	40 00				х			189,120	0	0	
STEPHEN BOURNE , CHIEF EXECUTIVE OF THE PRESS	40 00				x			389,832	0	0	
SIR CHRISTOPHER HUM , Treasurer		Х						0	0	0	
SIMON LEBUS , CHIEF EXECUTIVE OF CAMBRIDGE ASSESS	40 00				X			453,205	0	0	
RICHARD ZIEMAKI , PRES - C U P	40 00					Х		327,538	0	0	
PROF WILLIAM A BROWN , MEM OF COUNCIL	40 00	Х						145,437	0	0	
PROF ROSS JOHN ANDERSON , MEM OF COUNCIL	40 00	Х						108,332	0	0	
PROF MARTIN JAMES DAUNTON , MEM OF COUNCIL	40 00	Х						145,590	0	0	
PROF DAVID S H ABULAFIA , MEM OF COUNCIL	40 00	Х						102,112	0	0	
MS JULIA LI STUDENT , MEM OF COUNCIL		X						0	0	0	
MS DEBORAH LOWTHER , MEM OF COUNCIL		×						0	0	0	
MR THOMAS CHIGBO STUDENT , MEM OF COUNCIL		Х						0	0	0	
MR ROBERT JOHN DOWLING , MEM OF COUNCIL	40 00	×						90,728	0	0	
MR NIGEL BROWN OBE , MEM OF COUNCIL		Х						0	0	0	
MR DAVID LOWRY STUDENT , MEM OF COUNCIL		Х						0	0	0	
LORD SIMON OF HIGHBURY , MEM OF COUNCIL		×						0	0	0	
JOHN D PICKARD , CCPR	40 00					Х		341,790	0	0	
JOHN A BRADLEY , CCPR HRH DUKE OF EDINBURGH , THE	40 00	.,				Х		334,090	0	0	
CHANCELLOR		Х						0	0	0	
FRANK KELLY , MEM OF COUNCIL DR VANESSA VIVIENNE LAWRENCE ,	40 00	X						159,090	0	0	
MEM OF COUNCIL DR STEPHEN JOHN COWLEY , MEM	40 00	X						80,609	0	0	
OF COUNCIL DR RICHARD JAMES BARNES , MEM								80,609	0		
OF COUNCIL DR RACHAEL PADMAN, MEM OF	40 00	X						·	_	0	
COUNCIL DR NICK BAMPOS PROF, MEM OF	40 00	X						81,485	0	0	
COUNCIL DR MICHAEL RONALD CLARK, MEM	40 00	Х						80,609	0	0	
OF COUNCIL DR DAVID ARTHUR GOOD, MEM OF	40 00	Х						85,518	0	0	
COUNCIL DR JOAN MARGARET WHITEHEAD,	40 00	Х						71,621	0	0	
MEM OFCOUNCIL	40 00	Х						71,621	0	0	
DAME DAVIS MCDONALD , MEM OF COUNCIL		Х						0	0	0	

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	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
ATHENE M DONALD , MEM OF COUNCIL	40 00	Х						157,393	0	0
ALISON RICHARD , VICE- CHANCELLOR	40 00	Х						379,579	0	(
ADRIAN K DIXON , CCPR	40 00					Х		315,300	0	(

Part VII Continued

			(i tion that a			ıll			(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Highest compensated employee Key employee Officei Institutional Trustee		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	
			+	Н	-					
			-	Ш	-					
		-			-+					
				Н	\dashv					
	-		1	\vdash						
			 	\vdash						
			\vdash	\vdash	\vdash					
1b Total							•	4,510,565	5	
2 Total number of individuals (including	those in 1	a) who	re c e i	ved	mor	e thar	n ¢ 1	00 000 in reportabl	Α	-

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1,432

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KEN KINGERY 3407 ROSEVILLE COURT TAMPA, FL 33618	SALES REP	119,663
JEAN BRITTINGHAM 1070 OAKRIDGE CIRCLE BOUNTIFUL, UT 84010	CONSULTANCY	188,177
GILLIAN RANKIN CONSULTING 27 GREYCOAT ST LONDON SW1P 2QF UK	CONSULTING	250,841
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			Revenue		512, 513, 01 514
\$ \$	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts			1b					
ts, (С	Fundraising ev	vents 1c					
<u>a</u> gii	d	Related organ	ızatıons1d	2,587,032				
E SE	e	Government grar	nts (contributions) 1e	504,015,430				
atio er s	f	All other contribut	tions, gifts, grants, and not included above	85,653,858				
通り			1 f					
멸	g		ributions included in					
O a	h		es 1a-1f)	,	592,256,320			
-				Business Code				
anı	2a	TEACHING			141,270,426	141,270,426		
ever	ь	RESEARCH			226,486,952	226,486,952		
e E	с	PUBLISHING AND	PRINTING		322,002,329	322,002,329		
, M.C.	d	HEALTH RELATED) ACTIVITY		24,633,780	24,633,780		
33	e	EXAMINATIONS &	ASSESSMENT		215,821,605	215,821,605		
ram	f	All other prog	ram service revenue					
Program Service Revenue	g		es 2a-2f					
	3		come (including divi	dends, ınterest				
		other sımılar a	amounts)		27,795,227	27,795,227		
	4	Income from inve	estment of tax-exempt b	ond proceeds	0			+
	5	Royalties .		•	6,028,709	6,028,709		_
		Royalties :	(ı) Real	(II) Personal	, ,			+
	6a	Gross Rents	18,024,498	(,				
	b	Less rental expenses	615,960					
	С	Rental income	17,408,538					
	d	or (loss) Net rental inc	Lome or (loss)		17,408,538	17,408,538		
			(ı) Securities	(II) O ther				+
	7a	Gross amount from sales of assets other than inventory	(i) Securities	6,028,709				
	b	Less cost or other basis and sales expenses		12,528,627				
	с	Gain or (loss)		-6,499,918				
	d	Net gain or (lo		.	-6,499,918	-6,499,918		
	8a		from fundraising					
Other Revenue		1c) See Part <i>Attach Schedul</i>	 ns reported on line					
er	b	Less direct e	xpensesb					
₽	с	Net income or	(loss) from fundrais	ing events	0			
	9a	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 dule G if total	·				
		,, ,	a					
	b		xpensesb					
	С	Net income or	(loss) from gaming a	activities F	0			
	10a		f inventory, less lowances . a					
	ь	Less cost of						
	с		· (loss) from sales of	inventory	0			
		Miscellaneou	s Revenue	Business Code				
	11a	RESIDENCES	, CATERING ETC		13,107,629	13,107,629		
	ь	ALLOTHER			69,574,222	69,574,222		
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d	 \$ 82,681,851				
	12	Total Revenue	a. Add lines 1h, 2g, 3		1,649,885,819	1,057,629,499		+
		8c,	l1e					

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

•					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TEACHING		141,270,426	141,270,426		
b research		226,486,952	226,486,952		
c PUBLISHING AND PRINTING		322,002,329	322,002,329		
d HEALTH RELATED ACTIVITY		24,633,780	24,633,780		
e EXAMINATIONS & ASSESSMENT		215,821,605	215,821,605		

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) org		plete columns (B), (C), and (D)	
Do 1	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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	11,333,293	11,333,293		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,510,565	3,081,215	1,429,350	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	589,735,306	408,944,392		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	78,519,501	53,906,762	24,612,739	
9	Other employee benefits	108,866	74,236	34,630	
10	Payroll taxes	51,521,974	35,741,039	15,780,935	
11	Fees for services (non-employees)				
а	Management	9,829,822	6,707,340	3,122,482	
b	Legal	4,704,988	3,441,177	1,263,811	
c	Accounting	2,228,401	1,531,088	697,313	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	74,949,131	54,089,429	20,859,702	
.2	Advertising and promotion	85,643,199	63,073,544	22,569,655	
.3	Office expenses	57,159,058	39,561,486	17,597,572	
4	Information technology	40,603,114	28,604,402	11,998,712	
.5	Royalties	23,068,231	17,067,776	6,000,455	
.6	Occupancy	123,283,041	85,836,833	37,446,208	
L 7	Travel	54,345,539	38,202,769	16,142,770	
L 8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
L9	Conferences, conventions and meetings	14,770,248	10,313,933	4,456,315	
20	Interest	4,581,369	3,390,213	1,191,156	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	95,201,237	65,784,402	29,416,835	
23 24	Insurance	5,290,846	3,642,810	1,648,036	
	total expenses shown on line 25 below)	440.055.55	67 477 767	45 455 535	
	LABORATORY CONSUMABLES	142,888,526	97,435,686	45,452,840	
	FREES COST	25,197,532	18,646,174	6,551,358	
C	DISTRIBUTION	32,069,586	23,731,494	8,338,092	
	BOOKS & LIBRARY COSTS	19,400,273	13,229,046	6,171,227	
	All other costs	30,633,213	23,327,041	7,306,172	
	All other expenses	11,731,676	7,999,830	3,731,846	
25	Total functional expenses. Add lines 1 through 24f	1,593,308,535	1,118,697,410	474,611,125	
26	Joint Costs. Check fiffollowing 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		55	1	54
	2	Savings and temporary cash investments		851,881	2	631,285
	3	Pledges and grants receivable, net		95,928		86,182
	4	Accounts receivable, net		191,688	4	223,355
	5	Receivables from current and former officers, directors, trustees, key other related parties <i>Complete Part II of Schedule L</i>		·	5	0
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of Sched	1 4958(f)(1)) and		6	0
	7	Notes and loans receivable, net		3,773	7	3,773
	8	Inventories for sale or use		56,992		55,629
66	9	Prepaid expenses and deferred charges	• •	19,954		24,009
et	10a	riepalu expelises aliu delelled charges		10,004	-	24,000
Assets	104	Land, buildings, and equipment cost basis	2,359,466			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	573,438	1,799,754	10c	1,786,028
	11	Investments—publicly traded securities		597,247	11	540,511
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII Schedule D</i>	! of	288,936	12	609,290
	13	Investments—program-related See Part IV, line 11 Complete Part VI. of Schedule D .	II	29,954	13	5,056
	14	Intangible assets		5,434	14	5,067
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		315	15	17
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,941,911	16	3,970,256
	17	Accounts payable and accrued expenses .		559,806	17	661,701
	18	Grants payable		755,212	18	778,364
	19	Deferred revenue		130,398	19	118,581
	20	Tax-exempt bond liabilities			20	
<u>.</u>	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				
Ë		persons Complete Part II of Schedule L	•		22	
	23	Secured mortgages and notes payable to unrelated third parties .		7,812	23	9,549
	24	Unsecured notes and loans payable		2,926	24	2,463
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,456,154	26	1,570,658
ěs		Organizations that follow SFAS 117, check here ► ✓ and complete lithrough 29, and lines 33 and 34.	ines 27			
Balance	27	Unrestricted net assets		1,436,663	27	1,401,354
8	28	Temporarily restricted net assets		197,053	28	200,968
<u> </u>	29	Permanently restricted net assets		852,041	29	797,276
r Fund		Organizations that do not follow SFAS 117, check here ► and comlines 30 through 34.	nplete			
s or	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
As	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		2,485,757	33	2,399,598
Z	34	Total liabilities and net assets/fund balances		3,941,911	34	3,970,256
	·			•		
Pa	rt XI	Financial Statements and Reporting				

Dart YT	Financial	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		Νo	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο	
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		Νo	
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		Νo	
ь	If "Yes," did the organization undergo the required audit or audits?	3b		Νο	

Employer identification number

DLN: 93493074010600

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

		LLOR MASTERS ITY OF CAMBR	AND SCHOLARS OF IDGE	=				13	-1599108	3		
Par	tΙ	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo					
				ation because it is (Please						•		
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	▽	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	h Schedu	ıle E)						
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Г	A medical i	research organı	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	\sqcap	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unit desci	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170((b)(1)(A)	(v).			
7	\sqcap	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public	
		describedi	n Section 170(E	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Pari	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ntribution	ıs, membe	rship fees	, and gro	ss
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruct	tions)	
11	Γ	_	=	and operated exclusively fo					•	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Check
		a T				- Function			'' d	Гтуре	III - Oth	ner
e	Γ			rtify that the organization is					ne or mor	e disquali	fied perso	ons
	·	•	- '	agers and other than one or			•			•	•	
_		section 50										
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	TypeIIo	r Type III	supportin	ig organiz	ation,
g				as the organization accepted	d any gift	or contribi	ution from	any of the	!			,
_		following pe			, ,			•				
			•	r indirectly controls, either a		_	th persons	describe	d ın (ıı)		Yes	No
			· -	ng body of the the supported	_	tion?				11g		
			•	erson described in (i) above						11g(
_				ty of a person described in (11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports					
	(i) N =	ame of	(ii) EIN	(iii) Type of organization	(iv) ī	s the	(v) Did y	ou notify	(vi) ī	s the	(vii) Am	ount of
		orted	(,	(described on lines 1-9		ation in	l ' '	nızatıon	l	ation in	supp	
() rgan	ıızatıon		above or IRC section	col (i)) of your		rganized		
				(See Instructions))		verning ment?	supp	ort?	in the	US?		
					Yes	No	Yes	No	Yes	No	1	
					103	110	103	110	103	110		

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) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	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 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)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
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	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	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) 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) 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 stop here						▶ □
	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					
	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	Supplemental Information. 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

► 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

Name of the organization **Employer identification number** THE CHANCELLOR MASTERS AND SCHOLARS OF THE UNIVERSITY OF CAMBRIDGE 13-1599108 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

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

- >

(ii) Assets included in Form 990, Part X

- \$

4,743

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art,	Hist	toric	cal Treas	sures, or Ot	hei	r Similar A	SSE	ets (co	<u> intinued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing that	are a sıgnıfıcan	nt us	se of its colle	ctıo	n	
а	▼ Public exhibition		d	Γ	Loan or ex	change progra	ms				
Ь	Scholarly research		e	Γ	Other						
С	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	ı how	they	further the	e organization's	ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ılar	Г	Yes	√ No
Pai	rt IV Trust, Escrow and Custodial					ganızatıon an	swe	ered "Yes" t	o F	orm 9	90,
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontribution	s or other asse	ts n	ot	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table				_					
						<u> </u>		Α	moı	ınt	
с	Beginning balance						.c				
d	Additions during the year					1	.d				
е	Distributions during the year						.е				
f	Ending balance					_ 1	.f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		were Prior		O Form 990, F Two Years Back				N Egur V	ears Back
1a	Beginning of year balance	2,079,160,661	(D) FIIOI	rear (c) TWO TEATS BACK	(u)	Tillee Teals Daci	, (5) 1 Oui 1	ears back
	Contributions	55,171,537									
c	Investment earnings or losses	50,695,048									
d	Grants or scholarships										
e	Other expenditures for facilities	87,534,076									
	and programs										
f	Administrative expenses	2,851,895									
g	End of year balance	2,094,641,275									
2	Provide the estimated percentage of the yea	r end balance held as									
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ►										
3а	Are there endowment funds not in the posses organization by	ssion of the organizat	ion t	hat a	re held and	d administered	for t	:he		Yes	No
	(i) unrelated organizations							3a	a(i)	1.03	No
	(ii) related organizations							3a	(ii)		Νο
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	on S	ched	ule R? .				3Ь		Νο
4	Describe in Part XIV the intended uses of th	<u>-</u>									
Pai	t VI Investments—Land, Buildings	s, and Equipmen	t. Se	<u>ee F</u>	orm 990,	Part X, line 1	0.				
	Description of investment				Cost or othe s (investment			(c) Depreciation	n	(d) Bo	ook value
1a	Land				161,77	74 110,5	512				272,286
b	Buildings					1,590,2	299	331,8	888		1,258,41
c	Leasehold improvements										
d	Equipment		•			342,8	885	241,	550		101,33
е	Other					153,9	96				153,996

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

1,786,028

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products	439,299		С
Closely-held equity interests	6,273		С
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	609,290		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) bescription of investment type	(B) Book Fulled	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, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part >			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
		•	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
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		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts 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) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
c	Losses reported on Form 990, Part IX, line 25 2c	-	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	THE UNIVERSITY HOLDS AND CONSERVES CERTAIN COLLECTIONS, ARTIFACTS AND OTHER ASSETS OF HISTORICAL, ARTISTIC OR SCIENTIFIC IMPORTANCE MOST OF THESE ARE HOUSED IN THE UNIVERSITY'S NATIONALLY ACCREDITED MUSEUMS AND COLLECTIONS AND IN ITS LIBRARIES, PROVIDING A VALUABLE RESEARCH AND EDUCATIONAL RESOURCE LOCALLY, NATIONALLY AND INTERNATIONALLY AS WELL AS AN UNRIVALLED OPPORTUNITY TO PRESENT THE UNIVERSITY'S WORK TO A WIDE AUDIENCE OTHER COLLECTIONS ARE HELD IN ACADEMIC DEPARTMENTS OF ARE ON DISPLAY AS PUBLIC ART MAJOR COLLECTIONS INCLUDE THOSE HELD BY THE UNIVERSITY LIBRARY, A LEGAL DEPOSIT, THE BOTANICAL GARDEN AND THE FITZWILLIAM MUSEUM IN RESPECT OF ITS MAJOR COLLECTIONS, THE UNIVERSITY'S PRACTICE, IN ACCORDANCE WITH THE NATIONAL ACCREDITATION STANDARDS IS TO PRESERVE, CONSERVE AND MANAGE THE OBJECTS IN ITS CARE, TO AUGMENT THE COLLECTIONS WHERE APPROPRIATE AND WITHIN THE RESOURCES AVAILABLE, TO ENABLE AND ENCOURAGE ACCESS TO AND USE OF THE COLLECTIONS FOR TEACHING AND RESEARCH, AND TO ENABLE WIDE ACCESS TO AND ENGAGEMENT WITH THE COLLECTIONS BY THE MEMBERS OF THE PUBLIC HERITAGE ASSETS ACQUIRED SINCE AUGUST 1ST, 1999 HAVE BEEN CAPITALIZED THE MAJORITY OF ASSETS HELD IN THE UNIVERSITY'S COLLECTIONS WERE ACQUIRED BEFORE AUGUST 1ST, 1999, BECAUSE RELIABLE ESTIMATES OF COST OR VALUATION ARE NOT AVAILABLE FOR THESE ON A COST-BENEFIT BASIS THEY HAVE NOT BEEN CAPITALIZED AS A RESULT THE TOTAL INCLUDED IN THE BALANCE SHEET IS PARTIAL

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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

Name of the organization
THE CHANCELLOR MASTERS AND SCHOLARS OF

Employer identification number

THE UNIVERSITY OF CAMBRIDGE 13-1599108 YES NO 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? 1 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 Yes Does the organization maintain the following? Yes a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a 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? Yes 4c 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? No_ 5c d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo 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? 6a 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

THE CHANCELLOR MASTERS AND SCHOLARS OF

As Filed Data -

DLN: 93493074010600

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Statement of Activities Outside the United States

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Open to Public Inspection

Employer identification number

ΗЕ	UNIVERSITY OF CAMBE	KIDGE			13-159910	8
Pa	rt I General Infor "Yes" to Form 9			de the United States	s. Complete if the organ	nization answered
1	For grantmakers. Doe assistance, the grante	es the organiza ees' eligibility fo	tion maintain r	assistance, and the se	the amount of the grant lection criteria used to a	ward
2	For grant makers. Descri United States	be in Part IV the	organızatıon's pr	ocedures for monitoring th	ne use of grant funds outsid	le the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf add	ditional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
JNI	TED KINGDOM	3	11,223	PROGRAM SERVICES	ALL	1,593,308,535
ota	nls ▶	3	11,223			1,593,308,535

L	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
2	Enter total nu		ations that are re	cognized as charities	s by the foreign cou	ntry or for which the	e grantee or counse	7	

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID: 08000091

Software Version: 2008v2.7

EIN: 13-1599108

Name: THE CHANCELLOR MASTERS AND SCHOLARS OF

THE UNIVERSITY OF CAMBRIDGE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493074010600

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

THE CHANCELLOR MASTERS AND SCHOLARS OF

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

THE UNIVERSITY OF CAMBRIDGE 13-1599108 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEVEN MILLER	(ı) (ıı)	319,357				_	319,357	
STEVE YOUNG	(1) (11)	189,120					189,120	
STEPHEN BOURNE	(1) (11)						389,832	
SIMON LEBUS	(1) (11)	453,205					453,205	
RICHARD ZIEMAKI	(1) (11)	327,538					327,538	
JOHN D PICKARD	(1) (11)	341,790					341,790	
JOHN A BRADLEY	(1) (11)	334,090					334,090	
FRANK KELLY	(1) (11)	159,090					159,090	
ATHENE M DONALD	(ı) (ıı)	157,393					157,393	
ALISON RICHARD	(1) (11)	379,579					379,579	
ADRIAN K DIXON	(1) (11)	315,300					315,300	
	(ii)							
	(i)							
	(ii) (i)							
1	(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
Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	THE VICE-CHANCELLOR, PROFESSOR ALISON RICHARD, HAS A RESIDENCE WHICH IS USED TO ENTERTAIN VISITORS TO THE UNIVERSITY

Software ID: 08000091

Software Version: 2008v2.7

EIN: 13-1599108

Name: THE CHANCELLOR MASTERS AND SCHOLARS OF

THE UNIVERSITY OF CAMBRIDGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 orni 930, Scheddie 3, Part II - Orncers, Directors, Trustees, Rey Employees, and Ingliest Compensated Employees								
(A) Name		(B) Breakdown of	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
, . 		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEVEN MILLER	(ı) (ıı)	319,357					319,357	
	(ı) (ıı)						189,120	
	(ı) (ıı)						389,832	
	(ı) (ıı)						453,205	
	(ı) (ıı)						327,538	
	(ı) (ıı)						341,790	
JOHN A BRADLEY	(ı) (ıı)	334,090					334,090	
FRANK KELLY	(ı) (ıı)	159,090					159,090	
ATHENE M DONALD	(ı) (ıı)	157,393					157,393	
ALISON RICHARD ((ı) (ıı)	379,579					379,579	
ADRIAN K DIXON	(ı) (ıı)	315,300					315,300	
								'

Form 990, Part VI, Line 10 Form 990 Review Process

No review was or will be conducted

SCHEDULE 0

Name of the organization

THE LINIVEDSITY OF CAMBDIDGE

Form 990, Part VI, Line 10

THE CHANCELLOR MASTERS AND SCHOLARS OF

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

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

THE ONIVERSITY OF CAMBRIDGE		13-1599108	
ldentifier	Return Reference	Explanation	\exists

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	THE UNIVERSITY IS A DEMOCRATIC BODY ULTIMATELY CONTROLLED BY IT A CADEMIC STAFF WHO ARE MEMBERS OF THE REGENT HOUSE. THERE ARE APPROXIMATELY 3,000 MEMBERS OF THE REGENT HOUSE. THESE MEMBERS ELECT 12 OF THE 25 MEMBERS OF THE UNIVERSITY COUNCIL AND HAVE THE RIGHT TO REVIEW THE COUNCIL'S DECISIONS.

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 TEACHINGEXPENSES \$96,636,521 REVENUE \$141,270,426 OTHER PROGRAM SERVICES 5 HEALTH RELATED ACTIVITY EXPENSES \$17,027,173 REVENUE \$24,633,780

Identifier	Return Reference	Explanation
	Client Note1	DUE TO A MATHEMATICAL LIMITATION INHERENT TO THE TAX PREPARATION SOFTWARE (THE INABILITY TO DISPLAY NUMERIC VALUES IN EXCESS OF \$2 14 BILLION), THE VALUES SHOWN ON THE FOLLOWING SCHEDULES/FORMS ARE ALL ROUNDED TO THE NEAREST THOUSANDS 1) PART I, LINES 20, 21, 222) PART X, BALANCE SHEET, ENTIRETY3) SCHEDULE D, PART III, LINE 1BiI4) SCHEDULE D, PART VI, LINES 1A,1B,1D,1E NO OTHER SCHEDULES OR VALUES ON THE TAX RETURN WERE AFFECTED BY THIS LIMITATION AND THESE VALUES ARE REPRESENTED IN FULL