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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 Open to Public Inspection

A F	or th	e 2009 ca	lendar year, or tax year beginning	and en	ding			
<b>B</b> c	heck if	e Please	C Name of organization		<u> </u>	D Employer ide	ntifica	ation number
	Addre	ss label or e print or	SPHINX FOUNDATION					
	Name chang	type	Doing Business As			02	-60	07881
	nitial  return	See	Number and street (or P 0 box if mail is not delivered to street addres	ss) Ro	om/suite	E Telephone nur	nber	
	Termii ated	Specific	P.O. BOX 213	]		60	3-6	46-9651
	Amen- return	ded tions	City or town, state or country, and ZIP + 4			G Gross receipts \$		368,963.
	Application		HANOVER, NH 03755-0213			H(a) Is this a grou	ıp reti	
	pendii	<sup>19</sup> F Nar	ne and address of principal officer PHILIP HARRISON			for affiliates?	)	Yes X No
			E AS ABOVE			H(b) Are all affiliate	s ınclu	ded? Yes No
				527		7		st. (see instructions)
		te: ► N/	- <u>'' '' '' '' '' '' '' '' '' '' '' '' ''</u>			H(c) Group exem		
		organizatio			L Year	of formation 200	OM:	State of legal domicile NH
Pa	rt I	Summ						
8	1	Briefly des	scribe the organization's mission or most significant activities:					
Jan	_	Check this	s box I if the organization discontinued its operations or dis			OFN/ -f.4		_1_
Ver			f voting members of the governing body (Part VI, line 1a)	sposed	or more	than 25% of its ne	3	ets. 15
ဗိ			f independent voting members of the governing body (Part VI, line 1	1h)			4	15
8			ber of employees (Part V, line 2a)	10)			5	0
itie			ber of volunteers (estimate if necessary)				6	50
휹			s unrelated business revenue from Part VIII, column (C), line 12				7a	0.
્ર ફ		_	ited business taxable income from Form 990-T, line 34				7b	0.
2010 Activities & Governance						Prior Year		Current Year
- 1	8	Contributi	ons and grants (Part Vill, line 1h)			396,13	7.	357 <b>,</b> 980.
-	9	Program s	ervice revenue (Part VIII, line 2g)					
TO SERVICE OF THE PERSON OF TH	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)			1,71		2,908.
3	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,47	7 •	
<b>~</b>	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)		404,33	3.	360,888.
EXDICANNED			d similar amounts paid (Part IX, column (A), lines 1-3)		<u></u>			
<b>5</b>		•	aid to or for members (Part IX, column (A), line 4)					
₹			other compensation, employee benefits (Part IX, column (A), lines 5-	10)	-		-+-	1,800.
7			nal fundraising fees (Part IX, column (A), line 11e)	,787	,		-	1,000.
X				, 101	<b>∸</b>	223,77	R -	153,336.
			enses (Part IX, column (A), lines 11a-11d, 11f-24f) enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-	223,77		155,136.
1					η ├─	180,55	5.	205,752.
280		ricveriae i	ess expenses. Subtract line 18 from line 12 RECEIVED	<del>)</del>	Be	ginning of Current Ye		End of Year
Net Assets or Fund Balances	20	Total asse	its (Part X, line 16)	0	3	1,457,630		1,517,752.
A Ba			ities (Part X, line 26) MAY 17 2010			166,000		
			s or fund balances Subtract line 21 from 102 20	] [	2	1,291,630	5.	1,517,752.
Pa	rt II	Signat	ture Block	IT.				
		Under penal	ties of penury, I declare that I have examined this return including about behing schedulite Declaration of preparer (other than officer) is based on all information of which preparer	es and et has any l	<del>ate</del> ments, a cnowledge	and to the best of my know	wledge :	and belief, it is true, correct,
			MXN) My			11. 5/	1121	12010
Sìgn		A A	MO X /MM			1010	121	2010
Here	•	,	ature of officer			Date		
			ILIP HARRISON, PRESIDENT or print name and title		<del></del>			
		<del></del>	Date	9	Che			s identifying number
Paid		Preparer's signature		10-28	c self		eė instru	
•	arer's	Firm's name			1 0111	EIN >		
Use (	Only	yours if self-employe	ed), 101 S. HANLEY ROAD, SUITE 800					
		address, and ZIP + 4	ST. LOUIS, MO 63105-3437			Phone no	31	4-889-1100
Mav	the IF		s this return with the preparer shown above? (see instructions)					X Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

If Yes," describe these new services on Schedule O Odd the organization cease conducting, or make significant changes in how it conducts, any program services?  If Yes," describe these changes on Schedule O Describe the schanges on Schedule O Describe the organization to the Interpretation of the Schanges of Schanges on Schedule O Describe the schanges on Schedule O Describe the organization to the organization's three largest program services by expenses. Section 501(6)(4) organizations and section 4947(a)(1) frusts are required to report the amount of grants and allocations to others, the total expenses and section 4947(a)(1) frusts are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service reported  (Code: ) (Expenses \$ 136, 426 - including grants of \$ ) (Revenue \$ )  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	orn	rm 990 (2009) SPHINX FOUNDATION	02-6007881 Page <b>2</b>
SEE ATTACHED STATEMENT OF EXEMPT PURPOSE INCLUDED WITH STATEMENT OF SERVICE ACCOMPLISHMENTS.    Dot the organization undertake any significant program services during the year which were not listed on the prior Form 990 e996E2?   Tyes, I describe these new services on Schedule O   Tyes [If Yes, I describe these new services on Schedule O   Tyes [If Yes, I describe these chases conducting, or make significant changes in how it conducts, any program services?   Tyes [If Yes, I describe these changes on Schedule O   Describe these changes on Schedule O   Describe the exempt Jurgose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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 epoted   September   Section 501(c)(3) and 501(c)(4) organizations and section 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 epoted   September   Section 501(c)(5) and 501(c)(5) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the amount of grants an	Pa	art III Statement of Program Service Accomplishments	
the prior Form 990 or 990-EZ?  If Yes, describe these new services on Schedule O  Dot the organization cease conducting, or make significant changes in how it conducts, any program services?  If Yes, describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) furths are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each grants of \$ )(Revenue \$ SEE ATTACHED STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.  By (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Dot (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Other program services (Describe in Schedule O)	1	SEE ATTACHED STATEMENT OF EXEMPT PURPOSE INCLUDED	O WITH STATEMENT OF
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(Expenses \$ Including grants of \$ \) (Revenue \$ \)	d		
le Total program service expenses ►\$ 136,426.		(Expenses \$ \text{including grants of \$ \text{) (Revenue \$ \text{T} \rm \text{1.26}  \text{4.26}	

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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 similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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			3.7
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		- 1	v
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		Х	
_	as applicable	11		<del></del>
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	v
. ~	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15	1	Х
16	or entity located outside the United States? If "Yes," complete Schedule F, Part II  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	_,3		
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	[	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	l	X
		Form !	990 (2	2009)

·		T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		1	
	column (A), line 2 <sup>9</sup> If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		Ì
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1	1	1
	Schedule K If "No", go to line 25	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<del> </del>
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	}	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		}
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			J.
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Х
	Schedule L, Part I	25b		^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00	1	Х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_ <u>^</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	{		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	0.7		Х
00	Schedule L, Part III	27		-
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	}
b	and the second s	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	100		
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			{
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		}	}
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1		
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		{	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<b></b>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197		v	ł
	Note. All Form 990 filers are required to complete Schedule O	38	X	2022:
		Form	990 (	2009)

	990 (2009) SPHINX FOUNDATION		02-600	7881	Р	age !
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance		<del></del>			
			1		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		킬		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	}			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
	(gambling) winnings to prize winners?		£	1c	ļ	
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	2a	(	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by t	his return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a		{	{
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and	}		
	Financial Accounts.			}		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		Х
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	arding	Prohibited	}		
	Tax Shelter Transaction?			5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts		1 1	
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services	}	} }	
	provided to the payor?			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			.,
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-{		
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	al	-		.,
	benefit contract?			7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	}	<u> </u>
_	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-			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	siness holdings	_		
	at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<del>  </del>	
10	Section 501(c)(7) organizations. Enter	[ 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	1 1	

Form 990 (2009)

12a

11 Section 501(c)(12) organizations. Enter-

amounts due or received from them.)

a Gross income from members or shareholders

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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

b Gross income from other sources (Do not net amounts due or paid to other sources against

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

10b

11a

11b

12b

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

Sec	tion A. Governing Body and Management					1
1.	Enter the number of vetting members of the governing hadi	1 4-	1	15	Yes	No
b	Enter the number of voting members of the governing body  Enter the number of voting members that are independent	1a 1b	<del> </del>	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other			
-	officer, director, trustee, or key employee?	PWILL	any other	2	Х	1
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	rt supervision	1-5	+	<del>                                     </del>
•	of officers, directors or trustees, or key employees to a management company or other person?	o uno	or sopervision	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm QC	0 was filed?	4	+	X
5	Did the organization become aware during the year of a material diversion of the organization's asset		o was med	5	+	X
6	Does the organization have members or stockholders?			6	1-	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mber	s of the	-	1-	<del> </del> -
	governing body?	,,,,,	5 01 1110	7a		Х
h	Are any decisions of the governing body subject to approval by members, stockholders, or other per	'sons'	,	7b	+	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken				-	
•	by the following:	Curin	y tite year			
а	The governing body?			8a	X	1
	Each committee with authority to act on behalf of the governing body?			86		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	1	1	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		u. 1175	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenu	e Code I	<del></del>		
			2 <del></del>		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,		T	
_	and branches to ensure their operations are consistent with those of the organization?			106	,	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling th	e form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_				
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld giv	e rise			
	to conflicts?	-		12b	X	<b>.</b>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe			{
	in Schedule O how this is done			120	X	
13	Does the organization have a written whistleblower policy?			13	<u></u>	Х
14	Does the organization have a written document retention and destruction policy?			14	<u>.</u>	X
15	Did the process for determining compensation of the following persons include a review and approva	al by 11	ndependent	}		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	·	X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			}		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	vith a			_
	taxable entity during the year?			16a	1	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	luate	ts participation			1
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	anızat	on's			1
	exempt status with respect to such arrangements?			16b	J	L
ec.	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NH					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(501)	c)(3)s only) ava	lable for		
	public inspection. Indicate how you make these available. Check all that apply.  Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict	of interest poli	cy, and fin	ancial	
	statements available to the public		•			
20	State the name, physical address, and telephone number of the person who possesses the books at ROBERT C . KOURY, JR . $-703-591-0500$	nd rec	ords of the orga	anization.	<b>-</b>	
	P.O. BOX 213, HANOVER, NH 03755-213					
				Forr	n <b>990</b> (	(2009)

932006 02-04-10

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Check this box if the organization did no	(B)	y cu	rrei		) (2)	, uii	ecto	(D)	(E)	(F)
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
	hours per week	Individual frustee or director	institutional trustee	call		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
		Individ	ünstrü	Officer	Keyer	Higher	Former			organizations
SHAUN RAI BOARD MEMBER		Х						0.	0.	0.
DAVID HARRISON		^				-		· · · · · ·	0.	0.
BOARD MEMBER		Х						0.	0.	0.
PETER FREDERICK	-			-		1	-			
BOARD MEMBER		х		}				0.	0.	0.
RALPH MANUEL										
BOARD MEMBER		Х		_		<u> </u>		0.	0.	0.
SCOTT MAGRATH								_	_	
BOARD MEMBER		Х						0.	0.	0.
PAUL KILLEBREW	}					}				0
BOARD MEMBER		X				-		0.	0.	0.
JEFF KINKAID		J						0.	0.	0.
BOARD MEMBER DENO MOKAS		Х						U •	0.	0.
BOARD MEMBER		Х						0.	0.	0.
JON MERRIMAN	<del></del>	1								
BOARD MEMBER		х				1		0.	0.	0.
MARTY MILLIGAN		-			-	-				
BOARD MEMBER		X						0.	0.	0.
JOHN ELSENHANS										
BOARD MEMBER		Х						0.	0.	0.
PHILIP HARRISON						}			_	_
PRESIDENT				Х				0.	0.	0.
PETER COWAN									0	
VICE PRESIDENT				Х		ļ		0.	0.	0.
ROBERT C. KOURY, JR. TREASURER				х				0.	0.	0.
MATT LEBLANC				Λ				0.		<del></del>
SECRETARY		}		Х				0.	0.	0.
OHOME ITHE				-1		-				· ·
						-				

Form 990 (2009)

Fa	rt VII Section A. Officers, Directors, T	1	mple	oyee			High	est		ſ			
	(A)	(B)				C)			(D)	(E)		(F)	. ,
	Name and title	Average hours per	-	heci	Pos k all		app T	ily)	Reportable compensation from	Reportable compensation from related	(	Estimat amount othe	t of
		1 101491 1 122 1 1 7			the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	0	compensation from the organization and related organizations					
			=	=	-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	T 5	-					
		+	-				<del> </del>						
						-							
			-	-	-	-							
		<u> </u>											
						}							
										<del></del>			
			-				-				+		
1 b	Total	-					<b>&gt;</b>		0.	(			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed at	bove	e) wr	o re	eceived more than \$100	,000 in reportable			С
	compensation from the organization								<del></del>		<del></del>	Yes	No
3	Did the organization list any former office			, ke	y em	ploy	yee,	or h	ighest compensated en	nployee on	3		х
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s			mp	ense	ation	anc	oth	ner compensation from	he organization	3	1	<del>                                     </del>
_	and related organizations greater than \$15										4	-	X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sche				rom	any	unn	elate	ed organization for servi	ces rendered to	5		X
	etion B. Independent Contractors									*			
1	Complete this table for your five highest c the organization. NONE	ompensated in	depe	ende	nt c	ontr	acto	rs tr	nat received more than	\$100,000 of compe	nsation	trom	
	(A) Name and busines	e addrese							(B) Description of s	envices		(C) ensatio	าก
	Name and busines	3 address						$\dashv$	Description of s	0,11003			
								$\top$					
		<del> </del>						-+					
								$\perp$					
2	Total number of independent contractors		ot lir	nite	d to			ted	above) who received m	ore than	··-		······································
	\$100,000 in compensation from the organ	ization >				(	)		<del></del>		Fore	990	(2000)

P	irt V	III Statement of Reve	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints	1	Federated campaigns	1a	298,926.				
gra		Membership dues	1b	59,054.				
fts, an	}	Fundraising events	1c					
igi		d Related organizations	1d				l L	
Contributions, gifts, grants and other similar amounts		Government grants (contribu						
ie të	1	All other contributions, gifts, gra	1 1					
ot tri		similar amounts not included abo		8,077.				
Son		Noncash contributions included in line	s 1a-1f \$	0,077	357,980.			
		Total. Add lines 1a-1f	<del></del>	Duanasa Cada	331,300.			
				Business Code			<b>}</b>	Ì
Ş.	2 a			<u> </u>				<del> </del>
Ser	t			1				<del> </del>
E S	c c			1 1				<del></del>
Program Service Revenue								<del> </del>
P	f	All other program service revi	enue					1
			01144	<b>&gt;</b>				
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)		<b>&gt;</b>	2,906.			2,906
	4	Income from investment of ta	x-exempt bond	proceeds >				
	5	Royalties		<b>▶</b> ∫				
			(ı) Real	(II) Personal				
	6 a	Gross Rents						
	b	Less rental expenses						1
}	c	: Rental income or (loss)						
1	d	Net rental income or (loss)		<b>&gt;</b>	····			
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
- 1		assets other than inventory	8,077	•	,			
	b	Less: cost or other basis	0.075					
j		and sales expenses	8,075		,			
- {		Gain or (loss)	2		2			2
- 1		Net gain or (loss)		<u> </u>	2.			2 .
Other Revenue	8 a	Gross income from fundraising sincluding \$	g events (not					
Je.		contributions reported on line	e 1c) See					
ē		Part IV, line 18	ć	•				
ਰੋ		Less direct expenses	i	·	ļ			
		Net income or (loss) from fund		<b>P</b>				
- 1	9 a	Gross income from gaming a						
		Part IV, line 19	ē.					
		Less direct expenses		, 				
		Net income or (loss) from gan	_					
	io a	Gross sales of inventory, less and allowances						
	h	Less cost of goods sold	í Ł					
}		Net income or (loss) from sale		<b>'</b>				
İ		Miscellaneous Revenu		Business Code				
1	11 a			122311000 00000				
ł	b	***************************************						[
}	c	<del></del>						<del>,</del>
}	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue See instructions		<b>&gt;</b>	360,888.	0.	0.	2,908.
93200 02-04	.10	· <del></del>	·		· <del></del>			Form 990 (2009)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl not include amounts reported on lines 6b, 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				<del></del>
	organizations in the U.S. See Part IV, line 21			•	
2	Grants and other assistance to individuals in				
	the US See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S			ļ.	
	See Part IV, lines 15 and 16				<del>, , ,, , , , , , , , , , , , , , , , ,</del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	<del></del>			
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				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	<del></del>			
11	Fees for services (non-employees):				
a	Management	2,120.		2,120.	
ь	Legal	5,750.		5,750.	
C	Accounting	3,730.		3,730.	
d	Lobbying  Professional fundratures continue Con Red IV line 17	1,800.	<del></del>		1,800.
e f	Professional fundraising services See Part IV, line 17 Investment management fees	1,000.			1,000.
	Other				<del> </del>
9 12	Advertising and promotion				
13	Office expenses				
14	Information technology				<del></del>
15	Royalties				
16	Occupancy	27,444.	27,444.		
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	316.	316.		
20	Interest	14,486.	14,486.		<del></del>
21	Payments to affiliates				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
22	Depreciation, depletion, and amortization	41,621.	41,621.		
23	Insurance	5,461.	3,717.	1,744.	
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	EDUCATIONAL PROGRAMS	22,499.	22,499.		
b	REAL ESTATE TAXES	13,183.	13,183.		
c	POSTAGE	10,861.	4,007.	153.	6,701.
ď	SUPPLIES	9,015.	9,015.		
е	BANK CHARGES	442.		156.	286.
f	All other expenses	138.	138.		
25	Total functional expenses Add lines 1 through 24f	155,136.	136,426.	9,923.	8,787.
26	Joint costs Check here ▶ ☐ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
32010	0 02-04-10				Form <b>990</b> (2009)

Form 990 (2009)
Part X Balance Sheet

Part X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	98,958.	1	134,254.
2	Savings and temporary cash investments	294,402.	2	271,143.
3	Pledges and grants receivable, net	<250.	> 3	<250.
4	Accounts receivable, net		4	·····
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
}	of Schedule L	<del></del>	5	<del></del>
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L	<del></del>	6	
7	Notes and loans receivable, net	· - · · · · · · · · · · · · · · · · · ·	7	<del></del>
8	Inventories for sale or use	<del></del>	8	
9	Prepaid expenses and deferred charges	1,000.	9	1,000.
108	Land, buildings, and equipment: cost or other			
	basis Complete Part VI of Schedule D  Less' accumulated depreciation  10a 1,119,021. 97,116.			
1	Less' accumulated depreciation 10b 97, 116.	1,063,526.	10c	1,021,905.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	89,700.
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets	<del></del>	14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,457,636.	16	1,517,752.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,		}	
	highest compensated employees, and disqualified persons. Complete Part II	166 000		
	of Schedule L	166,000.	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	166,000.	25	0.
26	Total liabilities. Add lines 17 through 25	100,000.	26	V .
	Organizations that follow SFAS 117, check here ► X and complete			
	lines 27 through 29, and lines 33 and 34.	1,291,636.		1,517,752.
27	Unrestricted net assets	1,291,030.	27	1,311,132.
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	<del>-,,-,</del>
	Organizations that do not follow SFAS 117, check here and			
	complete lines 30 through 34.		20	
27 28 29 30 31 32	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	1,291,636.	32	1,517,752.
33	Total net assets or fund balances	1,457,636.	34	1,517,752.
34	Total liabilities and net assets/fund balances	1,401,000.	34	Form <b>990</b> (2009)

<u> </u>	1550 (2005) DI NIIVI I CONDITI CON			<del>90</del>							
Pa	Part XI Financial Statements and Reporting										
			Yes	No							
1	Accounting method used to prepare the Form 990 X Cash Accrual Other										
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O										
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X							
b	Were the organization's financial statements audited by an independent accountant?	2b		X							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,										
	review, or compilation of its financial statements and selection of an independent accountant?	2c									
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	{									
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	{ ;									
	consolidated basis, separate basis, or both:	1 1									
	Separate basis Consolidated basis Both consolidated and separate basis										
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1 1									
	Act and OMB Circular A-1337	3a		Х							
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit										
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Зь									
		Form	9 <mark>90</mark> (	2009)							

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

# **Public Charity Status and Public Support**

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

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

2009

Open to Public

Employer identification number

02-6007881 SPHINX FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d \_\_\_ Type III - Other b \_\_\_ Type II c \_\_\_\_ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (III) Type of (vi) Is the (iv) is the organization (v) Did you notify the (I) Name of supported (vii) Amount of (ii) EIN organization in col organization in col (i) listed in your organization in col support organization (I) organized in the (described on lines 1-9 aovernina document? (i) of your support? 115 2 above or IRC section (see instructions)) No Yes No Yes Total

932021 02-08-10

Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

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

Se	ction A. Public Support	·			<del>,</del>	,	,		
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and				Ì				
	membership fees received. (Do not		1		1	1			
	include any "unusual grants ")		131,414.	278,185.	261,024.	238,316.	908,939.		
2	Tax revenues levied for the organ-	}							
	ization's benefit and either paid to	}							
	or expended on its behalf					1			
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	}							
4	Total. Add lines 1 through 3		131,414.	278,185.	261,024.	238,316.	908,939.		
5	The portion of total contributions			,					
	by each person (other than a	;					}		
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						11,260.		
6	Public support. Subtract line 5 from line 4			•			11,260. 897,679.		
	ction B. Total Support	<del>[</del>	h	· · · · · · · · · · · · · · · · · · ·	<u> </u>	[	····		
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Amounts from line 4		131,414.	278,185.	261,024.	238,316.	908,939.		
8	Gross income from interest.								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources		3,997.	22,166.	8,196.	2,908.	37,267.		
9	Net income from unrelated business					<del></del>			
	activities, whether or not the	1					ı		
	business is regularly carried on				,				
10	Other income Do not include gain						<del></del>		
	or loss from the sale of capital					Į į			
	assets (Explain in Part IV.)			736.038.	135.113.	119,664.	990.815.		
11	Total support. Add lines 7 through 10			, , , , , , , , , , , , , , , , , , , ,	200/1201	227,001	1,937,021.		
	Gross receipts from related activities,	etc /see instruction	one)	<del></del>		12	1,331,021.		
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	y vear as a section	\			
	organization, check this box and stor	-	11131, 3000110, 11111	a, 1001111, or 111111 te	by year as a section	1 00 1 (0)(0)	► X		
Sec	ction C. Computation of Publ		rcentage		<del> </del>				
	Public support percentage for 2009 (I			olumn (fl)		14	%		
	Public support percentage from 2008		-	0.01.11 (1)/		15	<u>%</u>		
	33 1/3% support test - 2009. If the o			line 13, and line 1	4 is 33 1/3% or m	L <del></del>			
	stop here. The organization qualifies				7.000 7.070 0.77	0,0,0,000,000	<b>▶</b> □		
b	33 1/3% support test - 2008. If the o		-		line 15 is 33 1/3%	or more, check thi			
_	and stop here. The organization qual						▶		
17a	10% -facts-and-circumstances test				13 16a or 16b a	nd line 14 is 10% (	or more		
.,,	and if the organization meets the "fac	_							
						non me organ	<b>▶</b>		
h	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
Ü	more, and if the organization meets the	-							
	<del>-</del>						▶ □		
12	organization meets the "facts-and-circ		-	•					
18	Private foundation. If the organization	n did not check a l	DOX OH HIM TO, TOE	a, 100, 178, 01 170					
					Sche	dule A (Form 990	01 330-57 2008		

932022 02-08-10

P	art III Support Schedule for	Organizations	Described in	Section 509(a	a)(2) (Complete on	ly if you checked the b	oox on line 9 of Part I			
Se	ction A. Public Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")		1	İ	1					
2	Gross receipts from admissions,									
	merchandise sold or services per-		Į	{						
	formed, or facilities furnished in any activity that is related to the		1		1					
	organization's tax-exempt purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or bus-	{	{		}					
	iness under section 513				{	}				
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to	{								
	or expended on its behalf									
5	The value of services or facilities				<del></del>	- <del></del>				
•	furnished by a governmental unit to	1								
	the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and			<del> </del>	<del> </del>	-	<del> </del>			
,,	3 received from disqualified persons	]		}			}			
b	Amounts included on lines 2 and 3 received			<del> </del>	<del> </del>		<del> </del>			
_	from other than disqualified persons that	}		}			}			
	exceed the greater of \$5,000 or 1% of the	}		}		}	}			
_	amount on line 13 for the year Add lines 7a and 7b	<del> </del>		}	<del> </del>	<del></del>	<del> </del>			
		<del></del>	<del></del>		<del> </del>		<del> </del>			
	Public support (Subtract line 7c from line 6)	i	L	<del>1</del>	<del></del>	<del> </del>	<u>L</u>			
		(a) 200E	(h) 2006	(a) 2007	(d) 2008	(e) 2009	(f) Total			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	Juj 2008	(e) 2009	ij iotai			
9 10-	Amounts from line 6 Gross income from interest,			<del> </del>	<del> </del>		<del> </del>			
100	dividends, payments received on	1								
	securities loans, rents, royalties									
	and income from similar sources				<del> </del>		<del> </del>			
D	Unrelated business taxable income					{	1			
	(less section 511 taxes) from businesses			1			}			
	acquired after June 30, 1975				<del> </del>	-	<del>                                     </del>			
	Add lines 10a and 10b				<del> </del>	-   <del></del>	<del> </del>			
11	Net income from unrelated business activities not included in line 10b,			1						
	whether or not the business is			}						
40	regularly carried on		<del></del>	<del> </del>	ļ		<del> </del>			
12	Other income. Do not include gain or loss from the sale of capital	!					1			
	assets (Explain in Part IV.)			<del> </del>	<del> </del>	<del></del>	<del></del>			
	Total support (Add lines 9, 10c, 11, and 12)	Ĺ		<u> </u>	<u> </u>		L			
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi:	zation,			
	check this box and stop here									
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			1				
15	Public support percentage for 2009 (	ine 8, column (f) di	ivided by line 13, i	column (f))		15	%			
16	Public support percentage from 2008					16	%			
Sec	Section D. Computation of Investment Income Percentage									
17	17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  17 // 17 // 18 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 // 19 //									
18	18 Investment income percentage from 2008 Schedule A, Part III, line 17									
19a	33 1/3% support tests - 2009. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not			
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organia	zation				
b	33 1/3% support tests - 2008. If the	organization did n	ot check a box or	ı line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and			
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	ınızatıon qualifies a	as a publicly supp	ported organization	▶			
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ii	nstructions	<b>▶</b> □			
					So	hedule A (Form 99	0 or 990-EZ) 2009			

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Provide any other additional information. See instructions SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED: BUILDING FUND DATE: 10/02/07 AMOUNT: 54000. BUILDING FUND DATE: 09/02/07 AMOUNT: 5000. BUILDING FUND DATE: 10/02/07 AMOUNT: 10000. BUILDING FUND DATE: 12/29/07 AMOUNT: 10000. BUILDING FUND DATE: 12/04/07 AMOUNT: 5000. BUILDING FUND AMOUNT: DATE: 05/01/07 150000. BUILDING FUND DATE: 05/27/07 AMOUNT: 5000. BUILDING FUND DATE: 08/02/07 AMOUNT: 6385. BUILDING FUND DATE: 07/08/07 AMOUNT: 7286. BUILDING FUND 6000. DATE: 12/28/07 AMOUNT: BUILDING FUND DATE: 09/17/07 AMOUNT: 17777. BUILDING FUND DATE: 09/02/07 AMOUNT: 10000. BUILDING FUND DATE: 07/08/07 AMOUNT: 125000. BUILDING FUND

Schedule A (Form 990 or 990-EZ)			02-6007881 Page 4
		ete this part to provide the explanations retional information. See instructions	equired by Part II, line 10, Part II, line 17a or 17b,
DATE: 05/08/07	AMOUNT:	35000.	
BUILDING FUND			
DATE: 12/17/07	AMOUNT:	5076.	
BUILDING FUND			
DATE: 12/29/07	AMOUNT:	5000.	
BUILDING FUND			
DATE: 10/15/07	AMOUNT:	100000.	
BUILDING FUND			
DATE: 09/17/07	AMOUNT:	5000.	
BUILDING FUND			
DATE: 08/09/07	AMOUNT:	10007.	
BUILDING FUND			
DATE: 11/16/07	AMOUNT:	5000.	
BUILDING FUND			
DATE: 11/19/07	AMOUNT:	5000.	
BUILDING FUND			
DATE: 05/31/07	: TRUOMA	23200.	
BUILDING FUND			
DATE: 11/18/07	AMOUNT:	5000.	
BUILDING FUND			
DATE: 10/15/07	AMOUNT:	5000.	
BUILDING FUND			
DATE: 06/04/07	AMOUNT:	10186.	
BUILDING FUND			
DATE: 12/16/07	AMOUNT:	50000.	
BUILDING FUND			
DATE: 09/02/07	AMOUNT:	5500.	
BUILDING FUND			
932024 02-08-10			Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2			02-6007881 Page 4
Part IV Supplemental In and Part III, line 12 P	formation. Comp	ete this part to provide the explitional information. See instruction	anations required by Part II, line 10, Part II, line 17a or 17b, ons
DATE: 06/24/07	AMOUNT:	10000.	
BUILDING FUND			
DATE: 12/24/07	AMOUNT:	16000.	······································
BUILDING FUND			
DATE: 12/29/07	AMOUNT:	10000.	
BUILDING FUND			
DATE: 10/15/07	AMOUNT:	7000.	
BUILDING FUND			
DATE: 07/08/07	AMOUNT:	6371.	
BUILDING FUND			
DATE: 10/23/08	AMOUNT:	5056.	
BUILDING FUND			
DATE: 08/23/08	AMOUNT:	5000.	
BUILDING FUND			
DATE: 02/05/08	AMOUNT:	10000.	
BUILDING FUND			
DATE: 12/31/08	AMOUNT:	8800.	
BUILDING FUND			
DATE: 08/22/08	AMOUNT:	30000.	
BUILDING FUND			
DATE: 08/23/08	AMOUNT:	5007.	
BUILDING FUND			
DATE: 09/21/08	AMOUNT:	50000.	
BUILDING FUND			
DATE: 04/16/08	AMOUNT:	10000.	
BUILDING FUND			
DATE: 02/05/08	AMOUNT:	5000.	
BUILDING FUND 932024 02-08-10	·····		Schedule A (Form 990 or 990-EZ) 2009

### Schedule D

(Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SPHINX FOUNDATION

Employer identification number 02-6007881

Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6  (a) Donor advised funds	·
	<del></del>
i (a) polici advided ibilds	(b) Funds and other accounts
1 Total number at end of year	<del></del>
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 advisors in writing that the assets held in donor advised for	Yes No
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	•
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	
Impermissible private benefit?  Part II. Concernation Excements. Constitution of the Concernation Excements.	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	IV, line /
Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or pleasure)	
Protection of natural habitat	historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
day of the tax year	<u> </u>
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax
year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	g the year ►
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	year ► \$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	)(B)(ı)
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	tement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	organization's accounting for
conservation easements	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r 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	ce sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	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 st	heet works of art, historical treasures,
or other similar assets held for public exhibition, education, or research in furtherance of public service, pro	
these items	
(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
the following amounts required to be reported under SFAS 116 relating to these items	, p. c. 100
D	<b>&gt;</b> \$
<ul> <li>a Revenues included in Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	> \$
C ASSOCIATIONAGE IN FORM SOOFT ALL A	· •

932051 02-01-10

Description of investment

(a) Cost or other basis (investment)

(b) Cost or other basis (other)

(c) Accumulated depreciation

(d) Book value

1a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

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

(c) Accumulated depreciation

(d) Book value

1, 096, 891.

88, 151.

1, 008, 740.

22, 130.

8, 965.

13, 165.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		lethod of valuation ind-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
FIDELITY FUND	49,841.	END-OF-YEAR	MARKET VALUE
FIDELITY BALANCED	49,841. 39,859.	END-OF-YEAR	MARKET VALUE
Total (Col(b) must equal Form 990, Part X, col(B) line 12) ▶	89,700.	***************************************	
Part VIII Investments - Program Related.			
(a) Description of investment type	(b) Book value	(c) M	ethod of valuation: nd-of-year market value
		<del> </del>	
	-		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶		***************************************	
Part IX Other Assets. See Form 990, Part X, lin		************************************	
	a) Description		(b) Book value
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15 )		<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part			
1. (a) Description of liability		(b) Amount	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 25)		
D CIN 40 C44- I- D-4 VIV			anada tha arangizationia liability for

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

Sche	dule D (Form 990) 2009 SPHINX FOUNDATION			02-600	7881 F	age 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Fina</b>	ncial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		360,8	388.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		155,1	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		205,7	752.
4	Net unrealized gains (losses) on investments		4		17,7	/51.
5	Donated services and use of facilities		5		i	
6	Investment expenses		6			
7	Prior period adjustments		7	·· · · · · · · · · · · · · · · · · · ·	2,6	13.
8	Other (Describe in Part XIV.)		8		- <del></del>	
9	Total adjustments (net). Add lines 4 through 8		9		20,3	364.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		226,1	
	t XII Reconciliation of Revenue per Audited Financial Statemer		nue per	Return		
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	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c		7 1		
d	Other (Describe in Part XIV.)	2d	·	7		
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:					
a	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	L		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Exp	enses pe	r Return		
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	2a				
b	Prior year adjustments	2b		7		
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d		7		
е	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				
ь	Other (Describe in Part XIV)	4b				
¢	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Par	t XIV Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b. Also comple					Part
	<del></del>					

#### SCHEDULE L

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service

or Form 990-EZ, Part V, line 38a or 40b. Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization										E	mployer	identif	ication n	umber
	INX FO						<del></del>			0	2-60	0788	1	
Part I Excess Benefit								_						
Complete if the organ	nization ansi	vered	"Yes"	on Form	990, Part	t IV, lin	e 25a o	r 25b, or Fo	rm 990-E	Z, Part	√, line 40	)b	r	
(a) Name of disc	qualified per	son				(b) Description of transaction							(c) Corrected?	
	· <del></del>				ļ			<del></del>					Yes	No
	<del></del>			<del></del>				<del> </del>						<del> </del>
2 Enter the amount of tax impo	sed on the	organiz	ation	manager	s or disqu	alified	person	s during the	year und	der				
section 4958											▶ \$			
3 Enter the amount of tax, if an	y, on line 2,	above,	, reimt	oursed by	y the orga	ınızatıc	าก				▶ \$			
B	Fire and Ind													
Part II Loans to and/or														
Complete if the organ  (a) Name of interested	(b) Loan										(f) Apr	roved	(-) \//	
person and purpose	the organ				nal princip nount	pai	(d) Balance due		(e) defa		by bo	ard or	(g) Written agreement?	
	То	Fro	rom						Yes No		Yes	No	Yes No	
										:				
					<del></del>				}					
	L			l										······································
Total Part III Grants or Assist	ones Bar	. ofiti.	I-	****		\$			L	<del></del>	L		L	
المناسب			-				- 07							
Complete if the organ (a) Name of interested p		vered						sted person	and		(a) Am	ouet en	d type of	
(a) Name of litterested p	CISON			(b) Helati			nization		ano			assistan		
										<del></del>				<del></del>
										1				
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Don't IV   Business Trans	- tions In				ad Dava		·							
Part IV Business Transa			_											
Complete if the organ		vered '								(4)	Descript	on of	(e) Sha	ring of
(a) Name of interested person (b) Relationship person and								(c) Amo transa			ransacti		organız reven	
		- 1			Ť								Yes	No
DAVID HARRISON	EMBER			1	,897.THE FOUND		NDAT		X					
PETER COWAN				RD ME				2	,120	THE	FOU	NDAT		X
WHIT SPAULDING			FOR	MER E	BOARD	ME	MBER	11	,484	. THE	FOU	NDAT		X
										J				
										J				

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

#### **SCHEDULE 0**

(Form 990)

## Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SPHINX FOUNDATION

Employer identification number 02-6007881

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS DAVID HARRISON AND
PHILIP HARRISON ARE BROTHERS.
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DID NOT
CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR WRITTEN ACTIONS UNDERTAKEN
DURING THE YEAR BY EACH COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY BECAUSE THERE IS NO COMMITTEE WITH THE AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: COPIES OF FORM 990 ARE DISTRIBUTED
TO ALL BOARD MEMBERS FOR REVIEW, WHICH IS DOCUMENTED IN THE BOARD MEETING
MINUTES.
FORM 990, PART VI, SECTION B, LINE 12C: COPIES OF THE CONFLICT OF INTEREST
POLICY ARE DISTRIBUTED TO EACH INDIVIDUAL ANNUALLY. A SIGNED COPY MUST BE
RECEIVED MUST BE OBTAINED FROM EACH INDIVIDUAL.
FORM 990, PART VI, SECTION C, LINE 19: COPIES ARE MADE AVAILABLE VIA
ANNUAL FILING WITH THE STATE OF NEW HAMPSHIRE.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: DAVID HARRISON
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ 1897.
(D) DESCRIPTION OF TRANSACTION: THE FOUNDATION PAID FEES TO TRUMBULL

932211 02-03-10

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

Schedule O (Form 990) 2009

#### **SCHEDULE O**

(Form 990)

Department of the Treasury internal Revenue Service

# Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization SPHINX FOUNDATION	Employer identification number 02-6007881
NELSON CONSTRUCTION COMPANY, INC. FOR MAINTENANCE OF FOUN	DATION
FACILITIES. DAVID HARRISON IS AN EMPLOYEE OF TRUMBULL NEL	SON.
(E) SHARING OF ORGANIZATION REVENUES? = NO	
(A) NAME OF PERSON: PETER COWAN	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	ON:
BOARD MEMBER	
(C) AMOUNT OF TRANSACTION \$ 2120.	
(D) DESCRIPTION OF TRANSACTION: THE FOUNDATION HAS RETAIN	ED LEGAL
COUNSEL OF SHEEHAN, PHINNEY, BASS & GREEN. PETER COWAN IS	AN OFFICER AND
SHAREHOLDER OF FIRM.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	
(A) NAME OF PERSON: WHIT SPAULDING	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	ON:
FORMER BOARD MEMBER	
(C) AMOUNT OF TRANSACTION \$ 11484.	
(D) DESCRIPTION OF TRANSACTION: THE FOUNDATION BOUGHT BOOK	KS FROM
WHEELOCK BOOKS TO TO BE DISTRIBUTED TO ALL MATRICULATING	FRESHMAN AT
DARTMOUTH COLLEGE. WHIT SPAULDING WAS A BENEFICIAL OWNER	AT THE TIME OF
THE TRANSACTION.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	

#### SPHINX FOUNDATION Tax ID: 02-6007881

# 2009 Form 990 Part III "Statement of Program Service Accomplishments"

#### a) Education

The Foundation conducted its formal, annual course on Dartmouth and Sphinx history and traditions for 24 Class of 2010 undergraduate members. This course was conducted in the Sphinx building and overseen by two alumni members. The course combined reading assignments with lectures and oral review sessions. Overall, there were sixteen separate educational sessions convened between February 2, 2009 and May 14, 2009. These sessions included six alumni guest lectures and tutorials. All 24 undergraduate members successfully passed the oral exam conducted on May 15, 2009.

The undergraduate members made extensive use of the Sphinx facilities to pursue their College-related academic activities. The members used the library for reading, studying and group discussions. They used the eight study stations (with broadband internet access) for the research and writing of academic papers. The use by undergraduate members of Sphinx facilities for academic pursuits has contributed to a high level of academic achievement among the members. For example, the 2009 membership included one member of Phi Beta Kappa; two Cum Laude graduates; one Magna Cum Laude graduate; two Academic All-American selections; two Rufus Choate Scholars and one Presidential Scholar.

The general activities of undergraduate membership in Sphinx include extensive peer-driven learning experiences that take place in the Sphinx building. These include informal academic debate and discourse; fulfillment of group leadership roles; basic budget management functions; group goal setting and planning activities; and formal interaction with alumni and College administration officials, among other things. In addition, undergraduate members use the Sphinx building to educate their peers about noteworthy experiences. The peer-driven learning experiences of the members contribute to their ability to contribute positively to the College community. For example, eleven members of the class of 2009 were captains of varsity sports and thirteen held high-level leadership positions in the College fraternity system. Numerous members served in high-level leadership positions in other College organizations (including, among others, two members of the Senior Executive Committee; a class vice president and a class secretary; the co-founder of the Dartmouth Black Legal Association; one Class Marshal; and one member of Paleopitous, a college leadership organization).

The Sphinx Foundation organizes and supports a Public Lecture Series. The series is conceived, planned and funded by the Foundation and is free, open to the general public and extensively advertised both on campus and in the local community. In 2007, the Foundation planned the first phase of the Public Lecture Series, comprised of approximately ten lectures to be presented primarily by retired Dartmouth history

professor Jere Daniell. Professor Daniell is known as "Dartmouth's Historian" and is a nationally-recognized authority on New England history. Two lectures were presented in 2007 and 2008. The Public Lecture Series continued in 2009 with the planning of a joint celebration of the Dartmouth Outing Club's 100 year anniversary. The Foundation worked with David O. Hooke '84, author of the Dartmouth Outing Club's 75th anniversary book, "Reaching the Peak", to bring his history up to date. The culmination of his research resulted in a public lecture given on January 25, 2010.

This lecture and the previous four lectures are available on the Dartmouth College website and the lectures are also being shown through the local cable TV station (reaching Hanover and the local area). DVD recordings of the lectures were donated by the Foundation to the College, where they are available to the general public at both the Jones Media Center in Baker Library and the Blunt Alumni Center.

In addition to the Public Lecture Series, the Foundation is a primary funding source for the Hill Winds Society, a Dartmouth College undergraduate organization. The Hill Winds Society has three primary goals: 1) increase interaction between students and alumni; 2) educate students about the role of alumni of the College and; 3) educate alumni about the current student experience. One of their significant activities is leading historical tours of the College for returning alumni. The Foundation is also teaming up with the Hill Winds Society and the Dartmouth College Alumni Relations Office, to support the creation of a book on Dartmouth traditions to be distributed to all first year students. In 2009, the Foundation funded, as in prior years, approximately 50% of the Hill Winds Society's operating budget.

The Foundation also provides significant support for the purchase and distribution of the annual Freshmen First Year Reading Book. The Freshmen First Year Reading Book is a distinguished book selected by the faculty of Dartmouth College to be read by the entire freshman class of approximately 1,000 students during the summer prior to their matriculation at the College. As a gift to the College and to every incoming student, Sphinx Foundation purchases, packages and mails the book to the matriculating students, at no cost to the College or the students. By so doing, Sphinx Foundation provides a crucial and common foundation for the rigorous academic curriculum to follow for every Dartmouth student. The Foundation provided the logistical and administrative services required to arrange for purchase and distribution of the Freshmen First Year Book and contributed significant and essential direct financial support.

#### b) Community Service

Virtually all Sphinx undergraduates participated in community service and community-building programs in 2009. They frequently used the Sphinx building, individually and in groups, to conceive, plan, organize and prepare for community service activities. Further, Sphinx Foundation resources and the network of Sphinx members, both undergraduate and alumni, were important in identifying appropriate service opportunities and generating participation throughout the Dartmouth community. The Foundation continued its planning for increased Foundation-organized and -sponsored community service activities in future years.

Class of 2009 Sphinx undergraduate members were important participants in about fifteen different community service activities, including:

- 1. One member organized student body involvement in a bicycle/walking event that raised over \$300,000 in student donations to the Norris Cotton Cancer Center at the Dartmouth Hitchcock Medical Center
- 2. One member created the Jim and Susan Wright Veterans Scholarship, which will use a portion of the Class of 2009 annual gift to support a deserving veteran's academic pursuits at Dartmouth College
- 3. Six members participated in various Special Olympics activities
- 4. Three members participated in the DREAM child development/mentoring program
- 5. Several members participated in the Summer Enrichment Program at Dartmouth (SEAD)
- 6. Two members participated in Athletes United (one served as a Director);
- 7. Others participated in the Upper Valley Big Brother/Big Sister program; the Relay for Life; MedLife (medical brigades in South America); Kids & Cops; the Ghana Book Drive; and the Edgerton House Meals for the Homeless Program;

Note that the Sphinx building was extensively renovated in 2007, ensuring that it can continue to support these extensive community service activities. See "Historic Preservation" below for more details regarding the renovation project.

#### c) Historical Preservation

The Sphinx building, originally constructed in 1905, is listed on the National Register of Historic Places. The Foundation undertook a major renovation of the Sphinx building during the summer of 2007. Approximately \$1 million was expended to ensure the long-term structural and functional integrity of the building. These renovations ensure that the Sphinx building will be able to continue to support the educational and community service activities of the Foundation as well as ensuring that the building continues to qualify for inclusion on the National Register of Historic Places.

The 2007 renovation represented the first major renovation of the building since 1932. Virtually all aspects of the building were repaired and/or upgraded to modern standards, including heating, ventilation and air circulation systems; electrical systems; fire safety systems; roofing and waterproofing; the informal and formal member meeting rooms; and the academic areas, including the existing library and new, expanded individual study areas (incorporating computer stations with broadband internet access and linked to the Dartmouth College computer network). In addition, up-to-date audio-visual presentation capabilities were added to the meeting room to facilitate group presentations and discussions.

In 2009, the Foundation maintained the Sphinx building and recorded significant depreciation expense, as well as direct maintenance expenses.