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Department of the Treasury

F/K/A CIAPA U.S. SUPPORT TRUST

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)

rganization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public

	-	2009 calendar year, or tax year beginning and ending	3 - 4	mspection
			D. Employee identifie	
BC	heck if pplicable	Please C Name of organization	D Employer identific	ation number
_	Addres	use IRS SAMUEL Z. STONE CIPR SUPPORT TRUST		
느	_change ∃Name	print or C/O SAMET & COMPANY		
LX	_]change		20-60	070361
L	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone number	
	Termin ated	Specific Instruct 1330 BOYLSTON STREET	504-	<u>865-5259</u>
	Amend	tions City or town, state or country, and ZIP + 4	G Gross receipts \$	1,089,482.
	Application	Chestrol hild, MA 0240/	H(a) Is this a group re	turn
	pendin	F Name and address of principal officer.YVETTE M. JONES	for affiliates?	Yes X No
		C/O TULANE UNIVERSITY, 6823 ST, CHARLES AV	E , H(b) Are all affiliates inc	uded? Yes No
1 1	Гах-ехе	empt status X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527		list (see instructions)
		e: ► N/A	H(c) Group exemption	•
			ear of formation: 2003 M	
	art I	Summary	dar of tormation. 2005 it	T Outo of logal dominio, 2222
). 		Briefly describe the organization's mission or most significant activities TO SUPPO	אדים סיווו. אודים סי	ROCRAMS AND
) 8		RESEARCH CONDUCTED BY CIPR	KI TODANE S F	KOGKAND AND
lan .	1 .			
Governance	-	Check this box if the organization discontinued its operations or disposed of r	_	_
ДŠ.	1	Number of voting members of the governing body (Part VI, line 1a)	3	5
- 05	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
O Jaul Activities	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
9₹	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<u>∞`</u>	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
~			Prior Year	Current Year
20 Munae	8	Contributions and grants (Part VIII, line 1h) RECEIVED		
2	9	Program service revenue (Part VIII line 2n)		
ě	10	Investment income (Port VIII column (A) lines (B) 1 and 7d)	189,958.	<73,808.>
æ	11	Other revenue (Part VIII, column (A), lines 5, 6p, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	189,958.	<73,808.>
_	13	Grants and similar amounts paid (Part IX, column (A) (Part IX)	103/3301	460,166.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		200/2001
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	15			
en	loa	Professional fundraising fees (Part IX, column (A), line 11e)		
Ä	_ D	Total fundraising expenses (Part IX, column (D), line 25)	77 630	04 261
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	77,630.	94,361.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	77,630.	554,527.
		Revenue less expenses. Subtract line 18 from line 12	112,328.	<628,335.>
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	6,493,370.	5,865,035.
P A	21	Total liabilities (Part X, line 26)		
		Net assets or fund balances Subtract line 21 from line 20	6,493,370.	<u>5,865,035.</u>
P	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowless.	ents, and to the best of my knowled	ge and belief, it is true, correct,
		0b = 1.01		10
Sig	ın	I Wille M. Xines	- 10	-10
Hei		Signature of officer	Date	
		YVETTE M. JONES TRUSTEE		
		Type or print name and title		
_		Preparer's Date	Check if Prepar	er's identifying number
Pai	d	signature signature 1/2/10	self- employed > (see in	structions)
Pre	parer's	Firm's name (or SAMET & COMPANY PC	EIN >	
Use	Only	yours if SAMET & COMPANT PC	CIIV	
		address and	Di > /	617/721 1220
		ZIP+4 CHESTNUT HILL, MA 02467-2111	Phone no. P	617)731-1222
<u>Ma</u>	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

932002 02-04-10

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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	X	
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		ļ	
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	İ		
	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			l
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	-	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	X	├
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	1	1	
•	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			ļ
	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		х
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		l	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			1
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Part III	16	 	X
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	+-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	+	<u> </u>
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
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<u>20</u>	000	X (2009)
		FOIL	1000	(2003)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X_
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.75		
·	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240	 	
2 58	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	Х
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	zva	\vdash	1-22
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
oc	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		<u> </u>
26		26	ļ	x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20	 	
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	27		x
00	Schedule L, Part III	21		 ^
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)	00-	1	x
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	 	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	260	┼	 ^
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	00-	x	
	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	 	├ ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30	 	+^-
31	Did the organization liquidate, terminate, or dissolve and cease operations?	04		v
	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	00		- v
	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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?		v	
	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)?			
	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?			177
	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		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2009)

Рап	Statements Regarding Other IRS Fillings and Tax Compliance			
	l l		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		-
	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			İ
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		X
	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 and			ĺ
	Financial Accounts	_		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	5b		
	Tax Shelter Transaction?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	~		
	any contributions that were not tax deductible?	6a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization selli, exchange, or otherwise dispose of tangible personal property for which it was required	İ		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		↓
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	_		
_	at any time during the year?	8		\vdash
	Sponsoring organizations maintaining donor advised funds.			
	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		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	ļ		
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
_	1 1000	Form	aan	(2009)

C/O SAMET & COMPANY

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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				
			Yes	No	
1a	Enter the number of voting members of the governing body				
b	Enter the number of voting members that are independent 5		İ		
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		<u> </u>	
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		<u>X</u>	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>	
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	7a	Х		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following				
а	The governing body?	8a	_X_		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
	Does the organization have local chapters, branches, or affiliates?	10a		X	
þ	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?	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		x	
	a Does the organization have a written conflict of interest policy? If "No," go to line 13				
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
_	to conflicts?				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	400			
13	Does the organization have a written whistleblower policy?	12c 13		X	
14	Does the organization have a written document retention and destruction policy?	14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	 -			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		x	
	Other officers or key employees of the organization	15b		X	
-	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 arrangement with a				
	taxable entity during the year?	16a		Х	
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	1			
	exempt status with respect to such arrangements?	16b		<u> </u>	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶MA				
18	Section 6104 requires an organization to make its Forms 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 X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncıal		
	statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and person of the person of	tion 🕨			
	SAMET & COMPANY PC - 617-731-1222				
	1330 BOYLSTON STREET, CHESTNUT HILL, MA 02467		000	.005::	
		Form	990	(2009)	

932006 02-04-10

Form 990 (2009)

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 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

X Check this box if the organization did not of		y cu	rren			, dire	cto			
(A)	(B)			_ (C				(D)	(E)	(F)
Name and Title	Average hours	/01	Position (check all that apply)				l. A	Reportable compensation	Reportable compensation	Estimated amount of
	per	-				Т	'y <i>)</i>	from	from related	other
	week	rector						the	organizations	compensation
		D 10	tee			Highest compensated employee		organization	(W-2/1099-MISC)	from the
		Fruste	al trus		yee	шреш		(W-2/1099-MISC)		organization
		ndividual trustee or director	institutional trustee	<u>.</u>	Key employee	estco	ia ia			and related
		Indiv	Instit	Officer	Key	Hg Hg	Former			organizations
YVETTE M JONES										
TRUSTEE	0.80	X					<u> </u>	0.	477,281.	28,568.
LUDOVICO FEOLI	ļ		1		ł					
TRUSTEE	0.80	X						0.	46,250.	28.
THOMAS B. LEMANN										
TRUSTEE	0.80	X			<u> </u>	$oxed{oxed}$		0.	0.	0.
MICHAEL A BERNSTEIN								_		
TRUSTEE	0.80	X			<u> </u>	<u>↓</u>		0.	415,198.	20,735.
THOMAS F REESE	1									
TRUSTEE	0.80	X	<u> </u>		_	—	<u> </u>	0.	189,543.	23,519.
JOHN S GOLDTHWAIT										
TRUSTEE (PART OF YEAR)	0.80	X		<u> </u>	<u> </u>	₩		0.	0.	0.
		1								
		-		-	⊢	⊬				
		╁	┼	 	 	\vdash	-			
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	-							- <u>-</u> -		F 000 (2000)

Form **990** (2009)

Par	t VII Section A. Officers, Directors, Tru	stees, Key E	mplo	yee	s, a	nd I	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	 , .		Pos			L V	Reportable	Reportable			mate	
		hours per	\vdash	neck	all	that	app	ily)	compensation from	compensation from related			ount o ther	of
		week	Individual trustee or director						the	organizations	0		ensat	tion
			9 0 0	tee		ļ	sated		organization	(W-2/1099-MISC)	fro	m the	•
			fuste	Institutional trustee		96	Highest compensated employee	1	(W-2/1099-MISC)			•	nızatı	
			ndual	tate	į,	Кеу етріоуее	loyee	盲			١,		relate uzatio	
			亨	last	Officer	Key	돌	Former				J. gai	IIZUII.	,,,,
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	Total	1	Щ.	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>	_	l .	0.	1,128,27	<u>, </u>	7 2	. 0	50.
2	Total . Total number of individuals (including but n	ot limited to th	2000	lieta	ad a	hov	a) w/	ho r			4.	1 2	, 0	30.
~	compensation from the organization	or innited to ti	1036	note	ou a	DOV	C) W	10 1	eceived more triair \$100	,,000 in reportable				0
	on garingation												Yes	No
3	Did the organization list any former officer,	director or tru	istee	e, ke	y en	olqn	yee,	or h	nighest compensated er	nplovee on				
	line 1a? If "Yes," complete Schedule J for s				•		•			. ,		з		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atıoı	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes	," co	mpl	ete S	Sch	edul	e J i	for such individual			4	X	
5	Did any person listed on line 1a receive or a				from	any	y uni	relat	ted organization for serv	ices rendered to				
	the organization? If "Yes," complete Sched	ule J for such	pers	on						·		5		<u> </u>
	tion B. Independent Contractors									*				
1	Complete this table for your five highest co the organization. NONE	mpensated in	aepe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensati	on tr	om	
	the organization. NONE (A)								/D)			(C)		
	Name and business	address							(B) Description of s	services	Con	(C) npen	, satioi	n
					-									
								ĺ						
								_						
		-												
	Total number of independent contractors /	noludina hi + -			.d +-	- ما ا	no 1-	ot c -	d abova) who assessed a	nore the				
2	Total number of independent contractors (i \$100,000 in compensation from the organization _	iUl II	ше	u (O		ose II O	siec	above) who received m	iore than					
	4 155,000 in compensation from the organic	Lation	-				<u> </u>			L.,	Ea	vrm Q	<u>an (</u>	2009)

		(2009) C/O S	SAMET & C	OMPANY		· · · · · · · · · · · · · · · · · · ·	20-6070)361 Page 9
	t VI				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a					
Doug		Membership dues	1b					
ifts,		: Fundraising events I Related organizations	1c 1d					
n'g		Government grants (contribu						
sizi		All other contributions, gifts, gran	·					
het	'	similar amounts not included abo	1 1					+
E to	c	Noncash contributions included in lines						
a S	_	Total. Add lines 1a-1f	3 Id- II					
				Business Code				
ا بو	2 a	i						
Program Service Revenue	t							
Scale	c							
eve	c	1						
<u>6</u>	e	•						
مَ	f	All other program service rev	enue					
		Total. Add lines 2a-2f		•				<u> </u>
	3	Investment income (including	g dividends, intere	_	106 000			100 000
		other similar amounts)			136,032.			136,032.
	4	Income from investment of ta	ax-exempt bond p	proceeds	······································			
	5	Royalties	0.51	(2 D)				
		Overe Bents	(i) Real	(ii) Personal				
	6 a	_						
		Less. rental expenses Rental income or (loss)						
		Net rental income or (loss)						
		a Gross amount from sales of	(i) Securities	(ıi) Other		 		
	, ,	assets other than inventory	953,450.					
	ŀ	Less cost or other basis	300, 200					
İ		and sales expenses	1163290.					
	(Gain or (loss)	<209840.					
	•	d Net gain or (loss)			<209,840.	>		<209,840.>
Other Revenue	8 8	a Gross income from fundraisii including \$	= -					
eve		contributions reported on line						
Œ.		Part IV, line 18	a					
흁	ŧ	b Less direct expenses	b					
0	(Net income or (loss) from fun	draising events					
	9 a	a Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
		b Less direct expenses	b					
		Net income or (loss) from gain		<u> </u>				
	10 a	a Gross sales of inventory, less	s returns					
		and allowances	а					
		b Less cost of goods sold	b					
ł		Net income or (loss) from sal		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
		Miscellaneous Reven		Business Code				
	11 6							
		b						
		d All other revenue						
		d All other revenue e Total. Add lines 11a-11d						+
	12	Total revenue. See instructions.	_		<73,808.	0.	0	. <73,808.>
93200 02-04					1.0,000			Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	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								
	organizations in the U.S. See Part IV, line 21	460,166.	460,166.						
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the U.S.								
	See Part IV, lines 15 and 16			- 					
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
_	trustees, and key employees								
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								
11	Fees for services (non-employees)								
''	Management								
b	Legal	43,877.		43,877.					
G	Accounting	4,450.		4,450.					
d	Lobbying	1,150.		4,450.					
e	Professional fundraising services. See Part IV, line 17			· · · · ·					
f	Investment management fees		•						
g	Other								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance								
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	INVESTMENT MGMT FEES	45,410.		45,410.					
b	FOREIGN TAXES PAID	554.		554.					
С	FILING FEE	70.		70.					
d									
е					·				
f	All other expenses								
<u>25</u>	Total functional expenses. Add lines 1 through 24f	554,527.	460,166.	94,361.	0.				
26	Joint costs. Check here 🕨 🔲 ıf 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								

Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
;	2	Savings and temporary cash investments	275,627.	2	<u>61,501.</u>
	3	Pledges and grants receivable, net		3	
	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		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	- hurry
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	5,801,057.	11	5,365,576.
	12	Investments - other securities See Part IV, line 11	416,686.	12	437,958.
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,493,370.	16	5,865,035
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
jab		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		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		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here and complete			
Ses		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
ł	1	Organizations that do not follow SFAS 117, check here			
õ		complete lines 30 through 34.			•
Sets	30	Capital stock or trust principal, or current funds	0.		0
Ase	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	6,493,370.	32	5,865,035
_	33	Total net assets or fund balances	6,493,370.		5,865,035
	34	Total liabilities and net assets/fund balances	6,493,370.	34	5,865,035.

Form **990** (2009)

Form	990 (2009) C/O SAMET & COMPANY 20-607	0361	Pag	ge 12
Pa	rt 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		<u> </u>
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			1
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			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of t	the organizati	on SAMUEL	Z. STONE CIP	R SUP	PORT	TRUST		E	mployer ic	lentification number
		C/O SAM	ET & COMPANY	•					20	-6070361
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.		
The organ	nzation is not a	private foundation b	pecause it is (For lines	through	11, check	only one b	ox)			
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)			
2 🗌			0(b)(1)(A)(ii). (Attach Sc							
з 🗀			al service organization			170(b)(1)(A)(iii).			
4 🔲			perated in conjunction					(b)(1)(A)(i	ii). Enter th	e hospital's name,
	city, and stat								•	
5 🔲	An organizat	on operated for the t	penefit of a college or u	niversity o	wned or op	erated by	a governr	nental un	nt described	d in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6 🔲	A federal, sta	ite, or local governme	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).			
7 🗀	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). (Complet	te Part II.)							
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗀	An organizat	on that normally rece	eives. (1) more than 33	1/3% of its	s support f	rom contri	butions, m	nembersh	ıp fees, and	d gross receipts from
	activities rela	ited to its exempt fur	octions - subject to certa	an excepti	ons, and (2	2) no more	than 33 1	/3% of its	s support fi	rom gross investment
	income and	unrelated business ta	axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	anization af	iter June 30, 1975
	See section	509(a)(2). (Complete	Part III)							
10 🔲	An organizat	on organized and op	perated exclusively to te	st for publ	lic safety S	See sectio	n 509(a)(4	I).		
11 X	An organizat	ion organized and op	perated exclusively for the	ne benefit	of, to perfo	om the fur	nctions of,	or to car	y out the p	ourposes of one or
	more publicly	y supported organiza	itions described in secti	on 509(a)(1) or section	on 509(a)(2	2) See se c	ction 509	(a)(3). Ched	ck the box that
	describes the	e type of supporting	organization and compl	et <u>e lin</u> es 1	1e through	11h				
	a X Type	l b ∟	J Type II d	з 📖 Тур	e III - Fund	tionally int	tegrated		d	Type III - Other
e X	By checking	this box, I certify tha	t the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified p	ersons other than
	foundation n	nanagers and other tl	han one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509(a)(2)
f	If the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check th	ns box							X
g	Since Augus	t 17, 2006, has the o	rganization accepted ai	ny gift or c	ontribution	from any	of the follo	owing per	sons?	
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	gether with	persons o	lescribed i	ın (ıi) and	(III) below,	Yes No
	_		upported organization?							11g(i) X
			n described in (i) above?							11g(ii) X
		•	person described in (i)	• • •						11g(ıii) X
h	Provide the f	ollowing information	about the supported or	ganızatıon	n(s)					
		1	ATTO The south	1		ſ		,	T	
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) l organizat	s the ion in col.	(vii) Amount of
org	anization		(described on lines 1-9		isted in your document?			(i) organı U.S	zed in the i	support
			above or IRC section (see instructions))		1			 		
mii 333	(T)		(see manuchons))	Yes	No	Yes	No	Yes	No	
TULAN		72 0422000	2					.,,		460 166
EDUCA	TIONAL	72-0423889	2	X	 	X		X		460,166.
		 		 	 	1				
									1	
				 	1				 	
					+		 		++	
			<u> </u>	<u> </u>	 	-			+ +	
Total										460,166

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule	Δ	(Form	agn or	മമവ.	E7	2000

Page 2

	edule A (Form 990 or 990-EZ) 2009 Irt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(s	Page 2		
<u> </u>	(Complete only if you checke				(=)(:)(:,(:,) (:.)	α . / ο(Β)(!)(x)(, . ,		
Sec	ction A. Public Support								
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Gifts, grants, contributions, and				1	(3),	10/		
	membership fees received (Do not			1					
	include any "unusual grants.")								
2	2 Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities		, ==						
	furnished by a governmental unit to								
	the organization without charge			ļ					
4	Total, Add lines 1 through 3								
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)								
_6	Public support. Subtract line 5 from line 4								
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts 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 from the sale of capital								
	assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10	<u> </u>	<u> </u>			<u> </u>			
	Gross receipts from related activities,	•	•			12			
13	First five years. If the Form 990 is fo		s first, second, thi	rd, fou rth , or fifth t	ax year as a section	on 501(c)(3)			
80	organization, check this box and store		roontogo						
	ction C. Computation of Publ					TT			
	Public support percentage for 2009 (•	column (f))		14	<u>%</u>		
	Public support percentage from 2008				44 00 4/00/	15	<u>%</u>		
168	33 1/3% support test - 2009.If the o				14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies		•		15 00 4 00 0		. ▶□		
IC.	33 1/3% support test - 2008. If the o				l line 15 is 33 1/3%	or more, check th	ils box		
17.	and stop here. The organization qual				10 10s su 10b		P		
176	10% -facts-and-circumstances tes								
	and if the organization meets the "fact					iit iv now the orgal	ıı∠atıon ⊾ □		
	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	•	•		•	170, and line 15 :-	10% or		
L	more, and if the organization meets the								
	organization meets the "facts-and-circ				-		, 		
18	5								
	THE TOURS OF THE CONTRACTOR	sia not oncer a	DON OF HIE TO, TO	, 100, 17a, 01 17		edule A (Form 990	-		
					3011		<u></u> , <u></u>		

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a)(2) (Complete only	ıf you checked the bo	x on line 9 of Part I.)				
Sec	ction A. Public Support										
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	include any "unusual grants ")						·				
2	2 Gross receipts from admissions, merchandise sold or services per-										
	formed, or facilities furnished in										
	any activity that is related to the										
_	organization's tax-exempt purpose				<u> </u>						
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	i									
	or expended on its behalf										
5	The value of services or facilities										
Ŭ	furnished by a governmental unit to										
	the organization without charge			İ							
6	Total. Add lines 1 through 5		_								
	Amounts included on lines 1, 2, and										
	3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received										
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the										
	amount on line 13 for the year										
c	: Add lines 7a and 7b										
	8 Public support (Subtract line 7c from line 6)										
	Section B. Total Support										
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
	Amounts from line 6										
102	Gross income from interest, dividends, payments received on										
	securities loans, rents, royalties										
_	and income from similar sources Unrelated business taxable income				 						
Ľ,	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
,	: Add lines 10a and 10b				 	 					
	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 organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,				
_	check this box and stop here										
	ction C. Computation of Publ					·					
15	Public support percentage for 2009 (column (f))		15	%				
16	Public support percentage from 2008					16	%				
	ction D. Computation of Inves					 					
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	%				
18	Investment income percentage from				45 "	18	%				
198	33 1/3% support tests - 2009. If the						/ is not				
_	more than 33 1/3%, check this box a										
C	33 1/3% support tests - 2008. If the						and 🛌 🥅				
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization					-					
<u> 20</u>	Trivate loungation, it the organization	ar did flot crieck a	DOX OF HIE 14, 15	a, or 130, check t		nedule A (Form 99	0 or 000 E7\ 0000				
					30	ionarie w (LOLIII aa	∪ ∪ 33U-EÆ) 2UU9				

Schedule D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

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

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SAMUEL Z. STONE CIPR SUPPORT TRUST

Employer identification number

	C/O SAMET & COMPAN	Y	20-60/0361				
Par			is or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, line						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds				
Ū	are the organization's property, subject to the organization's	_	Yes No				
6	Did the organization inform all grantees, donors, and donor a	•	- -				
0	for charitable purposes and not for the benefit of the donor of						
	• •	of donor advisor, or for any other purpos	Yes No_				
Par	mpermissible private benefit? t II Conservation Easements. Complete if the org	reputation engineered "Ves" to Form 900					
			, Part IV, lille /				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or p		nistorically important land area				
	Protection of natural habitat	Preservation of a ce	ertified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	m of a conservation easement on the last				
	day of the tax year						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c				
_	d Number of conservation easements included in (c) acquired after 8/17/06						
3	Number of conservation easements modified, transferred, re		<u></u>				
3	year	leased, extinguished, or terrimated by t	the organization during the tax				
	Number of states where property subject to conservation ea	sement is located					
4			_ .f				
5	Does the organization have a written policy regarding the pe	- · · · · · · · · · · · · · · · · · · ·	Yes No				
	violations, and enforcement of the conservation easements						
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 1					
	and section 170(h)(4)(B)(ii)?	•	L Yes L No				
9	In Part XIV, describe how the organization reports conservat						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for				
	conservation easements						
Pa	rt III Organizations Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.				
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	<u>.</u>				
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	public service, provide, in Part XIV, the text of				
	the footnote to its financial statements that describes these						
h	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bal	lance sheet works of art, historical treasures.				
_	or other similar assets held for public exhibition, education,	·					
	these items	or recourses in the factor of public cerv	too, provide the following amounts retaining to				
			~ ¢				
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$				
_	(ii) Assets included in Form 990, Part X	and the second of the second o					
2	If the organization received or held works of art, historical tre		ciai gain, provide				
	the following amounts required to be reported under SFAS	116 relating to these items	. .				
а	Revenues included in Form 990, Part VIII, line 1		► \$				
b	Assets included in Form 990, Part X		. • \$				

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		ET & COMPA						<u>70361</u>	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tre	easures, or Oth	er Simila	ar Asset	S (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that are a	significant i	use of its o	collection i	tems
	(check all that apply).								
а	Public exhibition	d			hange programs				
b	Scholarly research	е	(Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organization's ex	empt purpo	se in Part	XIV	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or other simil	ar assets		_	
	to be sold to raise funds rather than to be m							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if org	anızatıon ar	nswered "Yes" to Fo	orm 990, Pa	rt IV, line 9	3, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for d	contribution	s or other assets no	ot included	_	_	
	on Form 990, Part X?						<u> </u>	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able					
								Amount	
C	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		<u> </u>	
	Did the organization include an amount on F		21?				<u> </u>	Yes	L No
	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo					
		(a) Current year	(b) P	rior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears back_
1a	Beginning of year balance					-		 	
b	Contributions							 	
С	Net investment earnings, gains, and losses					 		 	
	Grants or scholarships							 	
е	Other expenditures for facilities						,		
	and programs					 			
	Administrative expenses								
g	End of year balance		<u> </u>			<u></u>			
2	Provide the estimated percentage of the year	r end balance held a							
а	Board designated or quasi-endowment		%						
	Permanent endowment >	%							
		%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administered for	the organi	zation	_	
	by:							<u>}</u>	res No
	(i) unrelated organizations 3a(i)								
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	•						3b	
<u>4</u>	Describe in Part XIV the intended uses of the				5 17 1 40				
Pai	t VI Investments - Land, Building				· · ·				
	Description of investment	(a) Cost or o				Accumulate		(d) Book	value
		basis (investi	ment)	Dasis	(other) c	epreciation			
	Land								
	Buildings						-+		
	Leasehold improvements						-+		
	Equipment						$\overline{}$		
	Other			(C) (10(-))		_		
I OTA	l. Add lines 1a through 1e. (Column (d) must e	ional Form 990. Parl	X COUID	nn (K) line 1	Luci i				U -

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See	Form 990, Part X, line 12		20-60/0361 Page 3
(a) Description of security or category (including name of security)	(b) Book value		thod of valuation d-of-year market value
Financial derivatives Closely-held equity interests		A178-	
OtherDODGE & COX INT'L STOCK FUND	437,958.	COST	
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See	437,958.		
(a) Description of investment type	(b) Book value	(c) Me	thod of valuation. d-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, line 1 (a) D	5. escription		(b) Book value

Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		•
Part X Other Liabilities. See Form 990, Part X, In (a) Description of liability	ne 25	(b) Amount	
Federal income taxes		(b) ranount	
Total. (Column (b) must equal Form 990, Part X, col (B) line 2. FIN 48 Footnote In Part XIV, provide the text of the footn		financial statements that re	morte the organization's liability for

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 C/O SAMET & COMPANY			20-6070361 Pag	ge 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited F	inancial State	ements	
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 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per F	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:	1 1			
а	Net unrealized gains on investments	2a		_	
þ	Donated services and use of facilities	2b		_	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d		<u> </u>	
е	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	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIV)	4b		4	
С	Add lines 4a and 4b			4c	
5 Do	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Stateme	onto With	Evnancea nor	5 Doturn	
		Elito Mitti	Expenses per	1 1	
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 Donated services and use of facilities	100			
a		2a		-	
b	Prior year adjustments Other losses	2b 2c		-	
c d	Other (Describe in Part XIV)	2d		-	
e	Add lines 2a through 2d	ZU			
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		-	
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		•	5	
Pa	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				art
				<u> </u>	
					

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. TRUST SUPPORT STONE CIPR & COMPANY C/O SAMET SAMUEL Z. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Employer identification number 2 OR INTER-AMERICAN POLICY 20-6070361 SUPPORT TULANE'S CENTER (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ND RESEARCH 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 460,166, 170(B)(1)(A)(II) (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 72-0423889 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization or government TULANE EDUCATIONAL FUND 6823 SAINT CHARLES AVE NEW ORLEANS, LA 70118 Part i

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Schedule I (Form 990) 2009

Pagé 2

20-6070361

C/O SAMET & COMPANY

Schedule I (Form 990) 2009

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

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information FUNDS ARE DISTRIBUTED TO TULANE UNIVERSITY IN FOUR EQUAL PAYMENTS AT THE LINE 2: ANNUALLY THE TRUSTEES APPROVE A BUDGET WHICH THE INCLUDES AMOUNTS TO BE DISTRIBUTED TO THE SUPPORTED ORGANIZATION. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients END OF EACH CALENDAR QUARTER (a) Type of grant or assistance SCHEDULE I, PART I,

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

SAMUEL Z. STONE CIPR SUPPORT TRUST

C/O SAMET & COMPANY

Employer identification number 20-6070361

Гa	111	Questions negarding compensation			
				Yes	No
1a	Chec	k the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		i	
	Part \	VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			ł
		First-class or charter travel Housing allowance or residence for personal use			
	\Box	Travel for companions Payments for business use of personal residence			
		Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		:	
b	If any	of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimb	pursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did th	he organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	truste	ees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indica	ate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/	/Executive Director Check all that apply.			
		Compensation committee Written employment contract			
		Independent compensation consultant Compensation survey or study			
		Form 990 of other organizations Approval by the board or compensation committee			
4	Durin	ng the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	orgar	nization or a related organization			
а	Rece	eive a severance payment or change-of-control payment?	4a		X
b	Partic	cipate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Partic	cipate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Ye	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only	section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	conti	ngent on the revenues of			
а	The c	organization?	5a		X
b	Any r	related organization?	5b		X
	If "Ye	es" to line 5a or 5b, describe in Part III			
6	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	conti	ngent on the net earnings of.			
а	The c	organization?	6a		X
b	Any r	related organization?	6b		X
	If "Ye	es" to line 6a or 6b, describe in Part III.			
7	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not d	lescribed in lines 5 and 6? If "Yes," describe in Part III	_7		X
8	Were	any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal	contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Y∈	es" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regu	ulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2009

& COMPANY

20-6070361

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed C/O SAMET Schedule J (Form 990) 2009

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	0	0	0	0	0	0	0
YVETTE M JONES	: Œ	460,70	16,580.	0.	24,500.	4,068.	505,849.	0
	Ξ	0	0	0	• 0	0.	0	0
MICHAEL A BERNSTEIN	≘	393,198.	22,000.	0.	16,667.	4,068.	435,933.	0
	Ξ	0	0.	0.	0	0 • 0	0	0.
THOMAS F REESE	E	189,543.	0.	0.	19,451.	4,068.	213,062.	0.
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Schedule J (Form 990) 2009

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SCHEDULE L

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization SAM	UEL Z.	STONE	CIPR SUPPO	RT TR	UST		- 1			cation n	umber
	SAMET						2	0-60	<u>7036</u>	1	
		•	on 501(c)(3) and section		•	•	. -		.ī		
	nization ansv	vered "Yes"	on Form 990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40)b	() 0	
1 (a) Name of disc	qualified pers	son		(b) 🛚	escription o	of transa	ction			(c) Corr	
		_								Yes	No
									.		
											
2 Enter the amount of tax impo	sed on the c	organization	managers or disqualif	ied persons	s during the	year un	der				
section 4958								> \$			
3 Enter the amount of tax, if an	y, on line 2,	above, reim	bursed by the organiz	ation				▶ \$			
Part II Loans to and/or	r From Int	erested I	Persons								
			on Form 990, Part IV,	line 26 or	Form 990.F	7 Dart \	/ line 31	Ra.			
(a) Name of interested	``	to or from	(c) Original principal		ance due		In	(f) Ap	oroved	(g) W	ritten
person and purpose		nization?	amount	(4) 54.0	x1100 dd0	default?		by board or committee?		agreer	
	То	From				Yes	No	Yes	No	Yes	No
								ļ			
						ļ	ļ	1			
				<u> </u>		 	<u> </u>	-		ļ	
										 	
7 -1-1			<u> </u>				<u> </u>	+		 	
Total Part III Grants or Assis	tance Ber	nefitina li	nterested Person					1			
L		•	on Form 990, Part IV								
(a) Name of interested			(b) Relationship betw		sted person	and		(c) An	nount ar	d type o	f
			the o	rganization					assistar	ice	
							1				
						<u> </u>					
					-						
Part IV Business Trans	actions Ir	volving	nterested Persor	ns.			- 1				-
		•	on Form 990, Part IV		8b. or 28c.						
(a) Name of interested			Relationship between		(c) Amo	ount of	(d)	Descrip	tion of		aring of zation's
			person and the organi	zation	transa	iction		transact	ion		nues?
										Yes	No
JOHN GOLDTHWAIT		TRU	JSTEE-PART (OF YR	45	,410	.THI	TRU	JSTE	1	X
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service	Form 990 or to provide any additional information. ▶ Attach to Form 990.	Open to Public Inspection
Name of the organization	SAMUEL Z. STONE CIPR SUPPORT TRUST C/O SAMET & COMPANY	Employer identification number 20-6070361
FORM 990, PA	RT III, LINE 2, NEW PROGRAM SERVICES:	
PROVIDE SUPP	ORT BY MAKING GRANTS TO TULANE UNIVERSITY'S (CENTER FOR
INTER-AMERIC	AN POLICY AND RESEARCH.	
FORM 990, PA	RT III, LINE 3, CHANGES IN PROGRAM SERVICES:	
THE ORGANIZA	TION NO LONGER SUPPORTS CIAPA.	
FORM 990, PA	RT VI, SECTION A, LINE 4: THE DECLARATION OF	TRUST WAS
AMENDED IN 2	009 IN ORDER TO CONVERT THE ORGANIZATION FROM	A TYPE III
TO A TYPE I	SUPPORTING ORGANIZATION.	
FORM 990, PA	RT VI, SECTION A, LINE 7A: A MAJORITY OF THE	TRUSTEES ARE
APPOINTED BY	TULANE UNIVERSITY, THE SUPPORTED ORGANIZATION	ON. THE OTHER
TRUSTEES ARE	APPOINTED BY A FAMILY FOUNDATION.	10-5mv -
		77
FORM 990, PA	RT VI, SECTION B, LINE 11: PRIOR TO FILING TH	HE FORM 990, THE
TRUSTEES REV	IEW THE RETURN AT THE ANNUAL MEETING. THEY CO	OMPARE IT TO THE
PRIOR YEAR'S	RETURN. THEY ALSO REVIEW TO INSURE ALL INCOM	ME REFLECTED ON THE
BROKERAGE AC	COUNTS, AND ALL EXPENSES INCURRED HAVE BEEN I	PROPERLY INCLUDED
ON THE FORM	990.	
FORM 990, PA	RT VI, SECTION C, LINE 19: THE ORGANIZATION I	OOES NOT INTERACT
WITH THE GEN	ERAL PUBLIC. APPLICABLE DOCUMENTS ARE AVAILA	BLE UPON REQUEST.
FORM 990, PA	RT VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	TORS, ETC:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

YVETTE M JONES - TULANE UNIVERSITY, 6823 ST CHARLES AVE

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	SAMUEL Z. STONE CIPR SUPPORT TRUST C/O SAMET & COMPANY	Employer identification number 20-6070361
NEW ORLEANS, LA	70118	
LUDOVICO FEOLI -	- 1523 SONIAT STREET, NEW ORLEANS, LA 7013	15-4033
THOMAS B. LEMANN	N - 701 POYDRAS STE 5000, NEW ORLEANS, LA	71039-5099
MICHAEL A BERNST	TEIN - TULANE UNIVERSITY, 6823 ST CHARLES	AVE
THOMAS F REESE -	- TULANE UNIVERSITY, 6823 ST CHARLES AVE	
SCHEDULE A- PART	r i- Line 11f	
IN A PRIOR YEAR	THE ORGANIZATION RECEIVED A DETERMINATION	N LETTER FROM
THE IRS AS A TYPE	PE III SUPPORTING ORGANIZATION.	
	BUSINESS TRANSACTIONS INVOLVING INTEREST	
	OF TRANSACTION: THE TRUSTEE WAS AN OFFICE	
SHAREHOLDER OF A	AN ENTITY THAT RECEIVED INVESTMENT MANAGE	MENT FEES.
		

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number OMB No 1545-0047 Direct controlling Direct controlling 20-6070361 entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets 170B(1)(A)(II) status (if section Public charity 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section ਉ 501(C)(3) ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) LOUISIANA STONE CIPR SUPPORT TRUST LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶ Attach to Form 990. Primary activity Primary activity RESEARCH UNIVERSITY & COMPANY - 72-0423889, 6823 ST CHARLES AVENUE ADMINISTRATORS OF THE TULANE EDUCATIONAL C/O SAMET SAMUEL Z. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity NEW ORLEANS, LA 70118 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER (Form 990) Part II Part FUND

932161 02-04-10

STONE CIPR SUPPORT TRUST & COMPANY SAMUEL Z.

C/O SAMET Schedule R (Form 990) 2009

Page 2

20-6070361

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

3	General or managing partner?	Yes No	 	_									Q
	Gene man	Yes					ļ	<u>.</u>	_			4	relate
€	Code V UBI	K-1 (Form 1065)											ad one or more
Ē	Disproportion- ate allocations?	S.			 						 	_	ause it h
	Dispi ate al	Yes										_	4 bec
(6)	Share of end-of-year	assers		į						İ			O Part IV line 3
£	Share of total income												d "Yes" to Form 96
(e)	Predominant income (related, unrelated,	sections 512-514)											as Trues (Complete of the organization answered "Yes," to Form 990. Part IV line 34 because it had one or more related
(p)	Direct controlling entity												Truct (Complete if the
<u></u>	Legal domicile (state or	country)											nortion or
(q)	ctivity												Citorography or of description
(a)	Name, address, and EIN of related organization												income Charles C de maite a Standard

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

(a)	(q)	<u> </u>	©	(e)	Œ		E
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile Direct controlling Type of entity (C corp., S corp. foreign country)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
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Schedule R (Form 990) 2009

SAMUEL Z. STONE CIPR SUPPORT TRUST C/O SAMET & COMPANY

Page 3

20-6070361

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

			-	١
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		<u>۲</u>	Yes	اه
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				١,
		e t	⟨ ×	اد
		+	×	١
c Girlt, grant, or capital contribution from other organization(s)		2	1 :	١.
d Loans or loan guarantees to or for other organization(s)		9	*	ا
e Loans or loan guarantees by other organization(s)		<u>ə</u>	×	اہ
(a) College to address to address to the college of		*	×	٦
1 Sale of assets to other organization(s)		: ;	>	
g Purchase of assets from other organization(s)		19	4	راد
h Exchange of assets		두	×	ال
i Lease of facilities, equipment, or other assets to other organization(s)		ij	×	ا۔
i Lease of facilities equimment or other assets from other organization(s)		ï	×	u
Judge of tacings, equipment, or other action control of the contro		¥	X	L
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Change of facilities comment mailing both or other accept		Ę	×	ال
		5	×	
n Sharing of paid employees			1	ا
			+	١.
o Reimbursement paid to other organization for expenses		9	<u>د (</u> ک	ال
p Reimbursement paid by other organization for expenses		đ	×	
			_	١
a Other transfer of cash or property to other organization(s)		19	X	u
		1.	×	u
1	on thresholds			
-	3	(2)		
(a) Tra Name of other organization(s) ty	ction a-r)	Amount involved	olved	
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(2)			!	
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(5)				
932163 02-04-10	Schedule	Schedule R (Form 990) 2009	90) 200	69

Page 4 20-6070361

SAMUEL Z. STONE CIPR SUPPORT TRUST C/O SAMET & COMPANY

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a)	(q)	(c)	(p)	(e)	€	(b)	£
Name, address, and EIN of entity	Primary activity	ign ign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
			Yes No			(Form 1065)	-
		ļ					
				•			
				-			
	-						
							_
							

Schedule R (Form 990) 2009

Form 8868 (Rev. 4-2009)	_	Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chec	k this box	ightharpoons X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previous	ısly filed Form	8868
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	nal (no copies r	needed)
Name of Exempt Organization	Emp	loyer identification number
Type or SAMUEL Z. STONE CIPR SUPPORT TRUST	j	
print C/O SAMET & COMPANY	2	0-6070361
File by the extended Number, street, and room or suite no. If a P O. box, see instructions	For I	RS use only
due date for filing the 1330 BOYLSTON STREET		
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions CHESTNUT HILL, MA 02467		
Check type of return to be filed (File a separate application for each return)		
X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 104	1-A Fo	orm 5227 Form 8870
Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 472	90 🗀 F	orm 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a	previously file	ed Form 8868
	proviously like	, a 1 o 1 i i o o o o i
SAMET & COMPANY PC	T W3 0	2467
• The books are in the care of 1330 BOYLSTON STREET - CHESTNUT HII	<u>יוי, MA U</u>	2467
Telephone No ► <u>617-731-1222</u> FAX No ►		
• If the organization does not have an office or place of business in the United States, check this box	Male e e fe	- 4h dr la - 4h
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		
box If it is for part of the group, check this box and attach a list with the names and El	Ns of all memi	pers the extension is for
4 request an additional 3-month extension of time until NOVEMBER 15, 2010		
5 For calendar year 2009, or other tax year beginning, and 6 If this tax year is for less than 12 months, check reason Initial return Final return	~ —	Observa in assertation pared
	m 🗀	Change in accounting period
7 State in detail why you need the extension ADDITIONAL INFORMATION IS NEEDED FROM THIRD PARTIE	C TN OF	DED NO ETTE A
COMPLETE AND ACCURATE TAX RETURN.	72 IN OF	DER TO FILE A
		1
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	s
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate		D
•	led	
tax payments made Include any prior year overpayment allowed as a credit and any amount paid	8b	\$
previously with Form 8868		3
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, dep		s N/A
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See insti Signature and Verification	ructions 8c	4 M M
	and to the heat	of my knowledge and helief
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, it is true, correct, and complete, and that I am authorized to prepare this form.	and to the best	or my knowleage and deller,
Signature ► Title ►	Date	e >

Form 8868 (Rev. 4-2009)

CIAPA U.S. SUPPORT TRUST FIRST AMENDMENT

This 23^{2d} day of Ludovico Feoli, Thomas B. Lemann, and John Goldthwait current Trustces of the CIAPA U.S. Support Trust dated October 27, 2003 (the "Trust"), pursuant to the provisions of Article 4 of the Trust, hereby amend the Trust as follows:

<u>First</u>: By deleting Article 1 thereof in its entirety and by substituting therefor the following new Article 1:

"ARTICLE I

NAME

This trust shall be known as the 'Samuel Z. Stone CIPR Support Trust.'"

"1

Second: By deleting Article 3 thereof in its entirety and by substituting therefor the following new Article 3:

"ARTICLE 3

PROVISIONS FOR CIPR

- 3.1. The Trustees shall hold, manage, invest and reinvest all property received and accepted by them in trust as set forth herein for the Administrators of the Tulane Educational Fund (hereafter, 'Tulane') to support Tulane's programs and research conducted through the Center for Inter-American Policy and Research (hereafter, 'CIPR') within the Tulane Stone Center for Latin American Studies. The Trustees shall pay over net income and principal of the trust to Tulane for CIPR's support as they in their discretion determine advisable and in the best interests of Tulane and CIPR.
- 3.2. This Trust shall continue in perpetuity unless CPR ceases to exist or Tulane ceases to be organized and operated exclusively for charitable, scientific or educational purposes, in which case the Trustees shall distribute all of the remaining principal and income of this Trust,

free of all trusts, to the Zemurray Foundation, of New Orleans, Louisiana, provided that it qualifies as a 'charitable organization' as described in Section 3.3. In the event the Zemurray Foundation is not a 'charitable organization' as described in Section 3.3, the Trustees shall distribute all of the remaining principal and income of this Trust, free of all trusts, to those 'charitable organizations' as described in Section 3.3 as the Trustees shall in their sole discretion select.

3.3. In this Trust and in any amendments to it, the term 'charitable organization' shall mean a corporation, trust, fund, foundation or community chest created or organized in the United States or in any of its possessions, whether under the laws of the United States, any state or territory, the District of Columbia, or any possession of the United States, organized and operated exclusively for charitable purposes, no part of the net earnings of which inures or is payable to or for the benefit of any private shareholder or individual, and no substantial part of the activities of which is carrying on propaganda, or otherwise attempting to influence legislation, and which does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office and which is described in Sections 170(c), 2055(a) and 2522(a) of the Code. 'Charitable purposes' shall include all the purposes for which a charitable organization described in the preceding sentence may be organized and operated."

Third: By deleting Article 5 thereof in its entirety and by substituting therefor the following new Article 5:

"ARTICLE 5

PROVISIONS RELATING TO TRUSTEESHIP

- 5 1. No Trustee shall be required to furnish any bond or surety. No Trustee shall be liable for mere errors of judgment but only for his or her own willful default or malfeasance and none of them shall be responsible or liable for the acts or omissions of any other of the Trustees, of any prior Trustee, or of any custodian, agent, depositary or counsel selected with reasonable care by the Trustees. The Trustee or Trustees, whether original or successor, while in office, shall have full authority to act even though one or more vacancies in the office may exist. A Trustee may, by appropriate written instrument, delegate all or any part of his or her powers to one or more of the remaining Trustees then serving for such periods, not in excess of six (6) months, and subject to such conditions as such delegating Trustee may determine.
- 5.2. The Trustees shall receive no payment for their services as trustees hereunder, however, Trustees shall be entitled to receive reimbursement for reasonable expenses incurred in carrying out their duties.
- 5.3. Any Trustee may resign his or her office by written instrument signed and acknowledged by such Trustee and delivered to the other Trustees.
- 5.4. This Trust may not be controlled at any time by 'disqualified persons' (as that term is defined in Section 4946(a) of the Code) but not including 'foundation managers' (as that term is defined in Section 4946(b) of the Code).
- 5.5. Five Trustees shall serve, subject to the right of the Trustees to increase this number provided in (c) below. As long as five trustees are to serve, the Board of Administrators of the Tulane Educational Fund shall have the right to appoint three of them (the 'Tulane Trustees'), and the Board of Directors of the Zemurray Foundation shall have the right to appoint two of them (the 'Zemurray Foundation Trustees')

- (a) The Board of Administrators of the Tulane Educational Fund shall have the right to remove and replace the Tulane Trustees and their successors, at any time, in their discretion.
- (b) The Board of Directors of the Zemurray Foundation shall have the right to remove and replace the Zemurray Foundation Trustees and their successors, at any time, in their discretion.
- (c) The Trustees shall have the power, by majority vote, to increase the number of trustees serving; provided, however, that at all times a majority of the trustees serving shall be Tulane Trustees, subject to the power of the Board of Administrators of the Tulane Educational Fund to appoint, remove and replace the Tulane Trustees, as provided in (a) above, and the remaining trustees shall be Zemurray Foundation Trustees, subject to the power of the Board of Directors of the Zemurray Foundation to appoint, remove and replace the Zemurray Foundation Trustees, as provided in (b) above.
- (d) Any appointment of a Trustee shall be by a written and acknowledged instrument and shall not take effect until the appointee shall endorse his or her acceptance on it. Upon such acceptance, such Trustee shall have the same powers, rights and duties and the same title to the trust property jointly with the surviving or remaining Trustees, if any, as if originally appointed.
- 5.6. If any Trustee shall be mentally or physically incapable of performing his duties, it shall not be necessary for such Trustee to resign or to be removed in order that this Trust may continue to be administered. The other Trustees may administer this Trust during such incapacity without the concurrence of the incapacitated Trustee

- 5.7. Decisions of the Trustees shall be by majority vote at all times No Trustee acting individually shall have the power to bind the Trust unless there shall be only one Trustee.
- 5.8. A written instrument signed by the Trustees as to the identity of the Trustees or as to any other facts or matters relating to this Trust or its management shall be conclusive as to all facts stated in such instrument in favor of any person relying thereon, and no one dealing with the Trustees shall be held to see to the application of any money or property transferred to or upon the order of the Trustees.
- 5.9. Any writing required or permitted by the terms of this instrument may be executed by facsimile signature and in multiple counterparts.
- 5.10. Any decision made by the Trustees involving a discretionary power under this Trust shall be final and binding on all persons interested."

Fourth: By deleting Article 7 thereof in its entirety and by substituting therefor the following new Article 7:

"ARTICLE 7

ACCOUNTING

The Trustees shall annually render an account of their trust to the Board of Administrators of the Tulane Educational Fund. If the Trustees hereunder within ninety (90) days of submitting any account of their trust as aforesaid shall receive no written objection thereto from Tulane, then such account shall be conclusively presumed to have been assented to by Tulane, and such assent shall be a complete discharge of the Trustees hereunder as to all matters included in such account or reflected thereby."

IN WITNESS WHEREOF, have hereunto set their hands and seals as of the day and year first above written.

Ludovico Feoli, Trustee

Thomas B. Lemann, Trustee

John Goldthwait, Trustee

STATE OF LOUISIANA

ORLEANS Parish

On this 24th day of September, 2009, before me, the undersigned notary public, personally appeared Ludovico Feoli, personally known to me to be the person whose name is signed on the foregoing instrument, and acknowledged to me that he signed it voluntarily for its MICHELE EAGAN stated purpose.

NOTARY PUBLIC No. 67484 Parish of Jefferson, State of Louisiana My Commission is Issued for Life

My commission expires:

STATE OF LOUISIANA

Ocleans Parish

On this 28 day of October 2009, before me, the undersigned notary public, personally appeared Thomas B. Lemann, personally known to me to be the person whose name is signed on the foregoing instrument, and acknowledged to me that he signed it voluntarily for its stated purpose. SUSAN M. PUNDT

> Notary Public Parish of Jefferson, State of Louislana Notary identification #87398 My Commission is issued for Life

Notary Public

My commission expires:

COMMONWEALTH OF MASSACHUSETTS

day of Whather, 2009, before me, the undersigned notary public,

personally appeared John Goldthwait, personally known to me to be the person whose name is

signed on the foregoing instrument, and acknowledged to me that he signed it voluntarily for its

stated purpose.

Notary Public

My commission expires:

CAROL A. CUSSON Notary Public Commonwealth of MassachuseRs My Commission Expires November 28, 2015

508385.1

CIAPA U.S. SUPPORT TRUST

Declaration of trust made this $\frac{\lambda}{\lambda}$ day of Colober. 2003 by Ludovico Feoli, of New Orleans, Louisiana, Thomas B. Lemann, of New Orleans, Louisiana, and John Goldthwait, of Hanover, Massachusetts, Trustees, who hereby acknowledge receipt of the property set forth in the annexed Schedule A and hereby declare that they will hold and manage the same, together with any other property which may be transferred to them, in trust, as follows:

ARTICLE I

NAME

This trust shall be known as the "CIAPA U.S. Support Trust".

ARTICLE 2

ACCEPTANCE OF PROPERTY

The Trustees may receive and accept property, whether real, personal or mixed, by way of gift, bequest or devise, from any person, firm, trust or corporation, to be held, administered and disposed of in accordance with and pursuant to the provisions of this trust; provided, however, that no gift, bequest or devise of any such property shall be received and accepted if, in the opinion of the Trustees, it is conditioned or limited upon any terms inconsistent with the objectives of this trust or it would jeopardize the federal income tax exemption of this trust or the qualification of this trust for the federal income, estate or gift tax charitable deductions pursuant to Sections 501(c)(3), 170(c), 2055(a) and 2522(a), respectively, of the Internal Revenue Code of 1986, as now in force or afterwards amended (hereinafter referred to as the "Code").

ARTICLE 3

PROVISIONS FOR CIAPA

- 3.1. The Trustees shall hold, manage, invest and reinvest all property received and accepted by them in trust as set forth herein for CIAPA (Centro de Investigacion y Adiestramento Politico), of Curridabat, Costa Rica, and shall pay over at least as often as annually all of the net income of this trust and such amounts of principal as they in their discretion determine, to or for the benefit of CIAPA, to support its program of visiting lecturers.
- 3.2. This Trust shall continue forever unless CIAPA ceases to exist or ceases to be organized and operated exclusively for charitable, scientific or educational purposes, in which case the Trustees shall distribute all of the remaining principal and income of this Trust, free of all trusts, to the Zemurray Foundation, of New Orleans, Louisiana, provided that it qualifies as a "charitable organization" as described in Section 3.3. In the event the Zemurray Foundation is not a "charitable organization" as described in Section 3.3, the Trustees shall distribute all of the remaining principal and income of this Trust, free of all trusts, to Tulane University, of New Orleans, Louisiana, provided that it qualifies as a "charitable organization" as described in Section 3.3. In the event Tulane University is not a "charitable organization" as described in Section 3.3, the Trustees shall distribute all of the remaining principal and income of this Trust, free of all trusts, to those "charitable organizations" as described in Section 3.3 as the Trustees shall in their sole discretion select.
- 3.3. In this Trust and in any amendments to it, the term "charitable organization" or shall mean a corporation, trust, fund, foundation or community chest created or organized in the United States or in any of its possessions, whether under the laws of the United States, any state

or territory, the District of Columbia, or any possession of the United States, organized and operated exclusively for charitable purposes, no part of the net earnings of which inures or is payable to or for the benefit of any private shareholder or individual, and no substantial part of the activities of which is carrying on propaganda, or otherwise attempting to influence legislation, and which does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office and which is described in Sections 170(c), 2055(a) and 2522(a) of the Code. "Charitable purposes" shall include all the purposes for which a charitable organization described in the preceding sentence may be organized and operated.

ARTICLE 4

AMENDMENTS

This Trust is irrevocable. This Trust may be amended, however, at any time or times by written instrument or instruments signed by the Trustees, and acknowledged by any of them, provided that no amendment shall authorize the Trustees to conduct the affairs of this Trust in any manner or for any purpose which would result in this Trust failing to qualify as an organization described in Section 501(c)(3) of the Code. No amendment may enlarge the power of the Trustees to further amend this Trust beyond the powers set forth herein.

ARTICLE 5

PROVISIONS RELATING TO TRUSTEESHIP

5.1. No Trustee shall be required to furnish any bond or surety. No Trustee shall be liable for mere errors of judgment but only for his or her own willful default or malfeasance and none of them shall be responsible or liable for the acts or omissions of any other of the Trustees,

of any prior Trustee, or of any custodian, agent, depositary or counsel selected with reasonable care by the Trustees. The Trustee or Trustees, whether original or successor, while in office, shall have full authority to act even though one or more vacancies in the office may exist. A Trustee may, by appropriate written instrument, delegate all or any part of his or her powers to one or more of the remaining Trustees then serving for such periods, not in excess of six (6) months, and subject to such conditions as such delegating Trustee may determine.

- 5.2. The Trustees shall receive no payment for their services as trustees hereunder, however, Trustees shall be entitled to receive reimbursement for reasonable expenses incurred in carrying out their duties.
- 5.3. Any Trustee may resign his or her office by written instrument signed and acknowledged by such Trustee and delivered to the other Trustees.
- 5.4. This Trust may not be controlled at any time by "disqualified persons" (as that term is defined in Section 4946(a) of the Code) but not including "foundation managers" (as that term is defined in Section 4946(b) of the Code). The Trustees may appoint additional and successor Trustees. Any appointment of a Trustee shall be by a written and acknowledged instrument and shall not take effect until the appointee shall endorse his or her acceptance on it. Upon such acceptance, such Trustee shall have the same powers, rights and duties and the same title to the trust property jointly with the surviving or remaining Trustees, if any, as if originally appointed.
- 5.4. If, at any time when there is more than one Trustee, any Trustee shall be mentally or physically incapable of performing his duties, it shall not be necessary for such Trustee to resign or to be removed in order that this Trust may continue to be administered. The other

Trustees may administer this Trust during such incapacity without the concurrence of the incapacitated Trustee.

- 5.5. Decisions of the Trustees shall be by majority vote at all times. No Trustee acting individually shall have the power to bind the Trust unless there shall be only one Trustee.
- 5.6. A written instrument signed by the Trustees as to the identity of the Trustees or as to any other facts or matters relating to this Trust or its management shall be conclusive as to all facts stated in such instrument in favor of any person relying thereon, and no one dealing with the Trustees shall be held to see to the application of any money or property transferred to or upon the order of the Trustees.
- 5.7. Any writing required or permitted by the terms of this instrument may be executed by facsimile signature and in multiple counterparts.
- 5.8. Any decision made by the Trustees involving a discretionary power under this Trust shall be final and binding on all persons interested.

ARTICLE 6

TRUSTEES' POWERS

In addition to and not in limitation of their common law and statutory powers, the Trustees shall have and may exercise the following powers:

6.1. To retain for whatever period they deem advisable any property, including property at any time transferred to them, and to invest and reinvest in and to purchase any property, both real and personal, including mutual funds of the "load" or "no load" variety, whether or not it produces a current return.

- 6.2. To sell, lease, or exchange any personal, mixed or real property, at public auction or by private contract, for such consideration and on such terms as to credit or otherwise, and to make such contracts and enter into such undertakings relating to the trust property, as they consider advisable, whether or not such leases or contracts may extend beyond the duration of this trust.
- 6.3. To borrow money for such periods, at such rates of interest, and upon such terms as the Trustees consider advisable, and as security for such loans to mortgage or pledge any real or personal property with or without power of sale; to acquire or hold any real or personal property subject to any mortgage or pledge and to assume any mortgage or pledge on or of property acquired or held by this trust.
- 6.4. To execute and deliver deeds, assignments, transfers, mortgages, pledges, leases, covenants, contracts, promissory notes, releases and other instruments, sealed or unsealed, incident to any transaction in which they engage.
- 6.5. To vote, to give proxies, to participate in the reorganization, merger or consolidation of any concern, or in the sale, lease, disposition or distribution of its assets; to join with other security holders in acting through a committee, depositary, voting trustees or otherwise, and in this connection to delegate authority to such committee, depositary or trustees and to deposit securities with them or transfer securities to them, to pay assessments levied on securities or to exercise subscription rights in respect of securities.
- 6.6. To employ a bank, trust company or other financial services organization as custodian of any funds or securities and to delegate to it such powers as they deem appropriate; to hold trust property without indication of fiduciary capacity but only in the name of a nominee

or in "street certificate" form, provided the trust property is at all times identified as such on the books of this Trust; to keep any or all of the trust property or funds in any place or places in the United States of America; to employ clerks, accountants, legal counsel, investment counsel, investment agents and any special services, and to pay the reasonable compensation and expenses of all such services.

- 6.7. To pay, compromise, settle or otherwise adjust any claims, including taxes, asserted in favor of or against the trust property or the Trustees; and to purchase liability insurance to indemnify the Trustees and the trust property, to the extent permitted by law, against taxes and penalties which may be assessed against them or the trust property.
- shall be deemed principal or income and whether to apportion the same between principal and income; (b) the manner in which expenses incidental to the administration of this trust shall be bome or apportioned between principal and income; (c) whether any discounts shall be accumulated; (d) what portion, if any, of interest received on bonds purchased at a premium and dividends received on wasting investments shall be added to principal in order to prevent the diminution of principal; and (e) to what extent expenditures, including real estate taxes, insurance, repairs, improvements and principal payments on mortgages and other loans, for the maintenance and protection of real estate and other trust property shall be charged against income or principal, and whether to establish reserves from income or principal for such expenditures and for depreciation, depletion, amortization and obsolescence in order to prevent the diminution of the principal.

ARTICLE 7

ACCOUNTING

The Trustees shall annually render an account of their trust to CIAPA. If the Trustees hereunder within ninety (90) days of submitting any account of their trust as aforesaid shall receive no written objection thereto from CIAPA, then such account shall be conclusively presumed to have been assented to by CIAPA, and such assent shall be a complete discharge of the Trustees hereunder as to all matters included in such account or reflected thereby.

ARTICLE 8

RECORDING OF DOCUMENTS

- 8.1. If at any time the Trustees hold title to real estate or any interest therein, other than through a nominee, this instrument shall be recorded, if possible, in the registry of deeds for the county or district where such real estate is situated, unless the law or standards of title affecting real estate allow proof of title through the recording of Trustees' certificates, affidavits or in some other manner.
- 8.2. As long as the Trustees hold title to real estate, any instrument evidencing any resignation, removal, appointment, acceptance or amendment shall be recorded, if possible, in the registry of deeds for the county or district where such real estate is situated, unless no such recording is required or the law or standards of title affecting real estate allow the recording of any such change through Trustees' certificates, affidavits or in some other manner. Any such change shall take effect when the instrument evidencing such change, or such other document, as the case may be, is so recorded. If such recording is not possible or required, the change shall take effect upon compliance with the applicable provisions of Article 4 or Article 5 hereof.

ARTICLE 9

GOVERNING LAW

This trust shall be governed in all respects by the laws of the Commonwealth of Massachusetts.

ARTICLE 10

DEFINITIONS AND TITLES

- 10.1. The mental or physical incapacity of a Trustee shall be determined by the other Trustee or Trustees. Any such determination when supported by the certificate of a disinterested physician shall be final and binding on all persons interested or relying thereon.
- 10.2. Whenever the context permits, the term "Trustees" shall include the Trustee or Trustees then serving hereunder, the use of a particular gender shall include any other gender, and references to the singular or the plural shall be interchangeable.
- 10.3. The titles of all Articles hereunder are inserted for reference only and do not affect the interpretation of this trust.

IN WITNESS WHEREOF, have hereunto set their hands and seals as of the day and year first above written.

Ludovico Feoli, Trustee

Thomas B. Lemann, Trustee

John Opidinwait, Trustee

STATE OF LOUISIANA

<i>m</i> •	Paush
Oslians	-County

Now 3, 2003

Then personally appeared Ludovico Feoli, Trustee, and acknowledged the foregoing instrument to be his free act and deed before me.

•	MARY C. HESTER
	Notary Public State of Louisians
الما	USDANA Stote Des America
טט עיי	mmission is issued for i

My commission expires:

STATE OF LOUISIANA

aA a	Pour
Orleans	_ Coppety

Mer 3, 2003

Then personally appeared Thomas B. Lemann, Trustee, and acknowledged the foregoing instrument to be his free act and deed before me.

MARY C. HESTER Notary Public State of Louisians State of Louisienia
Louisiana State Bar #23132
My Commission is issued for Life
COMMONWEALTH OF MASSACHUSETTS

My commission expires:

Oct. 27 2003

Then personally appeared John Goldthwait, Trustee, and acknowledged the foregoing

instrument to be his free act and deed before me.

Notary Public

My commission expires:

DONNA H. SCOTT NOTARY PUBLIC My Commission Replins Hox. 29, 2007 SCHEDULE A

Ten Dollars (\$10.00)

-11-

SAMUEL Z STONE CIPR SUPPORT TRUST

RESIGNATION OF TRUSTEE

This <u>23</u> day of <u>November</u>. 2009, John Goldthwait, of Hanover,

Massachusetts, Trustee of the Samuel Z. Stone CIPR Support Trust dated October 27, 2003, as

amended on September 23, 2009, pursuant to Section 5.3 of said trust, hereby resigns as Trustee
thereof, effective immediately prior to the appointment of the Tulane fustees.

IN WITNESS WHEREOF, John Goldthwait, has hereunto set his hand and seal the day and year first above written.

John Goldthwait
Trustee

COMMONWEALTH OF MASSACHUSETTS

County of

On this 33 day of MMM . 2009, before me, the undersigned notary public. personally appeared John Goldthwait. Trustee, proved to me through satisfactory evidence of identification, which was 15 MS LiQues . to be the person whose name is signed on the preceding or attached document and acknowledged to me that he signed it voluntarily for its stated purpose.

Notary Public My commission expires.

CAHOL A CUS!

Notary Publi

Conmonwealth of Massachusetts

My Commission Expires

November 26, 2015

ACKNOWLEDGEMENT

The undersigned Trustees of the Samuel Z. Stone CIPR Support Trust hereby acknowledge receipt of the within Resignation of Trustee

Ludovico Feoli L. Thomas B. Lemann. Trustce

SAMUEL Z. STONE CIPR SUPPORT TRUST

APPOINTMENT OF TRUSTEES

This 12 day of 1, 2009, the Board of Administrators of the Tulane Educational Fund, pursuant to the provisions of Section 5.5 of the Samuel Z. Stone CIPR Support Trust dated October 27, 2003, as amended on September 23, 2009, and through its duly authorized representative, James M. Lapeyre, Jr., hereby appoints Yvette M. Jones, Michael A. Bernstein and Thomas F. Reese, all of New Orleans, Louisiana, as Trustees thereof, effective immediately.

BOARD OF ADMINISTRATORS OF THE

TULANE EDUCATIONAL FUND

James M. Lapeyre, Jr

Chair

STATE OF LOUISIANA

Parish of Orleans

On this 12 day of North , 2009, before me, the undersigned notary public, personally appeared James M. Lapeyre, Jr., a member of the Board of Administrators of the Tulane Educational Fund, being duly authorized, proved to me through satisfactory evidence of identification, which was Ai, Ai, Ai, Ai, Ai, Ai, to be the person whose name is signed on this document, and acknowledged to me that he/she signed it voluntarily for its stated purpose on behalf of said Board of Administrators of the Tulane Educational Fund.

Notary Public Notary No.:___

A # 03076

My commission expires: at

Barry L. LaCour, LSBA No. 08076 Notary Public

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ACCEPTANCE OF TRUSTEESHIP

I, Yvette M. Jones, hereby accept my CIPR Support Trust.	appointment as Trustee of the Samuel Z. Stone	
11 11 09 Date	Yvette M. Jones	
I, Michael A. Bernstein, hereby acce Stone CIPR Support Trust.	pt my appointment as Trustee of the Samuel Z.	
11/11/09 Date	Michael A. Bernstein	
I, Thomas F. Reese, hereby accept my appointment as Trustee of the Samuel Z. Stone CIPR Support Trust.		
1//1/09 Date	Thomas F. Reese	